

Managing Health Today

Serious News & Ideas for Healthcare Executives

Upcoming Events:

- **June 26-29** - Annual National Institute in Las Vegas.
- **July 12** - Intro to Access
- **Aug 2** - Intermediate Access
- **Aug 10** - Intermediate / Advanced Word (please note revised date)

Access and Word classes will be held at the NorMet office in Newburgh, 9am-3pm. \$125 for members; \$160 non-members.

For more information, please contact: Marianne Muise (845) 497-1312
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The Commission

Daniel Sisto, President of the Healthcare Association of New York State



One of the most important items included in the 2005-06 New York State Budget – one that could have a

dramatic long-term impact on providers – is the creation of the Commission on Health Care Facilities in the 21st Century, chaired by Stephen Berger. Mr. Berger previously chaired Governor George Pataki's Health Care Reform Working Group, which recommended reforms in both hospital and long term care.

The Healthcare Association of New York State (HANYs) believes the 15 Commission members appointed recently by Mr. Pataki and Republican lawmakers will bring credibility to the panel's work. They include people with health care, business, and public service experience. Democratic

lawmakers are expected to name three additional panel members soon. The task the Commission faces is complicated and challenging. Performing it will take all the wisdom and experience its members can muster.

The Commission will examine capacity within the state's health care system and make restructuring recommendations to the Governor and state Legislature. Many observers expect it will recommend the closing or conversion to another use of specific hospitals and nursing homes. HANYs believes that as it performs its work, the Commission must ensure that the public's access to vital health services is preserved. It also must take into account the economic ramifications that restructuring could have on communities and health care workers.

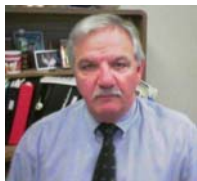
In addition to its 18 statewide members, in each region of the state the Commission will have six regional members and a regional advisory panel. HANYs fought hard to ensure the Commission's work would be informed by local input. We believe it is critical that decisions like these involve community leaders, citizens, and others who know the needs of their communities best.

HANYs looks forward to working with the Commission. On behalf of our more than 550 members, we will continue to articulate the values and benefits that health care providers bring every day to their patients, to their communities, and to the economic health of New York State.

(Full list of Committee Members on page 10)

President's Message

Robert A. Masi, CHFP - President, Hudson Valley Chapter HFMA



Welcome to the start of a new Chapter year. I would like

to begin by offering my personal thanks and congratulations to the 2004/2005 Chapter officers, directors and other leaders for an exceptionally successful year. In par-

ticular, I want to express appreciation on behalf of the Chapter to Barbara Voight for her leadership as President.

It is my pleasure to report to you the Hudson Valley Chapter will receive a number of awards for achievements in member education hours, professional certification of members and chapter membership growth. These awards will be

presented to the Chapter at the HFMA Annual National Institute this June.

The highlight of our past year was the Chapter's Annual Institute in April held at the Tarrytown Marriott. It's theme "The Economics of Partnering with the Community", resonated with members
(continued on page 8)

Managing Health Today

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The Publisher reserves the right to edit material and accept or reject contributions whether solicited or not. All correspondence is assumed to be a release for publication unless otherwise indicated.

Managing Health Today is published quarterly by the Hudson Valley New York Chapter, Healthcare Financial Management Association. Send contributions in care of Robert G. Reiss, Managing Director, Stuart Levine & Associates LLC, 100 Jericho Quadrangle, Suite 111, Jericho NY 11753 or 516-465-0800 x201.

Long-Term Care Regulatory Update — Preparing For Change

Mark Zimmet, President

Zimmet-Healthcare Services Group, LLC

After several years of relative calm, skilled nursing facilities (SNFs) must now prepare for a wave of change in Medicare reimbursement policy.

On January 1, 2006, two dramatic payment policies become effective: Resource Utilization Group (RUG) refinements and the Medicare prescription drug benefit. While the procedural impact of these changes is significant, the financial implications are predicted to be relatively benign.

