

Appointment

From: Colleen Jones [/O=REHABCARE GROUP, INC./OU=CORPORATE/CN=RECIPIENTS/CN=CEJONES]
Sent: 1/19/2009 12:44:40 PM
To: Jones, Colleen [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=JonesC22]; Alicia Widner [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AliciaWidner]; Barbara L Anglin [/O=REHABCARE GROUP, INC./OU=Corporate/cn=Recipients/cn=BLAnglin]; Reigart, Elizabeth B [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=ReigartE]; Jayanthi Subramanian [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=JayanthiSubramanian]; Joselyn Eitemiller [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=JoselynEitemiller]; Bick, Linda [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BickL]; Mylinda Barisas-Matula [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=MylindaBarisas-Matula]; Terri Meyer [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=TheresaMeyer]; Jean Maes [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=LindaMaes]; Carol Knudson [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CarolKnudson]; Amy Bonta [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AmyBonta]; Amy Combs [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AmyCombs]; Andrea LaPorte [/O=REHABCARE GROUP, INC./OU=Corporate/cn=Recipients/cn=ADLaPorte]; Angie Sylvan [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=AngelaSylvan]; Ann Powers [/O=REHABCARE GROUP, INC./OU=CORPORATE/cn=RECIPIENTS/cn=MAPOWERS]; Carol Sawyers [/O=REHABCARE GROUP, INC./OU=Corporate/cn=Recipients/cn=CBSawyers]; Cindy Prah! [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CindyPrah!]; Claudia Cominsky [/O=REHABCARE GROUP, INC./OU=CORPORATE/cn=RECIPIENTS/cn=CJCOMINSKY]; Derhonda Thomas [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=DerhondaThomas]; Erik Painter [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=ErikPainter]; Pabon, Gaea [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Pabong]; Jill Wunderlich [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=JillWunderlich]; Joe Cominsky [/O=REHABCARE GROUP, INC./OU=CORPORATE/cn=RECIPIENTS/cn=JXCOMINSKY]; Joshua Balliet [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=JoshuaBalliet]; Kandy Brewer [/O=REHABCARE GROUP, INC./OU=Corporate/cn=Recipients/cn=KSBrewer]; Spencer, Karen [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=SpencerK]; Charity, Kathi [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CharityK]; Kristin Allen [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=KristinAllen]; Linda Cannon [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=LindaCannon]; Linda Kurland [/O=REHABCARE GROUP, INC./OU=CORPORATE/cn=RECIPIENTS/cn=LRKURLAND]; Lisa Bizon [/O=REHABCARE GROUP, INC./OU=Corporate/cn=Recipients/cn=LABizon]; Lisa Meyer [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=LisaMeyer4]; Lynn Reach-King [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=LynnKing]; Manina Charnes [Rehabcare] [/O=PROD ISHEALTH MESSAGING/OU=EXCHANGE ADMINISTRATIVE GROUP

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Subject: Monthly Jones Region Download Call

Location: 877-336-1831 x7465975

Start: 1/20/2009 7:00:00 PM

End: 1/20/2009 8:00:00 PM

Show Time As: Tentative

Required Attendees: Colleen Jones; Alicia Widner; Barbara L Anglin; Beth Reigart; Jayanthi Subramanian; Joselyn Eitemiller; Linda Bick;

Attendees: Mylinda Barisas-Matula; Terri Meyer; Jones Region + PSCs; Jean Maes; Carol Knudson

When: Tuesday, January 20, 2009 1:00 PM-2:00 PM (GMT-06:00) Central Time (US & Canada).

Where: 877-336-1831 x7465975

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Please try your best to attend at 1:00 CST on Tuesday Jan 20th. Let your supervisor know in advance if you are unable to listen-in. Linda asked that I invite all PSC's monthly. Laurie Thomas does the same type of call monthly, too.

Notes from Sr. Ops Meeting

January 15-16th

St. Louis

2008 Accomplishments

- We anticipate that we will make budget for 2008!!! This is the first time we've reached budget in several years and it was a great team effort!
- Growth: Total Openings: 157 Total Closings: 148. Lost more business than we expected, but had net growth. Therefore, we will be moving towards spending more time on the "at risk" list for 2009 focusing on the plan to retain business and what resources will be necessary to do this. This plan will be updated monthly. Goal for 2009 is 160 Openings and 120 Closures for net of 40.
- Turnover was reduced by 30%, although "switchers" have increased and we will be evaluating this more closely for 2009...looking at the reasons, how can we prevent or change the way we do things to improve the end result and keep our labor costs under control.

