

News You Can Use

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No pessimist ever discovered the secrets of the stars, or sailed to an uncharted land, or opened a new heaven to the horizon of the spirit.
-- Helen Keller

Websites for YOU

www.cms.hhs.gov (Medicare)

President's Message

It's fall, so let's turn over a new leaf: at least as far as how our meetings are managed.

Don't you just hate it when you come to a meeting and there doesn't seem to be a purpose? Or no one else is on time? Or during the meeting you have time to daydream, planning your next vacation? We've all been there and while we can't always influence how other people's meetings are run, we certainly can try some of these tips:



- Hold meetings for a real purpose. There should always be an expected outcome.
- Start and end meetings on time.
- Only invite people who have something to contribute; who can either further explain the issue or provide input/solutions to the problem.
- Ask the group to approve the agenda at the onset – you do have an agenda, right?
- Don't vary from the agenda. When other items are brought up, park them in a “parking lot”. Only come back to those items if time remains and the group agrees to do so.
- At the conclusion of the meeting, each participant should be able to reiterate what was accomplished and what her individual responsibilities are following the meeting.
- Follow-up the meeting with the action items and the person assigned along with a due date.

You can probably think of several more tips as well. Implement what works for you. Happy meetings!

*Jerrie K. Weith, FHFMA
President*

Eight Keys for Managing Organizational Change

<https://nppes.cms.hhs.gov>

(NPI application and tools)

www.wcscrivnerfoundation.org

(not for profit health foundation)

www.despair.com (de-motivation for all of us!)

www.designsontime.com

(Designs on Time)

www.wpc-edi.com/codes/taxonomy

(taxonomy codes for NPI)

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***To be what we are,
and to become what
we are
capable of becoming
is
the only end in life.***

-- Robert Louis Stevenson

***Welcome to our
Newest Clients!***

**Family Medicine of St.
Louis**

**Greenville Regional
Hospital**

**St. Anthony's Medical
Center**

We wish the best to our newest clients, as well as all our existing clients!

Linda Nash

Change is an ongoing process. Incremental changes aren't so bothersome but sudden, abrupt, unwanted, or massive change can leave even the most seasoned professional stunned and confused. There are many components to managing change. The eight below will help you get started in the right direction.

1. Change yourself first.
2. Explain the why.
3. Tell the truth.
4. Be a good listener.
5. Tell people about outcomes.
6. Clarify expectations.
7. Set short-term goals that provide short-term successes.
8. Be supportive.

There are many other things to consider in managing organizational change. Get these eight right and you're well on your way to a successful transition with minimal stress, angst, and lost productivity.

Doing things right is important but doing the right things is imperative.

Thank you Linda, for your great insight. To read the entire article, go to www.lindanash.com. You can contact Linda at linda@lindanash.com.

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Ever Long for the Return of Snail Mail?

Pam Vaccaro

E-mail has now taken the place of phone calls and drop-in visitors as the number one cause for loss of productivity in the workplace. The volume of e-mail will continue to increase as technology develops more ways to stay "wired" throughout the day and night. Get ready!

The two most effective strategies for bringing e-mail back to a highly efficient tool are:

Problems are a major part of life.

Don't whine about why you always have problems...

Get on with the solving.

-- Grace Murray Hopper

Medicaid Update

Missouri Medicaid increased its physician fee schedule, effective 7/1/2007. In addition, the Missouri General Assembly also requested DMS to develop a plan to increase physician related service fees to 100% of Medicare over a four-year period. The current on-line fee schedule isn't reflective of the July 2007 rates.

One of the greatest of all principles is that men can do what they think they can do.

-- Norman Vincent Peale

Kick Off For Success!

How do you get a project off on the right foot? Hold a project kickoff meeting! That's the advice of project manager Tom Mochal. The purpose of the meeting is formally notify all the stakeholders of the project

- To develop a consistent protocol for internal e-mails within a company and
- To cultivate a set of habits for responding and sending e-mails.

These quick-tips on e-mail would serve well in either of these approaches to e-mail management.

