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For more information on how MedAssets is supporting clients with the ANSI 5010 transition, please visit our Resource Center. In addition, if you have any questions about 5010 and client testing, please contact your MedAssets account manager or e-mail us.

Questions about ANSI 5010 processes? E-mail: 5010answers@medassets.com

Questions about ICD-10 processes? E-mail: ICD10answers@medassets.com

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At the Hospital

**Benefis Health: "Cutting Costs is a Survival Issue" for Hospitals**

Benefis Health System CEO, John Goodnow, believes cost reduction strategies across supply chain operations are an imperative for hospitals across the country.

Goodnow shared his perspectives and experiences with group purchasing and clinical cost management initiatives during the MedAssets 2012 Healthcare Business Summit. "I view reducing costs as an imperative for everyone in the U.S. right now. We're doing a good job of bankrupting our country. I think it's more or less job one to reduce healthcare costs. It's particularly important for Benefis, because we're in a unique payor market where 69 percent of our patients are represented by governmental payors," says Goodnow.

Listen to learn what Benefis is doing and how MedAssets is helping this 516-bed health system to cut costs.

Watch the video

related: [Benefis press release](#)

**How 83-bed VRMC Returned to Profitability, Realized $19.1 Million (20 percent) Cash Improvements**

In northeastern Minnesota, 83-bed Virginia Regional Medical Center (VRMC) faced crippling financial trends that threatened the viability of this community-centric, city-owned hospital. Net accounts receivable (A/R) gradually doubled, tipping 70 days. Operating losses in 2009 approached $1.7 million. Poor cash flow slowly eroded VRMC's $54 million annual net revenue, and 60 percent of its investment portfolio (needed to help pay expenses).

"To stabilize and sustain cash flow, we had to go beyond uncovering the root of our poor financial performance and create a culture of accountability," says Steve Feltman, VRMC's interim chief financial officer. "We could not have achieved this level of change without the resources, expertise and dedication of MedAssets revenue cycle consultants." Learn how VRMC returned to profitability and realized $19.1 million in cash improvements. [Read the case study](#)

related: Learn more about [revenue cycle consulting](#)

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Ardent Health Services to Share How Managing Labor Costs & Labor Liabilities Led to $1.8 Million (7.1 Percent) in Savings

At ANI on Wednesday, June 27, Ardent Health Services will present a process for hospitals to implement vendor-neutral and fixed rate contracts with staffing agencies to dramatically reduce negotiation and tracking of individual contracts while improving compliance with survey entities (e.g., Joint Commission and CARF), maintaining appropriate staffing levels, and decreasing potential liability. Learn how a paperless process is helping Ardent maintain contract compliance at 99 percent; average fill rates exceeding 90 percent and reduce supplemental administrative processes by 50 percent.

Don't miss Stephen Forney, divisional vice president and CFO of Ardent, as he shares his experiences with labor costs and liabilities on Wednesday, June 27 at ANI. More about Ardent’s presentation at ANI on June 27.

related: Learn more about solutions for labor cost and liability management.

At the National Association of Healthcare Access Management (NAHAM):
Building an Automated Financial Clearance Process at Hartford Healthcare

In just one year, Hartford HealthCare centralized and standardized its scheduling, contract management, business office, patient financial clearance and point of service cash collections functions, while preparing for bundled payments – all without a cash hiccup.

Niobis Queiro, MBA, director of revenue cycle for Hartford Healthcare, presented last month at NAHAM and talked about Hartford's journey from a manual to standardized patient access process across its five hospitals. If you missed Queiro’s presentation at NAHAM, reach out to solutions@medassets.com to receive a copy. This presentation outlines how Hartford approached challenges to verifying patient identity, prioritizing accounts, authorizations and collections in order to eliminate waste, improve accuracy and increase POS collections.

related: Learn more about access management solutions.