The industry feared that the long-awaited Part A restructuring would trim \$1.2B annually from its budgets. However the Centers for Medicare and Medicaid Services' "proposed rule" indicated that funding will be essentially unchanged for the government's 2006 fiscal year. In fact, our preliminary analysis showed that some facilities, notably providers of short-term, sub-acute rehabilitation, may benefit significantly. Wall Street agreed, and on the first day of trading after publication of the rule, the share price of publicly traded nursing home chains surged up to 12%. However the implications for each facility will differ, and operators should conduct a pro forma analysis to determine the net reimbursement impact per their case-mix.

The drug benefit's impact on long-term care is still being distilled and will likely differ by state. Much depends on how various Medicaid programs will

alter their reimbursement policy to reflect the change in Medicare coverage. In any case, SNF providers should be working with their pharmacies and planning strategies to best prepare for implementation.

These "high profile" regulatory changes overshadow the relatively minor revisions that continuously transform the Medicare program. Notable recent policies have altered the appeals process, area wage indices and Minimum Data Set assessment guidelines, to name just a few.

Providers must recognize that they are responsible for compliant operations as regulations change. The best way to prepare is to fully understand policies before they go into effect.

For more information on the latest SNF reimbursement updates, visit Medicare online at <http://www.cms.hhs.gov/providers/snfpps/>

Marc Zimmet, MBA is a Partner in Zimmet-Healthcare Services Group, LLC (ZHSG), a nationally recognized consulting firm specializing in regulatory, clinical and financial support for SNFs. Mr. Zimmet is in charge of the Revenue Cycle, Reimbursement Audit and Strategic Planning teams at ZHSG. His firm services nearly 1,000 providers throughout the United States, and advises industry associations and payers on implications of changing reimbursement regulations and the related provider impact.

Featured facility...

White Plains Hospital Center (WPHC)

By Robert Reiss, Publisher

There I was in the Neonatal Intensive Care Unit while a 1lb, 8oz baby was undergoing major surgery. Afterwards I spoke with Jesus C. Jaile-Marti, M.D., the Hospital's Chief of Neonatology. He told me, "I don't want the technology to overtake the humanity." It is no wonder that Dr. Marti's work led to an endowment of \$5 million to rebuild WPHC Silberstein Neonatal



& Maternity Center to blend world-class technology and systems with a truly home-like environment, including twinkling stars on the ceiling shining for each cared for baby.

That balance is the hallmark of White Plains Hospital Center. Twenty-five years ago when Jon B. Schandler, President & CEO at White Plains Hospital Center, first took on his leadership role, his challenge by the Hospital's Board of Directors was to achieve both mission and margin. For the record, this was decades before balanced scorecards and similar concepts. Schandler has successfully implemented this balanced philosophy in three targeted areas: purchasing, medical staff and philanthropy. In an age --and location -- where hospitals are challenged and closing, WPHC is thriving...and the community is the beneficiary.

The results of this balanced philosophy: last year, New York State awarded WPHC Neonatology Services with a Level III designation -- the highest designation a community hospital can achieve. In fact, WPHC now treats more emergency department patients, has more births, and does more laparoscopic, joint replacement, breast, colon and prostate cancer surgeries than any other hospital in Westchester County.

"The business of health care is particularly challenging because financial margins are so small. It doesn't take much to put a hospital at financial risk. Making a poor choice can start a downward spiral that is not easy to correct," explained Mr. Schandler. "We challenge our physicians to think like business leaders," he said. "When they ask the Hospital to buy a piece of equipment, we help them develop an abstract that includes plans to off-set the cost. If they use the equipment efficiently and increase their case loads, we are more agreeable to making another investment, if not, "no deal". As a result, Mr. Schandler states that in his twenty-five year term, he has only regretted making one or two investments. The rest have more than paid off.

The Hospital recently partnered with Bayer Diagnostics, which enabled WPHC to house the only fully automated robotic laboratory system in the region. The partnership gave Bayer a site to showcase their new equipment and allowed the Hospital to purchase the technology at a significantly lower cost while also increasing productivity and reducing staffing costs.



