

WISHING YOU A HAPPY FATHER'S DAY

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THE AUDITS ARE IN THE MAIL...

It may be the calm before the storm for providers subject to the Recovery Audit Contractor program. As soon as first week of June, the first audit letters requesting medical records of hospitals are expected to be sent out to hospitals under the new program.

While the CMS is optimistic that the permanent program will run far more smoothly than the controversial pilot project, hospitals in the meantime have no choice but to adopt a "wait and see" approach and get educated as best they can on a program that has often been viewed by the industry as a bounty-hunter tool.

"We constantly work with our auditors and other resources in our compliance efforts as

regulations change. It is unfortunate that, for nearly all hospitals, the issues that will be uncovered are the result of the complexity of the system and not the intent to defraud our patients or the Medicare program," said Christopher Stipe, CEO of 25-bed Clarinda (Iowa) Regional Health Center.

The RAC audit program allows third-party auditors hired by the CMS to keep 9% to 12.5% of payments they identify as improper and then collect from providers. The CMS, which pilot-tested the RAC program in several states, believes it will cut down on fraud and save the government money.

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QUOTE OF THE MONTH...

" THE ONLY GOOD LUCK MANY GREAT MEN EVER HAD WAS GEING BORN WITH THE ABILITY AND DETERMINATION TO OVERCOME BAD LUCK."

Channing Pollock

HIGHLY EFFECTIVE TIME MANAGEMENT...

Do you have more to-dos than time in your day? Is lack of time preventing you from reaching more of your goals? No one is given more than 24 hours a day. How then do some people accomplish so much while others drown in incomplete to-do lists, missed deadlines and unmet objectives?

Effective time management is the process of ensuring that all

of your time is spent in activities that move you closer to your goals. *What* you do is far more important than how quickly you do it.

The bottom line *how* you spend your time determines your success. The most successful business leaders and entrepreneurs invest their time very carefully. Those who develop effective habits for

time management create a competitive advantage. The secret is understanding where that time is best invested and developing systems, processes, behaviors, and habits for effective use of time and priority management.

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Change Your Attitude

To change results it is necessary to change behavior. Significant behavior change requires a change in perspective or attitude; in other words, how you think. Effective time habits require effective time attitudes. Think about your time as a limited resource to be *invested* rather than spent.

Through the lens of this new time attitude, consider the following tips for increasing your return on investment.

Know What You Want

Make a list of your top priorities, both personal and professional. This process helps clarify where to focus your energy and speeds decision-making when events arise that are not top priorities. Daily, weekly, monthly and annual prioritization is a powerful time management habit.

Establish Your Personal 80/20 Rule

Typically 80 percent of success comes from 20 percent of your effort. Determine what your most profitable 20 percent is and spend the majority of your time in those activities.

Eliminate Unproductive Activity

One of the most practical exercises for better time use is a personal time study. Track activities in 15-minute increments for 3-5 days. Look for opportunities to eliminate unproductive behaviors that do not pertain to top priorities. Often the greatest gains in productivity are the result of eliminating bad habits and non-value added activity.

Automate

Use technology to your advantage. Automation is a great way to multiply your efforts. Review your time study for opportunities to memorize transactions, create automatic activity series, sort e-mail, auto-complete fields, etc. While it takes time to set up, it is always a wise investment.

Delegate

If the return on your time investment is less than the cost, yet the task is too important to eliminate and cannot be automated, consider delegating it. Opportunities abound to use staff, virtual assistance, contract professionals, temporary help, family members, etc. Eliminate dependency on specific individuals by creating checklists and procedures for each delegated task. This helps bridge the gap if you have to do the task again and improves training effectiveness with new people.

Simplify

Look for every opportunity to simplify processes, decision-making, communications, proposals, customer tracking, etc.

Leverage

This concept refers to multiplying the return you get from every effort. Perhaps creative work can be repurposed or meetings can serve multiple functions. Look for every place to consolidate your efforts and get greater return on your time investment.

Vision

Take time to create a clear, succinct vision for both yourself and your organization. Don't stop at the words; create pictures of what it will look like once you accomplish your vision. Imagine what it will feel like once you get there. The more emotionally tied you are to your vision, the easier it is to remember the success habits you are trying to create.

Time Blocking

Complete similar types of work all at the same time. Opportunities for blocking include client visits, telephone work, computer work, writing, e-mail correspondence and completing personal tasks. This strategy maximizes your time investment far better than moving from one unrelated task to another throughout the day.

Analyze

Keep track of what's working really well, both personally and for the business. Also track opportunities for improvement. Review your list regularly and implement new habits, processes and systems at every opportunity.

If time management is actually effective priority management, then creating habits for better self-management is critical to your success. Think about the impact that one or two new time habits and/or attitudes could have on your business over the next year.

Allison Darling is president and founder of ManagementConcepts Inc.



TIME MANAGEMENT...

AUDITS...CONTINUED FROM PAGE 1

Hospitals, however, remain concerned that they will stand to lose financially under the scrutiny of the RACs, despite some changes the agency made between the pilot and final versions of the program. Meanwhile, the American Hospital Association created a RAC tracking program that could provide fodder for its efforts to potentially change the program down the road.