- Part B Cap Recovery: We did a phenomenal job of responding to this and the fast recovery contributed greatly to hitting our budget. Hopefully we will not have to deal with this again....
- VTA Accomplishments:
 - PORT Revived-allows us to hire therapists to work for us in New York. Currently have hired 11 employees.
 - Upgraded sales staff and expanding business development efforts
 - Hired 20% more nurses in 2008
- Polaris Accomplishments:
 - Exceeded budget and growth projections
 - Rolled out Apollo RM to assist facilities with maximizing RUGs
 - Signed up 14 billing accounts compared to projection of 3
 - Hit \$2mm in new sales
 - Integrated more RehabCare resources into audio programs and manual offerings

2009 Goals and Objectives

- "Year of Bench Strength Building": Need to focus on having the right people on the bus and have people prepared to step up. Q1 will be a key period to evaluate performance of the performance of people in all positions. If performance continues to fall short of expectations, need to make changes. This includes succession planning---who is going to replace you?
- Part A LOS: Will be focusing more on this KPI this year to ensure that we are continuing to provide the appropriate course of treatment.
- Part B Coding: We successfully dropped \$75K to the bottom line after completing the coding in-services in only two weeks, so lots of opportunity here. We are working with IT to modify the code selection to prevent barriers. 97110 coding has dropped from 37% to 33.5% of total raising our Part B rev/min one cent per minute. One penny for the whole year is one million dollars to bottom line, so this is a very significant area of opportunity.
- Part B Caseload Mgmt: PPATT tool has been revised and we will begin distribution of this in the next couple of weeks. We will be using the clinical algorithms on the next generation Palm replacement devices. We are uncertain what will happen with the caps for 2010, so will be focused on making sure we are prepared appropriately.
- Client management: How do we approach "at risk" list? We will be focusing on the retention plan vs just reporting that it's on the list. What resources are needed to keep the business? We will be revising the at risk form to incorporate the plan and look to put this on the F:drive. Will start reporting on this in February.
- Closure Allocation: Will be implemented in 2009 at the Region level.
- Opening Allocation



2009 Openings
Budget by BDO.xls

- Turnover Information: 11.62% turnover for 2008 for CT division (FT/PT) That compares to 16.7% in 2007----a 30.5% improvement!!! We have also done a preliminary look at the numbers for 2008 and have found that 30% of our turnover is occurring in a fairly small number of buildings. The HR Generalists are going to look at numbers specific for each region and will get with the RVP's with the information. Switcher rate for RHB is 12.8% down from 17.55% in 2007, a 27% decrease. We are going to work on trying to track reasons and perhaps look at negotiation training for our teams. Please make sure when you are having meetings, that you are incorporating this into your training.
 - HR Support: We discussed all of the different resources that are available through our HR Generalists: here are some of the topics available:
 - Counseling/Discipline
 - Hire/Selection
 - New Hire Orientation
 - Retention/Recognition
 - Performance Management
 - Leadership

- Peer to Boss Transition
- Coaching
- Customer Service
- Few others for specific issues that might need to be addressed...
- Sales: Did a review of the targets for 2009 and the reports that would be used for 2009. Right now we are showing 13 openings on a budget of 12 for January. Goal is 42 for the quarter. Feb. leads are slow so we all need to work together to meet the Q1 sales goal.

Agency Processes and Updates:

- Agency Locations under Financial Review:
 - We reviewed the five agencies currently under review and discussed updated plans to improve viability (Louisiana, Minnesota, San Rafael CA, Indiana, Virginia)
- New Agency Processes: Discussed the parameters and processes involved in starting a new agency. Susan will lead the process and it will involve Carol Knudson, Finance, BDO, Operators to ensure that we have considered all key factors.
- Home Health Strategies: Discussed some strategies and possible training for our AL/IL's struggling with Home Health competition. Stay tuned for more details as this is being put together.

Regionals:

Public Folder for Keeping Meetings/Trainings on a shared Calendar that any DO on up can access. Suzanne will send out instructions for using the Public Folder. We are to send our meetings and trainings to Rachael and Suzanne at least monthly. Conferences (state and Nat'l) will be kept on there. IT is going to set up a folder in the F Drive with a folder for each SVP. Public folder where we can store region-specific information.

Financials:

Lots of 1-time adjustments in December that helped us. We were 282k above forecast in CM\$. Prod was 83.8% on forecast of 84%. MCA Utiliz was stronger than we thought by a few points. Mgmt of CL turned out well. 5.1% in Dec vs 5.2% in Nov. BTS went away as of 12/31. You will see a decrease in CL in Jan but it's artificial because it will be reported in your labor now. SUDA SUI FICA taxes--We saw a half a month of these taxes in Dec. Will see a full month in Jan, & half a month in Feb. 89k for reserve adj given back to Division, 84k reserve adj, 237k reserve adj on health, 303k forfeiture on PDO. 77k adj favorable for Work Comp. Exceeded revenue by 23.3 million dollars in 2008!!!!!! Exceeded CM\$ by 1.1MM and missed CM% by .8%. Direct Bill: Great month in Dec. Cash receipts increased 601k vs Nov. Did 2.5MM in total collections. G&A spot on for the year in CT!!! Remember that mileage is now 55 cents a mile

Bonuses

Q4 Bonus & Year End Piece will be paid out together--one check before March 15th. Probably on March 10th check. RDO's up may have to be done first this time. Keep in mind that Melissa has to cut about 1000 bonus checks so please be patient.