Secondly, the medical and dental staff is core to the Hospital's long-term success. "We are in a wonderful location for recruiting world-class talent," Schandler explained. "The best and the brightest young professionals were being trained in major academic learning centers in the city and they wanted to raise their families in Westchester. For them, it was a life-style decision. Our obligation was to create an environment that would enable them to build successful practices here and allow them to have the best of both worlds." As a result, WPHC currently has 700 members on its Medical and Dental Staff, many of whom are double-boarded.

The third component in the Hospital's success is its strong legacy of philanthropic support. Over the past 15 years, WPHC has made investments in advanced technology totaling more than \$155 million, \$90 million of which was raised through donations. Mr. Schandler credits philanthropic support for the Hospital's ability to continually re-invest in patient care as well as offset unexpected deficits.

"It's a great feeling to know that you can buy the best technology available without compromising care to your patients. It also helps me to sleep at night knowing that we have dollars put aside for shortfalls that may come from unexpected places such as State budget gaps and Wall Street drops."

Today, WPHC is in the middle of a \$35 million Health Care for Life Campaign, which will fund renovation and expansion efforts needed to address huge increases in patient volume. At the time this article was written, the Hospital had already raised \$25.3 million of that goal and was continuing to see strong community support. "The community supports us because they know we are committed to providing advanced, compassionate care while maintaining fiscal responsibility. We have learned to balance our mission with our margin. Who doesn't want that for themselves and their family?"

For more information on White Plains Hospital Center, call 914-681-1119 or visit their website at www.wphospital.org.

Behavioral Health Regulatory Update - Timothy's Law Campaign

Dr. Jeffrey Borenstein, CEO, Holliswood Hospital



Timothy's Law Campaign (TLC), is a grassroots group of organizations that have worked tirelessly to end health insurance discrimination of mental illness in New York State. Both the movement and the legislative proposal now known as Timothy's Law were named in memory of Timothy O'Clair, who, after a five-year long struggle with mental illness, took his own life in March of 2001, just seven weeks prior to his 13th birthday.

Timothy's short life began much like that of any other young boy. He was a cheerful

and active baby who quickly grew into an avid sports fan with a penchant for building things with his own hands. As Timothy grew, he began to experience increasingly greater difficulty paying attention to the things he liked doing, coping with minor problems and controlling his temper when the slightest thing went wrong. By his eighth birthday, the O'Clair's realized that Timothy needed help. He was subsequently diagnosed with Depression, Attention Deficit Hyperactivity Disorder, and Oppositional Defiance Disorder.

As they attempted to maneuver through the mental health system, Timothy's parents were astonished to discover that, unlike treatment for physical health care, HMO's in New York State are allowed to restrict treatment for mental illness however they see fit. The result of these practices forced the O'Clair family down a road of rationing Timothy's treatment. Eventually, as a result of these limitations, and

as a last ditch effort to obtain care for Timothy, the O'Clair's were forced to relinquish custody of him to the state. Unfortunately, in the end, the family's efforts were in vain, as Timothy completed his suicide at the tender age of twelve.

Since that time, Timothy's parents, Tom and Donna O'Clair have worked with mental health consumer and provider groups, now several hundred strong, in an effort to prevent other families from experiencing similar situations and although the campaign has made considerable progress in educating legislators about the need to end such discrimination, the laws of New York which allow it to continue have not been changed as yet. While the State Assembly has overwhelmingly passed Timothy's Law (2002-2004) and for the first time in New York's history, the Senate passed a mental health parity bill in 2004, the two houses have not reached agreement on a bill both would pass.

Recently, in an effort to stem the differences between the two houses, TLC advanced a revised construct and bill draft which they hope will pave the way to an acceptable legislative compromise.

The proposal:

- Defines mental illness (MH) and chemical dependency (CD).
- Codifies in statute (mandating) the upper end of existing benefits for MH and CD to be included in all group health plans in NYS.
- Mandates full parity for employer groups of fifty or more.
- Provides access to full parity to employees of small employers (under 50).
- Creates a catastrophic pool for employees of small employers who do not have full parity; and
- Requires adequate networks, reporting, requirements, public education and a comprehensive study on the impact of parity in New York State.