1. When arriving at the office, spend the first half hour or hour focusing on your highest priority projects. Let colleagues know that you don't look at e-mails until 9:15. People adjust when they know what is going on.
2. If you must look at e-mail first thing, do so with great discipline. Only process the highest priority e-mails. You determine what those are, not the "urgent" exclamation point frequently used by squeaky wheels.
3. Use Outlook's color-coding feature (click tools, then organize). Give your supervisor or important client a color. When you see those e-mails come through, they can get your immediate attention.
4. Using the same feature, you can flag all your e-mails when you are the only addressee, helping you avoid spending time on cc e-mails.
5. Personal favorite! Use the subject line for the whole message when appropriate. Why have a colleague open an e-mail when all you are saying is "the meeting is at 4:00," "thank you," "I enjoyed meeting you today," "Call me at 7:00 tomorrow." Let them know it is not necessary to open e-mail with an (EOM) at the end....End of Message!

(EOM)

Thanks to Pam Vaccaro for some great organizational and time management tips! If you would like to consult with Pam, you can contact her directly at pamvaccaro@sbcglobal.net or visit her website at www.Designsontime.com.

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Did You Know?

- 10/14 – 10/20 is National Drug Free Work Week? The honorary week is co-sponsored by the Department of Labor and the Drug Free Workplace Alliance.
- Physicians in academic medicine make 24% (primary care) - 62%

onset and confirm a common understanding of project and each person's roles. Agenda items should include introduction, recap of the project charter, delineation of roles and responsibilities, timeline, and how the project will be managed.

NPI Dissemination

At this writing, NPI's should be available for our query by September 4. As you may recall, we should be able to access them in either a query-only format or a downloadable file. www.cms.hhs.gov/NationalProvdentStand/

***Two roads diverged in the wood,
and I took the one less traveled by, and that has made all the difference.***

-- Robert Frost

From Pen to Presentation

HMAI is always willing to participate in professional development opportunities such as seminars, authorship, and networking, whether as a participant or the focal point. This is what we've been up to

(specialists) less than their counterparts in private practice? Wow! Of course, in academia, the patient workload isn't usually as demanding and the direct costs are allocated differently, but that's still a huge difference! (*Source: MGMA*)

- Not-for-profit hospitals can subsidize EHR's for physicians without losing their tax exempt status? There are kinks, of course, in that if this is offered to one doctor, it must be offered to all staff physicians; and everyone gets the same subsidy unless there's a "compelling" community healthcare reason to aid certain practices selectively.
- Yes, Virginia, there really is a gender gap! HFMA's 2007 Compensation Survey reported that male CFOs averaged \$210,900 as compared to female CFO earnings of \$145,400 – that's 31% less! Some considerations are that men still tend to hold the positions in larger and higher paying organizations. www.hfma.org.

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Medicare News

This section of NYCU Medicare News is devoted to the proposed pay cuts for physician services in 2008. The proposal is estimated "update" of -9.9% adjustment to the conversion factor. Nearly 10%! Who can operate a business with a 10% cut in revenues each year?

An uninformed person might suggest that it's "only" Medicare. But that truly would be an uninformed statement. The managed care companies are quick to adjust fee schedules to be aligned with Medicare payments. And when you don't have a contract with the managed care company, the EOBs to their patients often imply that the doctor is trying to cheat the patient by charging exorbitant fees!

Per the MGMA, there are many proposed changes, including the conversion factor reduction, including:

- Adjustments to the work RVUs.
- Increases in payment for anesthesiology (at least someone might be happy with the changes!).
- Modifications to the Stark law on physician self-referral.
- New and revised standards for IDTFs.
- End to the 5% physician-scarcity-area bonus payments.

over the last few months:

- Participated in Greater St. Louis Chapter HFMA Membership Committee meeting.
- Attended MGMA of Greater St. Louis Annual Salary Survey meeting.
- Presented physician practice overview to National City Bank team.
- Attended MGMA of Greater St. Louis Audio Series.
- Participated in Great St. Louis Chapter HFMA mini-LTC meeting.
- Attended MGMA of Greater St. Louis Business Partners luncheon.

To request a speaker for your group of author for your newsletter, contact Jerrie at jkweith@aol.com.

***Change is the law of life,
and those who look only to
the past or present
are certain to miss the
future.***
- John F. Kennedy

Guest Columnists

- Changes to the GPCIs.
- Standards for the 2008 PRQI.

The AMA, MGMA and other physician practice proponents have called on Congress to halt the proposed cuts. And that means you can help, too! If you don't know how to reach your legislators, your local medical society will have the information. If you think this is unacceptable, let them know about it!

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10 Things You Can Do to Make Sure Your Data Doesn't Walk Out the Door

Debra Littlejohn Shinder, MCSE, MVP

1. Practice the principle of least privilege.
2. Put policies in writing.
3. Set restrictive permissions and audit access.
4. Use encryption.
5. Implement rights management.
6. Restrict use of removable media.
7. Keep laptops under control.
8. Set up outbound content rules.
9. Control wireless communications.
10. Beware creative data theft methods formats.