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Best Practices

How to Manage Critical Care Supply Tensions with Clinical-operational Interventions

When Healthcare Purchasing News explored divisive attitudes shared between the intensive care units and the stock room, MedAssets supply chain experts weighed in with insights into why and how to introduce change.

"It is important to note how these experiences create the opportunity for supply chain to learn how to better serve its clients," says David Hermann, vice president, MedAssets supply chain consulting. "Any special-ordered nursing product – ordered non-file or non-catalog – is likely a clinician's effort to address a ‘dropped ball’ and approaching the person who ordered that item collaboratively is a good way to get this discussion started."

"Nursing sees items as a solution to provide care, and once they have access to the item, it is there forever. The 'don't fix it if it's not broken' approach is common. Every two to four years, an issue nursing considers resolved is resurrected by supply chain with various reasons, such as expiring contracts, new products on market, cost..."
Supply chain with various reasons, such as expiring contracts, new products on market, cost increases and relationship changes with vendors,” says Timothy Goedvolk, RN, director, MedAssets consulting.

Read the full article

related: Learn more about supply chain consulting.

Seven Changes You Can Make Now to Avoid 5010-related Payor Rejections and Denials

Payors differ in the way they interpret 5010 guidelines, leaving providers at risk for rejections and denials. That's why Craig Webster, senior vice president, Operations, Revenue Cycle Management, MedAssets, shares insights into 5010-related payor requirements in the spring issue of HFMA's Revenue Cycle Strategist newsletter.

Webster outlines how ANSI 5010 guidelines are open for interpretation by payors, and there are seven changes you can make to avoid putting your hospital at risk for higher claim rejections and lower reimbursement. Ultimately, providers need to focus on working with 5010 payors to review rejections, return-to-provider (RTP) files and denials. Working closely with technology vendors also will help build the payor-specific edits you may need.

Questions? E-mail Craig Webster.

Read the full article

related: Learn more about how MedAssets is helping hospitals with 5010 readiness.

Interactive Online Community for MedAssets Revenue Cycle Management

In May, MedAssets launched the MedAssets Client Community Portal, an interactive online community for MedAssets Revenue Cycle Management clients. The purpose of the client community is for MedAssets and the users of our products to interact with each other, share best practices, ask questions from other clients within the community, and participate in knowledge sharing. Clients are encouraged to openly ask questions about current challenges and share successful resolutions with other clients who may be trying to overcome similar challenges. MedAssets will also openly share information about future release information and the dates of these releases to all users within the client community.

If you were a user of the MedAssets Customer Portal, you should have received an email from MedAssets with a new web address to access the new MedAssets Client Community Portal. To access the MedAssets Client Community Portal, you will use your current user name which is your email address and your original password from the MedAssets Customer Portal. Here is a link to a short demonstration video on how to navigate through the new MedAssets Client Community Portal. If you have never used the MedAssets Customer Portal, you can sign up by sending an email to CommunitySignUp@medassets.com.

News You Can Use/Product Spotlight

Clients, MedAssets Partner for CMMI Bundled Payments Pilot

As the industry takes steps to move closer towards accountable care management, several major payors and health systems are live already with the MedAssets Bundled Payments
Solution.

Many large integrated delivery networks and community hospitals are using the MedAssets solution to participate in the Center for Medicare & Medicaid Innovation’s (CMMI) Bundled Payments for Care Improvement Initiative, a pilot program with the Centers for Medicare & Medicaid Services (CMS).

The MedAssets Bundled Payments Solution is the first certified commercial technology that provides health systems and other conveners with a validated, dependable solution to accurately calculate, track and reconcile reimbursements in an episode of care environment. Coupled with a first-to-market support process and methodology, MedAssets is the first vendor to invest the time and resources to aligning clients with CMS regulations to maintain compliance.

A key component of the MedAssets Bundled Payments Solution is the PAC Readiness Assessment. The assessment delivers insight into potential financial risk and costs by providing a review of historical claim service and fees against three industry-benchmarked variables: Potentially Avoidable Complications (PACs), Medical Management and Network Management. As a result of this analysis, clients are able to isolate and address problematic areas impacting the organization’s ability to provide better care at higher quality, lower mortality and reduced admissions.