WELCOME NEW HFMA HUDSON VALLEY CHAPTER MEMBERS

Frank Cohen
Regional Vice President
Medassist

Denise M. Demasi
Manager, Managed Care
Stellaris Health Network

Camille Schiff
President/Owner
Diversified Recovery Services

Gretchen Cooke
Revenue Cycle Analyst
Health Quest

Matthew H. Lawney
Manager
Provider Consulting Solutions, Inc.

Roberta Lynn Crock
Chargemaster Manager
St. Vincent Catholic Medical Center

Suzanne C. Robohn
Budget Finance Analyst
Phelps Memorial Hospital

The Uninsured Population and the Rise of Bad Debt

Warren Dedrick, Chairman of the Board, MEDCLR



Healthcare executives are turning to medical bad debt sales as a viable option to deal with the rising levels of bad debt. This is not a new concept; institutions have been selling accounts for several years as companies specializing in medical accounts have emerged ensuring the new owners of the debt will affect collections in such a manner as to minimize complaints.

The sale of medical bad debt should not be viewed as a short term solution. If implemented properly, selling bad debt/zero valued accounts will become an integral part of the life cycle of your accounts receivables management process creating 20%-35% additional liquidity. The initial sale of your aged accounts will give you an influx of cash since you have years of bad debt that has accrued. Selling accounts on a monthly basis provides predictable income from bad debt. Based on 2003 statistics (HFMA – March 2005), an estimated 45 million people in the United States lacked health insurance.. That population has surely grown. According to The American Hospital Association, U.S. hospitals provided \$25 billion in uncompensated health care in 2003.

Being in the healthcare industry, you may have seen your levels of self pay increase dramatically. While different parts of the country have experienced dramatic increases, we

have seen provisions for bad debt range anywhere from 4-12% of gross revenue. Some of this may be attributable to the economy, and while the economy appears to be recovering, it may take some time to fully do so. No matter what the economy has in store, people need health care and are not concerned with your financial picture.

Bad debt volumes are increasing and liquidity from collections has typically fallen, creating a strain on your business office. Your FTE's are spending more time and collecting fewer dollars creating more inefficiency in the back office. What to do? People want to discuss their bills and come to a resolution; some may choose to set up a payment plan, others may lack the financial needs, and others just refuse to pay. Many institutions are operating in the red and are in need of other sources of funds. What is the alternative?

In future pieces, we will discuss how to choose a partner, HIPAA compliance, public relations and Charity care. Stay tuned.

Warren Dedrick is founder and owner of Marlin Capital Holdings and all of its subsidiaries. Since beginning the company, Warren has been a pioneer in not only the purchase of debt from new sectors but also as a major force in the development of software for Debt Purchasers. His success is proven by the huge market share that his sister companies have in the Medical, Utility and Check sectors.

Keeping the Promise of the Blue and White "H"

Carolyn Forcina, AHA Regional Executive, American Hospital Association



In the greater New York City metropolitan area, as in communities across the country, the blue and white "H" sign dots the streets, promising to guide patients and families to a special place that provides compassion, care and curing: the local hospital. AHA's 2005 Advocacy Agenda, generally grouped into three key areas, is rooted in that hospital mission ...

Protecting the public health care safety net means ensuring that government meets its fiscal responsibility to the 90 million Americans who rely on Medicare and Medicaid for care. Adequate Medicare and Medicaid funding is essential for America's hospitals and communities if that safety net is to remain strong. It also means addressing the proliferation of physician-owned limited-service providers that take profitable services out of community hospitals, leaving them with no offset for needed but financially draining services.

Improving care and increasing affordability means raising public awareness about all the good hospitals do. It means telling the story about hospital efforts to improve quality and patient safety, acquire the latest information technology, and work with low-income and uninsured patients to make their bills manageable. It extends to our ongoing efforts to achieve medical-liability insurance reform and regulatory relief. And it means working to eliminate racial and ethnic disparities in health care.

Expanding coverage means taking a leadership role in

developing solutions for the uninsured crisis. It is a crisis when 45 million Americans live in fear that a major illness or accident, or even a relatively minor one, could destroy their fragile budget as well as their health.

