

Maximizing Value from Purchased Services

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No one knows whether the health care reform law will withstand the series of challenges that now confront it in the courts, Congress, and the states. But one thing is certain: Whether it's through decreasing fraud and abuse or increasing operational efficiency, the drive to cut health care administrative costs will continue, no matter how the health care reform battle turns out in 2011 and 2012.

As a result, we expect that health care payers (insurers, health plans, and self-funded employers) will keep increasing their use of purchased services through third-party administrators (TPAs), both

onshore and offshore, in an effort to reduce unwanted overhead.

For many, outsourcing makes a lot of sense in terms of jettisoning cumbersome, costly, and time-consuming tasks, processes, and functions. But once this decision is made, the work for health care payers just begins.

Indeed, payers who delegate administrative programs to outside entities have a huge responsibility to manage and analyze the results of their performance. Without vigilant oversight and sufficient accountability, these organizations are at considerable risk—and may not realize cost savings that were

expected. Despite this imperative, few health care payers effectively establish and manage the specifics of the outsourcing arrangement.

Unfortunately, it's in monitoring the complex provisions that the problems begin. Crafting contracts (such as purchased services agreements, or PSAs) clearly, concisely, and unambiguously—so that all parties understand what's expected—is the best first step toward making these relationships work.

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Letter from the Publisher and Editor



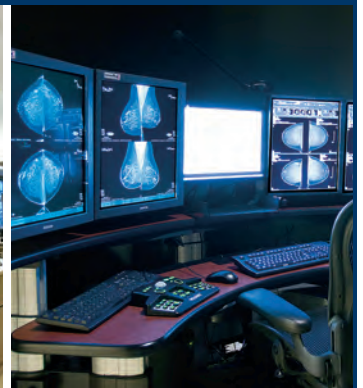
Dear Reader,

In last month’s edition, Robert Walerius and Casey Moriarty of the Miller Nash LLP law firm discussed the costs and benefits of community hospitals affiliating with larger hospitals or health systems. The ink had just dried on that edition when Olympic Medical Center (Port Angeles) and Jefferson Healthcare (Port Townsend) announced affiliation agreements with Swedish. Forks Community Hospital is considering a similar affiliation. In addition, Valley Medical Center has been in discussions with UW Medicine about a “strategic alliance” for several months.

Mergers and affiliations are unsettling times for healthcare professionals because, at a minimum, it’s easy to contemplate being laid-off. Fortunately, as one who is currently at “ground level” in the health care job market through our career opportunity services, I can assure you there are many opportunities for experienced and qualified applicants.

You can see all our great job openings by visiting the Washington Healthcare News job board at wahcnews.com. Until next month,
David Peel, Publisher and Editor

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It's also important to make sure each condition in a PSA is measurable and that everyone agrees on the right measurement methodology and approach. Without these fundamentals in place up front, the likelihood of underperformance and litigation in-

creases significantly.

Furthermore, PSAs between purchasers and administrators are extremely complex and particularly hard to manage. The purchaser must also identify, and be aware of, the high-risk areas that can cause huge problems down the road. And it helps considerably if

the purchaser has a dedicated staff with the appropriate level of managed care experience to monitor the administrator's performance and adherence to contracts. In fact, this is crucial, because even the smallest errors can lead to millions of dollars in unwanted—and unexpected—costs.

Key questions to consider as a PSA is being developed include:

- What provisions should you incorporate into the agreement?
- How do you keep the agreement simple but effective?
- How do you structure the agreement so it's easily administered?
- What are the agreed-upon goals and processes in place for monitoring performance?
- What are the mechanisms for addressing performance gaps?

These questions are especially relevant for health care payers, who are currently outsourcing a variety of services, such as claims processing, enrollment, authorization, and referrals for health care, finance, information technology, operations, and benefit contracts.

Some of these areas are extremely intricate and business-critical. Claims processing, arguably the heart of any payer operation, includes interpretation of complex contracts, calculation of payment, determination of covered services, and eligibility for benefits. Information technology needed to adjudicate these claims requires the configuration of complex files that control the level of payment, co-payments, and benefit-level determinations.

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Making sure administrators meet their commitments in these crucial areas is absolutely essential for health care payers that outsource services—and it’s why these provisions should be clearly identified in the PSA. Goals must be outlined to ensure performance standards are met. For example, if a TPA says it will accurately adjudicate 98 percent of a client’s claims, and, after close examination, it’s discovered that only 92 percent of the claims are being processed correctly, the remedy must be clearly identified in the PSA.