Monday we should have the file from Gina for direct reports. This year Melissa needs the actual piece of paper showing the DO's, RDO's or RVP's ratings. Monday is the day. Indiv bonus components aren't a make-up if a DO or Regional has a bad year.

Worksheets for indiv components are due to Melissa Asher by Monday, Jan 19th (extended to Friday the 23rd.

Finance will be calculating the annual bonus awards for the Field Operations Group beginning on January 19th. This "reminder" pertains only to Incentive Plans having an Individual Goal component. Participants with Individual Goals (20% weight) should complete the attached form, indicating their "results achieved" for the performance period and forward it to their supervisor. Your supervisor will indicate the "percent of award payout recommendation" (with additional review if required from their supervisor), sign the form and forward it to Finance (CT to Melissa Asher and HRS to Tish Bell).



Individual Goals
2008.doc

DB Billing

Missouri still has 27k of cases remaining on Hold pre Dec 2008. 3 agencies did 100% in Dec! FL SC and WI. Target for field is 100% by cal day 15. At end of Dec 2008, 97% of cases were released. Credentialing: Policy distributed and reviewed with RAA's and Operators a month or so ago. Not been a huge problem since then. Still going after "Top 10" HMO's and any new therapists hired at RHB for credentialing. Denial Tracking: We used to not track write offs very well. Going forward Mark will track the following: clinical denials, timely filing, lack of authorization, lack of credentialing, and all other denials. Mark will track by building, agency, etc. Timely release of our claims increases our net rev per visit. Denials decreases it. This is cash focused so our contractual reserves will go down and the revenue will go up..

FFS Billing

This month we ranked DO's based on Nov invoice revisions completed in Dec. Over 30% of the units have revisions, some in the 60% range are because the client does reconciliation way after the fact. Krall Youngstand McCague Manning Hepola Stanton Stucker Maes and Blackburn had 0% in November. Invoice revisions occur in the first 5 days of a month. It means all of our projections are misleading when you do a lot of revisions. Looking to improve on the quality of our data intra-month vs after the month closes. 1/1 09 - 1/6/09 37 Incomplete. Decreased from 44 in Dec 2008. Reason was because Billing is down 2 CSR's in Jan. Still down 2 CSR's. Will do better next month. In Dec revised 504 invoices!!!!!!!!!!!! Ouch. These ranged between Sept and Dec. Most adjustments were MCA and Managed Care.

Students

Students are put in Promos as Contractor Techs so we can track a supervisor. When we put contractors in the system they stay there forever. Finance puts a standard \$ amount in as the hourly rate. Still hearing we are getting charged (in Promos) for contractor techs. Linda Badalamenti in Billing will work with IT to zero out all of these rates. You need to tell Billing that "Joe Smith is no longer working as a contractor for us". As a clean-up effort, Billing is asking IT to put a term date in on any contractor if they haven't worked for 6 months. If they come back to work they can easily be put back in.

Promos Live Training



GO Live Requests
012009 final.xls

Chart Review Exceptions

Start clean for Jan with chart reviews. We all get requests for exceptions each month for this and that. No more exceptions! It's been a year. Start it fresh. Stay current with them for the new year. Jan has to be done at the end of Feb. Everyone should know the parameters for when chart reviews need to be done electronically.

Outcome Reports

We've been training Outcomes at the facility level. We need to figure out who will enter the data at each site. In most cases it needs to be the PD. We've made it very simple. Non-live buildings will be entered by Billing. Of the pilot sites Dec 1- Jan 15 discharges we've looked at the % of them that have D/C outcomes scores entered at the facility level. The number was low. Today's LCC talked about the advantages of outcomes. Both admit and d/c scores can be entered at d/c. This will be one of the indiv goals for PD's DO's RDO's and RVP's for 2009. Right now only a small % of the sites are doing it. We have to do it everywhere.

DIF Reviews

- DIF review results for December 1-15th pay period are outlined below. Improvements were noted with unreasonable breaks (64.46% from 75.40%) and start/stop times (68.59% from 76.40%). Concurrent evals increased from 7.75% to 10.74 and Part B concurrent treatments increased from 4.41% to 4.96%. December 1-15th reviews are as follows:

- 436 therapists were 110% productive or greater
- 1 121 therapist's DIFs were reviewed
- 2 11% were found to have no concerns
- 3 64.46% appeared to have a pattern of no or unrealistic breaks in billable activity
- 4 68.59% reflected more than 2 DIFs with questionable start and/or stop times
- 5 10.74% reflected evaluations conducted while concurrently treating another patient
- 6 42.15% showed a pattern of rounding treatment minutes

4.96% conducted treatment with a Part B patient concurrently and billing incorrectly

Compliance Training Completion

CT-in mid 90's on the completion report. Next goal will be the PRN people.