AHA's agenda is one of commitment to our members -- helping our hospitals fulfill their commitment to serve as cornerstones of community care.

Carolyn Forcina is the AHA Regional Executive for NY, NJ and PA serving as AHA liaison with member hospital and health-system leaders in the region.

ANNUAL INSTITUTE A HUGE SUCCESS

This year's Healthcare Financial Management Association Hudson Valley Chapter annual conference on April 21, 2005 was an enormous success. Conference co-chair Leona Mininni came up with the theme of The Economics of Partnering with the Community and industry authorities filled the day with perspective of how going on the offense could yield significant economic results for healthcare providers. The numbers speak for themselves: 147 people, including speakers, attended and sponsorship was up over 60%. That compares with 56 attendees two years ago and 92 last year. Feedback included, "This was among the most insightful healthcare conferences I have attended in years." (Pictures on page 6).

2005 Annual Institute Conference The Economics of Partnering with the Community



This year's Annual Institute drew a record number of participants. Seated front and center, Richard Henley, EVP, Health Quest.



Neil Abitabilo: Incoming President of NorMet Hospital Association and Bonnie Amoia: 2000-2001 President, HFMA Hudson Valley Chapter.



(L-R) Thomas Daly: CFO Sound Shore Medical Center; Barbara Voight: President HFMA Hudson Valley Chapter; Ray Sweeney: EVP HANYS; Bonnie Amoia: Healthcare Management Solutions; David Scarpino: CFO, St. John's Riverside Hospital; and Robert Reiss: Conference Co-Chair.



Arthur Weintraub, being honored upon his retirement as President of Northern Metropolitan Hospital Association by Institute Co-Chair Robert Reiss of Stuart Levine & Associates.



Partnering with the Community panel (L-R) Dr. Linda Brady: President, Kingsbrook Healthcare System; Janine Regosin: Manager Community Relations, Holliswood Hospital; Joyce Coles: Director HR & Field Dept., 1199/SEIU/Planning and Placement Fund; Art Weintraub: NORMET; Karen Burris Lennon: AVP Marketing & PR, White Plains Hospital Center; and Ronna Brown: President, Better Business Bureau New York City.

Greenspan's 'Conundrum' Can Teach Us All a Lesson

Jeff Hussey, Head of U.S. Fixed Income, Russell Investment Group



What Federal Reserve Board chairman Alan Greenspan called a "conundrum" more than three months ago remains a poser. Why has the pressure the Fed is exerting on short-term rates not translated into increases in long-term rates? Over the past year, the Federal Reserve has raised short-term rates from 1 percent to 3 percent but yields on 10-year bonds have fallen.

The obvious answer is it is a matter of supply and demand. More investors are buying than selling treasury bonds. The unknown factor is why.

Theories:

- Pension funds feel obliged to buy longer term bonds to protect their capital for future needs. The recent default by the United Airlines pension fund might have woken up other corporations with large pension funds to the possibility they might face similar problems. Buying bonds would help to protect their assets.
- Investors in bonds might believe the economy has slowed, inflationary prospects are receding and the Federal Reserve will stop increasing rates soon, a move that would benefit bonds. They are buying bonds now, in advance.
- Hedge fund managers, bruised in recent months, could be moving into Treasury bonds as a safe haven to help them retain their track records.
- Foreign investors could be buying U.S. bonds in significant quantities.

We can all learn a lesson from the failure of bonds to perform as forecast: It seldom pays to invest on the basis of predictions. The answer is to be fully diversified so you will be ready for almost anything.

Jeff Hussey oversees the performance of Russell Investment Group's fixed-income funds and its manager research recommendations. He joined Russell in 1991.

Russell Investment Group, a global leader in multi-manager investing, manages more than 180 investment funds, provides consulting services to foundations and endowments as well as the pension funds of many of the world's largest companies, and issues indexes that track stock movements. The company has \$133 billion in assets under management.

Tips on Financial Presentations to Executives

Stuart R. Levine, CEO, Stuart Levine & Associates LLC



Over the past 30 years, as CEO or board member I have often observed crucial financial presentations that lacked clarity and effectiveness and impacted on my confidence in the presenter. It is my intent to layout a few key presentation principles for before, during and after the presentation, that will help financial managers strengthen their presentation results.