MedAssets was the first vendor to receive certification from HCI3, the creators of the PROMETHEUS Payment model, and is the first vendor to have clients live successfully using this methodology to accurately bundle payments around care episodes. Our Bundled Payments Solution reflects the company's 18 years of expertise in reimbursement and calculating pricing for 72 million claims per year.

Join MedAssets at the 2nd Annual Bundled Payment Summit: June 12-13 for Key Success Factors for the CMMI Bundled Payments for Care Improvement Initiative, presented by featured faculty Gilbert D’Andria, vice president and general manager, Payor Technologies, MedAssets; Mah-J Soobader, vice president Product Management and Payor Technologies, MedAssets; and Jeff Bond, president and chief executive officer, Cox HealthPlans.

Learn more about the MedAssets Bundled Payments Solution. Contact Brandon Goldstein or call 480.789.9473.

Learn more about the CMS CMMI Bundled Payments for Care Improvement Initiative or e-mail CMS with questions about the initiative.

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Ask the Expert: Making sense (and cents) of old A/R

Peter Fleischman, senior vice president of Accounts Receivable (A/R) Services, part of MedAssets Revenue Cycle Performance Improvement Services group, reflects on the ever-present issue of uncompensated care and managing aged hospital A/R.

Q) What’s the state of hospital uncompensated care?

A) Bad debt continues to represent the single largest expense item taking a financial toll on hospitals. The American Hospital Association (AHA) reports that for the past 12 years, hospitals of all types have provided more than $360 billion in uncompensated care to patients.

According to the AHA's annual hospital survey, the average hospital provides $7.9 million in annual uncompensated care. Community hospitals provided nearly $40 billion in uncompensated care in 2010; an increase of $200 million over 2009. Although healthcare reform remains tied up in the federal court system and if reform goes into effect as planned in January 2014, the number of uninsured and the cost of uncompensated care may drop, but the rise of various forms of consumerism will bring new reimbursement pain points.
Q) How are hospitals actively running down old A/R?

A) Too often today's reality remains that cash flow problems in one area can be felt in all areas of a hospital. Often times, A/R problem resolutions are reactionary as soon as cash starts to dip, which makes isolating ineffective (or nonexistent) processes more challenging. I believe in the premise of what isn't measured can’t be managed. Hospitals are recognizing the need to be diligent about getting down into the weeds to regularly review systems and processes. It's important to assess A/R functions, coding, account follow-up, staff training (or lack of staff), claims technology limitations, etc. MedAssets is working with many hospitals that choose to outsource old A/R in order to stay focused on new billed accounts. But ultimately, the question needs to be, how did the old A/R reach a critical level? The best approach to mitigating A/R issues often involves a concerted effort to revisit and manage operational basics, isolating A/R inefficiencies, creating transparency and ultimately working towards a best practice approach to minimize future issues.

Q) Can you touch on just a few areas that cause a build-up of aged A/R?

A) Mountainside Hospital (Mountainside) in New Jersey is a great example of a hospital getting back to basics to better manage A/R challenges. Before Mountainside chose to outsource their back office to MedAssets, our consultants worked to break up various high-dollar logjams including discharged not final billed (DNFB) holds and denials left unappealed.

DNFB holds: MedAssets worked alongside Mountainside's A/R team to reveal more than $2.5 million in backlog of held claims due to discharged-not-final-billed holds. These claims contained errors requiring fixes from the hospital, but the health system simply couldn't process those fixes because they were not appearing on any A/R monitoring mechanism.

MedAssets helped implemented an automated reporting solution that would allow the DNFB holds to be identified and routed back to the resource able to address issues.