The CMS is in the process of implementing the RAC program in 24 states. The remaining 26 states will be implemented in August, according to an agency spokesperson. As of yet, all appears to be quiet on the auditing front. "There really isn't anything to report" on RAC activities, said Connie Leonard, director of the CMS' Recovery Audit Operations Division. Before a RAC can review a claim area, the issue identified by a RAC needs to

be approved by the CMS. An example of an issue would be duplicate claims. If the RAC wanted to review claims for duplicates, they would come to the CMS to get the issue approved. The CMS would then approve the issue and the RAC would be able to review the claims data for duplicates, she said. To date, no issues have been approved but some are in the approval process.

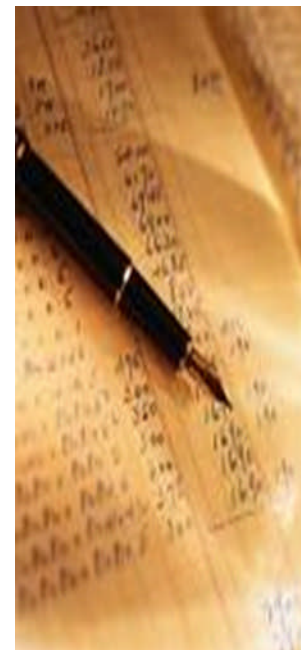
"It is also too early to answer the question of is the program running smoothly. Obviously CMS believes the program will run smoothly because of some of the changes we have made" from the pilot, Leonard said.

"Hospitals are in a ramp-up mode" right now, said Nancy Hirschl, president of consulting firm Hirschl and Associates, Laguna Niguel, Calif. To her knowledge, RACs have held education and program introduction sessions with providers, she

said. She estimated that many hospitals will start to receive audit request letters from the RACs by June 1. Hospitals have 45 days from the date a medical record request letter is received to copy the records and give them to the RAC, which in turn has 60 days to respond, she said.

Ron Connelly, a partner with Powers Pyles Sutter & Verville in Washington, doesn't expect some audits to take place until later this year. "So far, none of our clients have been audited in the permanent RAC program for medical necessity. I expect those will come in the fall," he said. It may be even later than that. The American Hospital Association recently reported that the CMS does not expect the RACs to conduct complex reviews for medical necessity of hospital services until 2010.

By Jennifer Lubell
Posted: June 1, 2009



STUDY FINDS OVER HALF OF HOSPITALS UTILIZE HOSPITALISTS

Data from a survey of 4,897 community hospitals conducted by the American Hospital Association (AHA) indicates over half of US hospitals have hospital medicine programs, and that there were over 23,000 hospitalists in the U.S. Annually, AHA provides the Society of Hospital Medicine (SHM) with a special analysis on the prevalence of hospitalists. The data is from 2007, the latest year

available for the information. Reasonable projections would put the figures at 58 percent penetration and 28,000 hospitalists in 2009. "In 1996, there were perhaps 1,000 hospitalists practicing around the country," said Joe Miller, MS, executive assistant to the CEO for SHM. "Today, approximately 28,000 hospitalists are improving quality of care and efficiency in hospitals everywhere. The growth of

hospital medicine is clearly one of the success stories in healthcare this decade."

Other noteworthy findings from the 2007 AHA data:

- For hospitals with 200 or more beds, 83 percent have hospital medicine programs.
- On average, there are 9.4 physicians in a hospital medicine program, an increase from 8.3 physicians in 2006.
- From 2006 to 2007, the number of hospitalists grew 20 percent (from 19,000 to 23,000).

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MAKING A DIFFERENCE WHERE IT COUNTS...

EHR ADOPTERS COULD FACE SERIES OF TIGHTER STANDARDS

There may soon be one more incentive for hospitals and physician offices to buy and install electronic health-record systems on or before 2011. The added push could come from the prospect of increasingly higher thresholds of initial federal eligibility requirements for EHR subsidies under the American Recovery and Reinvestment Act of 2009, according to discussions at today's meeting of the Health Information Technology Policy Committee.

A work group of that committee delivered its first draft of recommended definitions of **"meaningful use"** of EHRs, a standard that

providers must meet to qualify for subsidy payments estimated at \$34 billion to be handed out by Medicare and Medicaid. The work group recommended instituting a series of increasingly complex meaningful-use requirements between 2011, the first "payment year" of the subsidy program, and 2015, the final year payments will be made before financial penalties for not adopting begin.

During those discussions, Anthony Trenkle, director of the CMS' office of e-Health Standards and Services, said the requirements will not be "tiered" based on when the provider adopts an EHR after 2011. Instead, whatever meaningful use standards are applicable for the year

the provider applies for an EHR subsidy are the standards that provider must meet, regardless of whether it is the provider's first year of EHR implementation.

A 10-day public comment period opens today on the work group's initial recommendations. Trenkle said the CMS hopes to have a final definition of "meaningful use" to put out for a 60-day comment period later this year, with final rulemaking not expected until early next year.

Joseph Conn, Modern Healthcare, 16 June 2009