This kind of serious accountability is the only way health care payers can optimize savings through purchased service relationships in today’s marketplace. The system is just too complex, the metrics for success tend to be subject to great interpretation unless clearly

defined, and the failure to follow up with rigorous management and monitoring is tempting and all too prevalent.

The bottom line is that outsourcing administrative services in health care without proper oversight just won’t cut it—and may in fact increase the expenses you hoped to reduce when you initially entered into your outsourcing arrangement.

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vider operations in payer, insurer, medical group, and independent physician association environments. He can be reached at (949) 623-4172 or william.norris@mossadams.com.

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TGBa Focuses on “FLOW” for Overlake Hospital’s Downtown Bellevue Clinic

By Nora Haile
Contributing Editor
Healthcare News

A 6000sf, circa 1950s-60s building, once housing a First Mutual Bank branch, is now the busy site of Overlake Hospital’s Downtown Bellevue Clinic, which provides

internal medicine care to those who live or work in the downtown Bellevue area. It’s the most recent Overlake Hospital design project of several that Taylor, Gregory, Broadway Architects (TGBa) have developed. According to Dr. Alan Ertle, Chief Medical Officer and

Vice President of Network Development at Overlake Hospital Medical Center, TGBa’s healthcare facility design expertise, combined with their ability to develop efficient and effective patient flow is the reason Overlake Hospital works with them.



Overlake Hospital’s Downtown Bellevue Clinic Reception Area

The Hospital utilized a design-build delivery approach engaging Aldrich & Associates for construction of the clinic. With an eye to staff efficiency and patient flow, TGBa applied Lean design principles to the design, but the project team did not conduct a full Lean Production Planning Process. “TGBa’s approach simply enhanced our working relationship. They wanted to understand our needs and reflect them in a cohesive, efficient design,” explained Dr. Ertle. The TGBa team needed to work within the existing square footage, so had to develop a hybrid of the onstage/offstage Lean method typically used in clinic design. The patient and staff corridors are integrated, but visual cues, such as color and materials, help delineate the areas, emphasizing the difference between staff and patient areas. Also, there was room for only one door per exam room instead of two, so the casework contains a pass-through slider for staff to restock supplies via the hallway without entering the exam room.

The clinic features larger than typical exam rooms to accommodate equipment such as a scale for height and weight measurement, and a rolling computer so the doctors can access and update patient electronic medical records or even print educational materials during an appointment. Sliding doors throughout the clinic means no needed space is crowded by swinging doors. The sliding door feature also lets a large conference room, used for group education, be divided to create a smaller meeting space and extra treatment room. The treatment room can be used for telemedicine, as well.

Jennifer Seibert, project lead for

TGBa, elaborated on the various challenges and solutions, “The existing space had 14-foot ceilings and a large open lobby. We retained the high ceilings in the new design to create a sense of openness to the street while still maintaining patient privacy. We worked with the existing footprint, creating twelve exam rooms and one procedure room.” The firm created a detached steel canopy as a new welcoming entrance and

addressed sound privacy issues with an electronic speaker system that creates “pink noise,” a sound masking system. They also embellished on a favorite Overlake Hospital theme: “motion is life.” She said, “My favorite physical representation of that theme is the 8-foot curving soffit that winds its way through the clinic. It’s a strong design feature that works well with the space, and helps people move

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through the space.”

One particular hurdle that Overlake Hospital and TGBa overcame was the result of Bellevue’s stringent downtown design guidelines, as the clinic is situated in what is typically a retail and financial core.

The original design had the waiting area opening to the side, providing more patient privacy. During the permitting process, they ran into a dilemma. Due to the retail-focused businesses surrounding the clinic, the city wanted to engage passers-by, as well as have an appealing window wall. “That retail-focused

requirement contradicted patient privacy,” Seibert shared. “But we determined that if we flipped the design – which was more complicated than it sounds, and installed an art glass installation on an undulating soffit, it would fulfill the city’s requirements.”

Dr. Ertle, asked about the challenge, responded, “The architect really deserves the credit for developing a unique solution. The display created a visually appealing and interesting view for passers-by, even at night. We continue to receive positive feedback from patients and visitors.” He shared that the clinic’s color palette, similar to that at other Overlake facilities, and organic architectural detail, together with the natural light, often causes patients to comment that the clinic feels spa-like more than clinical. “We wanted to facilitate a convenient, exceptional patient experience,” said Dr. Ertle. “The clinic has three internal medicine providers for adults plus same-day and walk-in appointments, in addition to onsite lab services.”