BEFORE: Understand the information needs and expectations of the audience. Have a discussion with the Board Chairman, Chair of Finance Committee, CEO or CFO in advance to clarify exactly what financial data is required, the preferred format and frequency of information. As presenter, it is your job to understand the dashboard of your audience. If the presentation is to the board, they should receive the information three to five days in advance, so they have time to digest the information and ask intelligent questions. This will elevate the level of discussion as well as your importance.

DURING: Be direct in your message and have back up. Have concise data exhibits, which support your response to questions. It's all about accuracy. When you speak, be cognizant of time since your topic may be one of many discussed. You must be highly focused in your primary message. Executives and board members will want to hear about aberrations i.e. a spike up in LOS. Be prepared to answer directly how and why the data was created. Most importantly, if you don't know the answer, don't comment. Better to get back a few days later with the correct response. Critical and far reaching decisions may be made based on your data and answers.

AFTER: Be available if people want to talk off line. Many critical discussions occur between the presentations.

Ultimately, senior executives need to have confidence that you understand the issues and are collecting the correct data so that they can make the right decisions.

*Stuart R. Levine is chairman and CEO of **Stuart Levine & Associates LLC**, a strategic planning, training and leadership development company.*

He is author of bestseller The Six Fundamentals of Success (Doubleday 2004) and co-author of The Leader in You, with over 1 million copies in 22 languages.. His background includes:

- Former New York State Assemblyman: Serving on Health Committee
- Former CEO Dale Carnegie Training
- North Shore-LIJ Health System: Chair Ambulatory Care, Former Chair Strategic Planning and Vice Chairman of the board
- American College of Physicians : Board Member
- Gentiva Health Services (GTIV): Lead Director

HFMA's E-Learning: Top 10 Reasons to Discover This Efficient Training Style

Healthcare lags most other industry segments in commitment to training in both dollars and hours per eligible employee, according to ASTD's 2001 State of the Industry Report. Training can involve hurdles like cost and time. HFMA can help members clear these obstacles through innovative E-Learning offerings. This on-line style of education is just one of many modes of training offered by HFMA.

If you haven't tried E-Learning, make a decision to discover this efficient training style. If you are already E-Learning savvy, then be sure to stay current with additional training in 2005. Here are the top 10 reasons why HFMA members should tap into E-Learning:

1. E-Learning on-line instruction programs provide a convenient way to further your professional growth.
2. Anytime Internet access eliminates costly travel and scheduling time away from work.
3. HFMA's E-Learning courses cover more than 1,000 topics, including: Compliance@Work, HIPAA Curriculum, Accounting and Finance Certification Curriculum, and much more!
4. Users can access a complete archive of HFMA's audio teleconferences, including topics like Chagemaster Management, Revenue-Cycle Strategies, and Reducing Claims Denials.
5. Viewers control the pace of study because courses are designed in easy-to-absorb increments.
6. Instant feedback further supports the learning experience, providing an opportunity for users to reflect on complex topics and how they apply.
7. From work or home. Lifelong learning. 15 minutes a day.
8. New courses coming up include Revenue Cycle Solutions (Contact Susan King sking@hfma.org or (800) 252-HFMA (4362), ext. 310 for more of the latest course offerings).
9. More than 1,000 hospitals representing over 1 million learners are taking advantage of HFMA E-Learning offerings.
10. HFMA President and CEO, Richard L. Clarke, FHFMA, says, "This self paced web-based training allows our members to meet today's life-long learning needs of healthcare organizations. 15 minute E-Learning lessons offer a time-efficient way to excel in your job and career from work, home or anywhere."

President's Message (continued from p1)

and other participants, as well as made it our most successful Institute in many years.

Each year the HFMA National Chairman selects a theme for his tenure in office. This year's theme "The Business of Caring" complements our Chapter's recognition about how we define the business of healthcare, obligation to our organizations and the at large community.