What a great excerpt! The article in full length is available at <http://techrepublic.com.com/2001-6240-0-html>.

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Managed Care News

Anthem BCBS

In its 8/3/07 "network RAPID UPDATE" publication, Anthem provided tips for filing Blue Card claims. The key is where you send the claim. A BlueCard claim always goes to the local Anthem BCBS "host" plan unless you contract directly with the

Would you like to write for NYCU? If so, contact Jerrie for information. All requests will be judged on their individual merit and publication decisions are at the sole discretion of HMAI.

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member's home plan or there is no alpha prefix on the member's card. You can find more information at www.anthem.com.

GHP

GHP is now utilizing CAQH for credentialing. Really, it's true! They've moved their credentialing operation to North Dakota (from Pennsylvania).

Magellan Health Services

You can submit your NPI online to Magellan by logging in at www.magellanhealth.com/provider, click *Display/Edit Practice Information* and complete the NPI field.

Magellan is also offering its providers a Direct Submit Testing application, an electronic claim tool on their website. It's free, allows you to send HIPAA transactions, and eliminate your clearinghouse – at least for their claims.

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Service of the Month – Operational Assessment

Do you feel like you're working harder and harder and not seeing improved results? It's hard enough just not to lose ground? That's a common refrain from physicians these days. And no wonder! Expenses keep rising and reimbursement keeps shrinking. Even Bill Gates wouldn't be a millionaire if those two pressures had happened to Microsoft!

Could be time for an operational assessment. Ideally, the assessment will cover both revenue and expense sides of the business, but can be just one or the other. During an operational assessment, a consultant will examine the revenue cycle using statistical analysis, staff interviews and observations. Expenses will be compared to norms for your specialty and size. Payroll and staffing will be examined through statistical analysis, compensation comparisons, observations and interviews.

The consultant's deliverable should be a concise report that describes the current state, areas for improvement, and a plan for making those improvements. The report is a great informational tool, but the key to success is in the implementation!

It can certainly be seen as self-serving when a consultant then also recommends that he assist in implementation of the recommendations. Be careful before you decline. When you're already busy in your practice, it's difficult to carve out the time and energy to truly effect changes. To help cut consulting fees, delegate those recommendations you won't have time or expertise to implement to the

consultant. Handle the rest internally, using the consultant's time only as needed. The final result should be improved results for you!

If you think it's time to take a look at the business of your practice, contact Jerrie Weith (jkweith@aol.com) and get on the road to success!

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Hot Tip: Question and Answer Box

Question: What are the key elements of an effective resume?

Answer:

The key elements are easy to define – go back to the old newspaper lingo of who, what, where, when, why. In the case of resumes, the “why” becomes more “what was the outcome?”

- **Who – who are you?** Your name, address, phone. No other personal information unless it's pertinent to the position you want.
- **What – what do you want?** This can be an objective statement indicating you want a “management position in a healthcare organization with advancement opportunity” or very specific such as “director of the business office”.
- **Where and When** – where have you worked and when were you there? Where did you get your education and when did you complete it? You have the idea.
- **What was the outcome** – what were the major accomplishments in each position? Provide data such as “improved net collection effectiveness by 20%” or “decreased employee turnover by 18%”.

Here are some other quick do's and don'ts:

- Do have an effective cover letter. Usually 3 paragraphs: who you are and what you're applying for; why you qualify for the position and what you bring to the employer; thank them for their time and ask for their consideration.
- Don't provide references until you're actually being considered.
- Do include a chronology of publications and/or presentations.
- Do include a chronology of community and civic achievements.
- Don't include political or politically sensitive information.

If you have a question, forward it to jkweith@aol.com and HMAI will get your answer for you.

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Coming Attractions

Greater St. Louis Chapter HFMA

September 27 joint meeting with Metro Healthcare Executives Group, featuring former HHS Secretary, Tommy Thompson. Visit the chapter website for information on upcoming programs, www.hfmastlouis.org.

MGMA of Greater St. Louis

MGMA of Greater St. Louis meets most months on the second Wednesday of the month at Ces and Judy's. More info available at www.mgma-sl.org.

Professional Women's Alliance

The St. Louis PWA meets on the first Wednesday of each month. Meeting times vary, so consult the website at <http://www.stlpwa.org>.

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