The attention to detail in Overlake Hospital’s Downtown Bellevue Clinic demonstrates that need for excellent medical care doesn’t always align itself with conventionally medical areas. The traditionally retail-oriented locale is ideal for those living and working in downtown Bellevue. And Overlake’s reputation of exceptional care ensures that patients also enjoy the benefit of seamless care coordination with all Overlake-affiliated specialists.

Nora Haile is a Contributing Editor to the Washington Healthcare News and can be reached at nora@nhaile.com.



Hallway View of Exam Room with Sliding Door (left) and Reception Area (center)



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Comply-Health™: Finally, a 360 View of Compliance, Security & Privacy Issues

By **Nora Haile**
Contributing Editor
Healthcare News



Imagine being in compliance with federal regulations, no matter how often they change, covering your entire security and privacy footprint, thereby minimizing the legal risks that come with being a healthcare organization in today's world. Sounds dreamy, kind of like head-in-the-clouds type thinking, right?

Well, half right. "In the cloud" is exactly where you'll find Comply-Health. It's a new, software-as-a-service (SaaS) healthcare privacy, security and compliance solution. The brainchild of Apgar & Associates, LLC and Atlas Systems, Inc., it melds Chris Apgar's nearly two decades of regulatory compliance experience and Atlas Systems'

strategic technology development expertise.

Apgar explains, "I've been working with health plans, enterprise organizations, business associates and private practices for years – using my own proprietary method to help them with compliance issues. The alliance with Atlas Systems integrates the compliance and healthcare industry knowledge with the software solution. Comply-Health is the first of its kind. It addresses all three parts of the security world: administrative safeguards, physical safeguards and technical safeguards as well as privacy and other pertinent regulations."

Comply-Health is much broader than just HIPAA. In fact, it comes pre-loaded with most federal regulations pertaining to healthcare privacy and security, and regulatory changes are loaded as they occur. Healthcare organizations will find it much easier to maintain documentation, keep policies and procedures current and be highly responsive to auditors or even legal counsel. "We believe privacy officers will look at Comply-Health as compliance insurance," says Apgar. "It enables compliance management to self-audit their organizations, and compare results across timeframes." Updates occur on the back end, and the user(s)

receive an electronic notification of which policies and procedures were affected. Then an audit report lists recommendations of documentation updates that need to occur in order for the organization to remain in compliance.

Milind Abhyankar of Atlas Systems enthusiastically touts the software's benefits, "Critical discussions regarding policy matters, the history of a particular issue, proof that you've taken steps to remain in compliance – everything is available in one place with secure portal access." He emphasizes a major advantage: that SaaS doesn't infringe on anyone's existing IT infrastructure. Because of its deployment, maintenance and accessibility through a secure portal, healthcare organizations avoid an additional administrative burden and associated costs. "It's as close to plug-and-play as possible given the gravity and complexity of the subject matter," he says.

Federal regulatory compliance is a large portion of the burden facing healthcare leaders, but there are state regulations to consider as well. According to Apgar and Abhyankar, the package offers the purchase option for state-relevant legal requirements to be added. So if a multi-state organization wants to deploy the solution enterprise-wide, each area could access its

relevant state regulations. Private practices and small clinics benefit as well, because the scalable solution offers various subscription levels to fit organizational type and size. Examples of available customization include specialty audit criteria, such as an alcohol and chemical dependency clinic may need, tailored reports, organization-specific tweaks or advanced end user audit training.

Healthcare executives gain a 360-view of their compliance status. An executive dashboard denotes compliance risk levels in order of priority, with straightforward green-yellow-red indicators. Apgar explains, “The key is to know what the most urgent need is, the highest organizational risk, then document what the organization does to address it. Demonstrate due diligence. That takes vigilance, which takes time. Comply-Health brings automation to what

was formerly a time-consuming, often daunting process.”

Daunting indeed. Consider that the HITECH Act (Health Information Technology for Economic and Clinical Health) regarding PHI broadens HIPAA, the Gramm-Leach-Bliley Act concerning customer personal financial information, emerging business models regarding health information exchanges – all add to the ongoing stress privacy officers deal with daily to protect their organizations and their customers from breaches. And be aware: great network security doesn’t equate to compliance. That can cost – both money and reputation.