The role of healthcare and other related financial professionals serving the healthcare industry has never been more important than at this time. It is the mission of HFMA as well as our Chapter to provide financial professionals in the Hudson Valley with the knowledge through education programs and informational communications to further their professional skills. The result of skilled financial professionals is peak performing organizations.

HFMA members through their extraordinary volunteer service clearly benefit the healthcare industry. I encourage those members who have not yet been involved with one of our Chapter committees to consider joining our elite group of volunteer leaders and members.

Together, we can make a difference.

Robert A. Masi, CHFP
Chapter President

HFMA Hudson Valley Chapter Officers

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President-Elect	Frank B. Giraldi
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Improving PFS Follow-up Access to Managed Care Rate Information Can Increase Productivity and Cash Flow

Frank B. Giraldi, ORMC



One of the challenges to improving the flow of managed care contract financial information to the follow-up staff is the ability to make the information available in an easy to access format.

The contract binder approach can be an effective tool for referencing rate sheets when the need is to verify per diems; case rates or outpatient visit fees. But its not a very effective method when the information needed is fee schedule based.

Proration algorithms for those providers that record the contractual at the time of billing can sometimes be utilized as a reference to compare the expected payment to the carriers EOB. The drawback to this approach however, is proration algorithms are primarily designed to establish the receivable at net, and not necessarily to provide line item detail to reference.

Another often over looked method to accomplishing this inexpensively is to compile an electronic library of contract data in a spreadsheet format.

Consider the following: to obtain contract information your staff needs to consult a reference source, usually a binder or contract cheat sheet. It takes some amount of time to go to the source and look up the information. If the reason for the search is to verify a list of mixed lab and radiology procedures, this process could take a few minutes to accomplish. If more then one staff member is seeking information from the same source one has to wait for the other to finish.

If you have five follow up staff spending 5 minutes each referencing managed care contract information and for illustration purposes: they handle 30 managed care outpatient claims per day its taking each staff member 2.5 hours per day to research contract information.

You can effectively reduce this reference time by as much as 50% by consolidating contract rate information (including governmental payors) into a multi-tabbed Excel spread sheet with each tab representing one contract. Using the VLOOKUP function in Excel you can call rate information by CPT or HCPCS in seconds. If the templates are well thought out the data can also be summarized and totaled to improve accuracy.

If your information technology permits access to a shared folder on your email platform, or a shared drive on the network staff can open one spreadsheet and easily reference the needed information from their desks more quickly and accurately then flipping through pages of hard copy.

Using the numbers previously illustrated the time saved adds up very quickly when you factor in a 2-minute or more per claim research reduction per staff member. The time saved in this example is 0.78 FTEs using 2040 annual hours.

Setting up this spreadsheet should take one reasonably savvy analyst about a week depending on the number and complexity of the managed care contracts in your organization and a few hours a month to maintain. The set up time is a small price to pay when you consider the potential gain in productive hours.

Frank B. Giraldi is a Manager in the Revenue Cycle Operations Group at Orange Regional Medical Center. He is responsible for Contract Management and Reimbursement. Frank is also President-Elect & Educational Program Chair for the Hudson Valley Chapter / HFMA. Frank can be contacted at fgiraldi@ormc.org.

We Appreciate our Corporate Sponsors. Thank you!

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If you or someone that you know is interested in being a Corporate Sponsor, please contact Sharon M. Lucian, FHFMA, Corporate Sponsorship Chairperson, at (914) 273-5454 or slucian@stellarshealth.org for more information about this great opportunity to support the HFMA Chapter that serves the entire Hudson Valley Region.

