When striving to obtain the most favorable outcome during managed care contract renegotiations, many healthcare organizations review only three performance measurements: revenue, volume, and contribution margin. This workshop explores key performance indicators that participants can use to obtain a more-complete picture of managed care payer performance across the enterprise. Applying this integrated set of indicators will position providers to achieve optimal outcomes from the contract renegotiation process.

The seminar material includes 20+ slides showing Best Practice financial standards and processes for most major contract renegotiation-related areas, including:

- Standard rates and outliers
- Authorizations and eligibility
- Definition / criteria for key terms
- Renewal and termination
- "Internal" / “external” contract analysis checklists
- Profitability
- Denials and discrepancies
- HIPAA issues
- Payment performance checklist
- Timing issues
- Legal concern areas
- Prompt payment / late payment
- Mutual information requirements

You will also review how standard revenue cycle KPIs should be applied to managed care payors and their individual contracts. Key areas covered include:

- Cash collections
- Cash % of net revenue
- Denials % of gross revenue
- Credit balance receivables
- Case mix index (CMI)
- Gross and net receivables
- Cost to collect %
- Cash % of collection goal
- Clean claims throughput %
- Open accounts
- Payor aging % > 90 days
- Net A/R days
- Point-of-service cash % of goal
- Net revenue
- Open accounts

Additionally, our speaker will show you how to use managed care report cards that will tilt the balance of power in your favor between you and your payor community.

This workshop will provide you the opportunity to:

- Define, measure and interpret payer performance indicators that go beyond revenue, volume, and contribution margin.
- Develop a comprehensive set of KPI scorecards to communicate payer performance internally and externally.
- Set managed care best practice goals for your organization, establish upper and lower control limits, and perform a "mini-assessment" of your managed care results by using a checklist of best practice financial benchmarks and related processes.
- Use the resulting data to bargain from a position of knowledge and achieve "win-win" outcomes from the contract renegotiation process.
David Hammer, Vice President, McKesson

Mr. Hammer is a Vice President in McKesson’s Business Performance Solutions group. He focuses on revenue cycle, consumer-directed health care, and pay for performance issues for hospitals, health systems, and related entities. In his more than 23 years of industry experience, Mr. Hammer has held a variety of positions with leading health systems, Big-4 consulting firms, I.T. vendors, and revenue cycle outsourcing companies.

Background and Affiliations

Mr. Hammer received an MBA in Management and an MHS in Health Care Administration from the University of Florida in 1987. He also received a BBA in Accounting with a minor in Information Systems (Magna cum Laude) from the University of North Florida in 1985. Mr. Hammer is certified by HFMA as a Fellow (FHFMA) and as a Certified Healthcare Finance Professional (CHFP). He has been named an HFMA Distinguished Speaker for six consecutive years, and is a 2007 recipient of HFMA’s Medal of Honor service award.

Recent Publications


Contact Information

Mr. Hammer can be reached by telephone at (954) 648-4764 and/or by e-mail at david.hammer@mckesson.com and/or at david.c.hammer@gmail.com.
Using Key Performance Indicators to Prepare for Contract Renegotiations

Tuesday
June 15, 2010
8:00 am — 1:30 pm
(Registration begins at 7:30 am, lunch will be included)

Registration Fee:  
Members — $30  
Non-Members — $50  
HFMA Certified Members (CHFP/FHFMA) - $10

Registration must be received by  
June 8, 2010

Fax or email registration to:  
Jill M. Schaefer, CPA, FHFMA  
Lumsden & McCormick, LLP  
403 Main Street, Suite 430  
Buffalo, New York 14203  
jschaefer@lumsdencpa.com  
Fax: 716-856-2524  
Telephone: 716-856-3300, ext. 143

Or register online at www.hfmawny.org (Education tab, Education Registration Form)

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