Breaches are expensive. Apgar refers to three large monetary settlements: Providence Health & Services (\$100,000), RiteAid Pharmacy (\$1 million) and CVS Caremark (\$2.25 million). Then

there’s the recent international study by the Ponemon Institute, citing that “in 2009, the average cost of a data breach was \$3.4 million.” It goes on to report that for U.S. companies, those costs tend to be higher (\$204 per customer vs. \$142 international average). Another point the study makes is that “the most expensive breach remediation cost one U.S. company \$31 million, while the least expensive was \$750,000.”

Within the litigious and penalty-prone healthcare arena, an end-to-end solution that gives healthcare organizations the ability to manage privacy and security risk effectively and efficiently places Comply-Health in an enviable position.

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How a Digital Lockbox Saves Money and Prevents Fraud

By **Greg Mennegar**

Vice President, Sales

Spectrum Information Services NW, Inc.



Despite the strong push for physician practices to go paperless through the adoption of EMR and EHR, many are still drowning in paper. In the back office, practices are inundated with patient and insurance company payments, EOB's and other mail.

With accounts receivable balances growing due to higher insurance company cost shifting and tepid economic conditions, it's important that office staff reference EOB forms and other records quickly and accurately. Searching through paper records is inefficient and ultimately slows down efforts to successfully collect balances from patients.

Additionally, many practices have

been the victim of fraud and embezzlement due to the easy theft of cash and paper checks. Physicians are frequently reluctant to prosecute because the person that commits the crime is often a long term employee or even a relative. The theft goes unreported, uncollected and ultimately results in total financial loss.

Problems with paper

The typical physician practice suffers in many ways when dealing with paper cash and checks in the office:

- Staff spends multiple hours each day manually preparing deposits
- In many cases, there is no separation of duties. The same staff person who receives payments on customer accounts is making the deposit
- There is no "extra" staff available to review the accuracy of the deposit
- Employees carry large sums of cash and checks in their personal vehicles to the bank to make the deposit

Additional problems are created when EOB forms are on paper.

- EOB forms are often filed by date in batches in file cabinets or boxes. When a patient calls with a question, staff must locate the EOB form, research it

and then call the patient back. Sometimes it takes multiple calls to complete these tasks.

- Paper EOB forms must be manually posted to the billing system. While many payers provide electronic EOB forms, some practices will print them out and file them because they have no other way to organize them.

The "Old School" Lockbox

Banks have offered lockboxes for many years. In general, the process is for a bank to receive checks through a designated PO Box, copy all checks, deposit the funds in the practice's account and then send the practice all the paper that supported the deposit. It's more secure than receiving cash and checks at the practice. However, with the exception of the increased security, the outcome is just an outsourcing of staff to the bank. All the paper is still there and no efficiencies have been gained.

The Digital Lockbox Solution

What is a Digital Lockbox? It has components of the "Old School" lockbox but returns all paper in digital form to the practice to eliminate many of the problems associated with paper.

Here is an overview of how the service works at my company, *Spectrum Information Services, NW, Inc. (SIS)*:

- All checks, along with EOB documents and patient payment coupons are received by SIS NW, Inc. each morning by 8:30 a.m.
- All documents are scanned and the information is electronically returned to the medical practice on the same day received
- Checks are deposited directly in the practice's account with all back up documentation necessary to balance deposits and postings
- Checks and paper documents are held for 30 days and then securely destroyed

Obviously, there are many benefits to a Digital Lockbox. Here are a few to note:

- Security and safety. Eliminates transportation of money and checks to the bank
- Provides for separation of duties and reduces the chance of fraud
- Eliminates clerical work, allowing staff to quickly begin the posting process instead of opening envelopes and scanning checks or preparing bank deposits
- Provides fast and easy access to electronic images of all documentation for archival requirements
- Same day deposits for improved cash flow
- Information protection in the event of a disaster

Many of the practices we work with recover their investment in just a few months through more efficient processes and reduced operating costs. They also tell us

their customer service dramatically improves and, as a result, have happier patients.

Moving to the Future

Healthcare reform and reduced governmental reimbursement will continue to force practices to be cost efficient and customer service effective. The Digital Lockbox is one small step in that direction.

Greg Mennegar has over 25 years of experience in the microfilm

and document imaging industry. His history includes management of the Imaging Program for the Washington State Archives, operations management of one of the largest Computer Output Microfilm (COM) service bureaus in the US and extensive sales and consulting experience recommending and implementing document imaging and scanning solutions. He can be reached at 360-866-0366 or gmennegar@sisnwinc.com.



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