Commission on Health Care Facilities in the 21st Century Panel Members

1. **Mr. Berger** served as Executive Director of the Port Authority of New York and New Jersey from 1985-1990. He also served previously as chairman of the Governor's Health Care Reform Working Group.
2. **Leo Brideau**, President and Chief Executive Officer of Columbia St. Mary's Hospital and Clinics in Milwaukee, Wisconsin. Previously, he served as President of Strong Health Regional Network in Rochester, New York.
3. **Craig Duncan**, former President and Chief Executive Officer of Northeast Health.
4. **Robert Gaffney**, Partner in the law firm of Meyer, Souzzi, English & Klein. Mr. Gaffney is former Suffolk County Executive, a former state Assemblyman, and a former Special Agent with the Federal Bureau of Investigation.
5. **Robert Hinckley**, Vice President of Governmental and External Affairs for Capital District Physicians Health Plan. Prior to joining to Capital District Physicians Health Plan, Mr. Hinckley served as Senior Deputy Secretary to the Governor.
6. **Howard Howlett**, board member at WCA Healthcare System in Jamestown and a former chairman and founding member of Healthcare Trustees of New York State (HTNYS).
7. **Darlene Kerr**, Former President and Chief Executive Officer of Niagara Mohawk (NIMO). Prior to serving as President and CEO, Ms. Kerr was NIMO's Executive Vice President and Chief Operating Officer.
8. **Mark Kissinger**, is Deputy Secretary to the Governor, and is responsible for policies and operations of the State's health and human services agencies. Mr. Kissinger joined the Governor's staff in 1999.
9. **Pat Lee**, Chairman and CEO of International Motion Control, Inc. Mr. Lee serves as Director of the New York Federal Reserve Bank, Buffalo Branch and the Empire State Development Corporation, Western New York Region. He is former Chairman of the Board of Roswell Park Cancer Institute.
10. **Neil Roberts**, former Chief Executive Officer of United Methodist Health and Housing, the parent company of Wesley Health Care Center.
11. **Teresa Santiago**, Chairperson of the New York State Consumer Protection Board. Previously, Ms. Santiago was the Director of Hispanic Expertí, a public relations and advertising firm specializing in the Black and Hispanic consumer markets.
12. **Ruben King Shaw**, former Deputy Administrator/COO for the Centers for Medicare and Medicaid Services. In that capacity, he was responsible for the day-to-day direction of Medicare, Medicaid, Child Health Insurance Programs, Survey and Certification of health care facilities and other health care initiatives.
13. **Al Simone**, President of Rochester Institute of Technology. He was named President in 1992. Prior to leading RIT, he was the President of the University of Hawaii System and Chancellor of the University of Hawaii at Manoa.
14. **Bishop Joseph Sullivan**, Vicar for Human Services and Regional Bishop for the 62 parishes of the Brooklyn West Vicariate. Bishop Sullivan is co-vice chair of the board at Saint Vincent Catholic Medical Centers of New York and a former HANYS board member. He is Secretary to the Ordinary for Charities. In 1980, he was named Auxiliary Bishop by Pope John Paul II.
15. **Buford Sears**, Senior Vice President and manager for health care and not-for-profit banking at Manufacturers & Traders Trust Company in Buffalo. Prior to that, he was Senior Vice President at Citizens & Southern National Bank.

EMPLOYMENT OPPORTUNITES

Reimbursement Analyst

A 394 bed Hospital & Nursing Home in Lower Westchester is seeking a reimbursement analyst to assist in reimbursement duties. Applicant will be responsible for the preparation of the ICR Cost Report, Mental Health Supplement, and RHCF-4 reports as well as compile monthly Case Mix data and summarize physician time studies.

Requirements include at least 3 years experience in reimbursement related tasks with a bachelor's degree in accounting or finance and a working knowledge of Microsoft Excel and Word with effective communication skills. Please include salary expectations.

Carl Horowitz
 Director of Reimbursement and Managed Care
 St. Joseph's Medical Center
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 914-378-7551

Regional Marketing Executive

Our client operates solely for the benefit of its Members, providing billing and collection of Member accounts receivable on a centralized basis. The Regional Marketing Executive must establish and maintain strong client relationships, and promote and sell services to current and potential clients. Qualified candidates must possess Bachelor's degree or related experience and/or training, or an equivalent combination of education and experience. Additionally, candidates must bring a minimum of five to ten years' job-related experience.

Interested individuals may contact Alice Smith or Kathy Powell-Florip at 800.208.6092/800.208.6089 or 281.367.8630. Resumé's are accepted via email at Kathy.powell-florip@futurestep.com. All inquiries will be handled in confidence.