Unappealed denials: Mountainside also leveraged MedAssets denials management recovery services to revisit and appeal retrospective clinical and technical denials. The process helped the hospital reduce denials for both Medicare and managed care plans; and in the process, helped the hospital reclaim more than $1 million annually and cut denials in half.

Read more about how Mountainside reduced aged A/R and improved its financial health.

Learn about flexible A/R Services from MedAssets (from population account management to full back office outsourcing).

Related NYTs: Billions wasted on billing, a personal experience perspective
procedures in support of supplier diversity, as well as for measurable achievements to increase spend with diverse suppliers. The Supplier Diversity Award also recognizes these organizations for implementing outreach activities such as educational and networking events that advance the entry or success of diverse suppliers within their respective organization and for contributing to a more diverse and culturally proficient community.

**Magee-Womens Hospital of UPMC**

UPMC is committed to supplier diversity as an integral part of its overall supply chain management strategy. UPMC recognizes that diverse firms enhance the supply chain and increase its competitive advantage in the marketplace. UPMC grew direct spend with minority, women and disadvantaged owned business by a 9.8 percent in 2011.

UPMC also demonstrates leadership within their community through their commitment to environmentally sustainable practices. Magee-Womens Hospital of UPMC was named to the Environmental Leadership Circle of Practice Greenhealth for environmental stewardship in healthcare. Waste at Magee-Womens Hospital of UPMC dropped from 4.2 pounds per patient per day to 1.65 in 2011. The hospital also has reduced energy usage and created a comprehensive environmentally preferred purchasing policy based on Practice Greenhealth guidelines. UPMC’s environmental impact achievements in 2011 also include:

- 50 percent reduction in red bag waste
- 30 percent increase in recycling of paper, plastic, cardboard, batteries, fluorescent lights, medical and hazardous waste
- Use of plastic materials that are DEHP- and PVC-free in Neonatal Intensive Care
- Replaced plastic/foam food and beverage containers with biodegradable corn and paper products in food services
- Implemented alcohol recycling in labs
- Use of nontoxic cleaning products
- Remodeled ante partum and postpartum units using sustainable and environmentally friendly materials.
- Purchased new indoor air quality meter
- Instituted paperless meetings
- Donated unused and recycled materials, including sutures, resulting in over 7,000 pounds of materials in 2011 that were kept out of landfills and donated to support Global Links’ international Medical Aid programs such as the Suture Donation Program. Sutures collected through this program are shipped to doctors and hospitals that have committed to providing services to patients unable to pay for care

**Broward Health**

Broward Health has embraced supplier diversity since 1990, as a part of its corporate social responsibility. In 2011, Broward facilitated extensive education, awareness and outreach activities to suppliers, a vital effort to sustain the success and development of any supplier diversity program.

Broward Health received the first-ever Emerald Award Crown Jewel, awarded by the Broward County Pollution Prevention, Remediation and Air Quality Division. Broward has
demonstrated 11 years of environmental stewardship. The health system also is mentoring other hospitals and health organizations so they too may save the environment and the cost of doing business. Broward’s environmental impact achievements in 2011 include:

- Pounds of biomedical waste down 38 percent /$32,000
- Almost six tons of batteries and lamps sent for recycling
- $47,000 saved due to solvent (Formalin, Alcohol, Xylene) recovery
- Recycled 396 tons of paper by way of confidential paper shredding
- Reusable sharps and pharmaceutical waste containers prevented 84,000 pounds of plastic from going to the landfill.
- The corporate headquarters and information technology buildings recycled 33 percent of all waste and 24 tons of paper

**More Hospitals Making News**

During the 2012 Healthcare Business Summit, MedAssets announced and celebrated achievements in various areas of healthcare transformation. If you missed the event, below is a recap of the hospitals that made headlines:

- The 5 capabilities winning providers of the future share
- Find out who received humanitarian and heroic recognition
- Hospitals rank tops for financial achievement

During the 2012 MedAssets Healthcare Business Summit, attendees volunteered to prepare care packages in support of military members overseas. See the video [here](#).

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