Forecast for January

Jan coming in ok to budget but on CM\$ we are 100k short. Items driving that: CM% should be up .75% to December. Prod is down .78 and avg was 83%. We need to improve on that 83%. MCA Census is ok. We need MCB to run at 7.0, not at its current 6.3. RUGs levels have dropped in RU and RV about 3%. This is significant. MCB will improve. Need RUG improvement. CL will go up as the month goes on. Keep managing Avg Length of Stay. KPI goals need to be written for this, too. Current days divided by discharges = LOS. It's one of our objectives for the year. Dashboard report will show the KPI's that have declined compared to the avg of the prior 2 months. We need focus calls for the top 25-50 sites with low LOS. Look at your Friday and EOM discharges. This is where the opportunity lies. Chuck and Linda Kurland will lead the call.

ALOS

The Medicare Part A LOS (length of stay) is the total number of days that a patient occupies a Medicare Part A bed during an episode of care. It is the difference between a patient's Medicare A bed stay start date and Medicare A bed stay end date. Patients are limited to one Medicare A assignment per episode of care. The length of stay is only calculated upon discharge from the Medicare Part A bed.

CT Branding

How do we get the message about RHB out better? How do we brand better? The BDO's have weighed in on this and the Sr. Ops team did, too. If you have ideas please send them to Peter Doerner. We have PD's that are really CEO's of our business. We want to brand the PD role. We want to brand our technology (Casamba/i-Touch). We'd like to brand our recruiting, We'd like to brand our resources.

RETs

Feedback: RETs feel somewhat overwhelmed, but managing CL is moving in the right direction. Andrea gets multiple calls every day for CL companies wanting to do business with RHB. We are not really hiring new agencies to do staffing unless they have a compelling reason why we should do business with them. The recruiters want the CL replaced much more now because it's certainly a time-consuming part of their weeks. Operations should deal with all the day to day management of the CL once they are placed. Sometimes when there are issues you need to decide if the Operator, Andrea L, Recruiter, or Staffing Coordinator needs to contact the CL company to report issues. On call next Thursday we want a CL update from each RET leader. Looking for some ideas for how to automate CL mgmt. There is a "plug" rate in TCMT for Dashboard--45.00 (avg rate for assistants and R's). The real accrual for P&L's are accrued at a tiered rate. Will do weekly calls until we can do them less frequently. Kellie Jackson is coming back to the Gateway RET as the SC.

National Advertising

Trying to consolidate print ads. We have an outside designer who does our ads. Stacy Lupo is working with Andrea as we work to brand RHB differently.

Reports:

Looking to replace the client report. Want to automate the Trend Report. Takes a lot of time to do these reports monthly. Polaris is helping us with a version of their benchmarking to become our new Trend Report. This report is being created now. Operators will have the ability to use this with clients or not. One concern is that we point out our weaknesses to the client. We'd rather show clients our challenges vs. another consulting company showing our clients our weaknesses. This report will show if the MDS Coordinator is doing a good job maximizing revenues or not. Same with the PD. A work group will be created to address a client report solution and test it.

Payroll:

There are payroll concerns discovered in a survey with new hires. There was a sample size of 26 and payroll was a portion of this survey. Of the 28 folks, surveyed, many said that they had problems with their first paycheck. First check is a manual check and if there is a problem we get a note back from ADP. US mail: Sometimes you get the check on time, sometimes you don't. RHB writes 10,000 check a pay cycle. CT has 890 live checks out of that total amount. We are slowly getting people on direct deposit. 88% of our whole company uses DD or Pay Card. 184 people are using pay cards. CT pays 6400 people a pay cycle. Of which, 150 are new employees each pay cycle.

We are strongly considering eliminating the pre-note (first manual check) to cut down on the # of errors on new employee checks. It won't solve all problems. If the data is entered incorrectly in Hire Express there will still be errors and Payroll will still have to do a manual check. Payroll hours have to be verified each pay cycle. Of the 100 CT checks that are manually cut each pay cycle, 30% are for missing hours. We are going to consider DD or Pay Card for everyone. From what we know, the issues associated with the merger of the RHW and RHB payrolls are resolved. W-2's for people on DD will be available on the 20th (Tuesday). They will be mailed out.

Casamba:

- Point of Care Device Selection: Finalizing device selection with a goal of having new devices in our hands Apr 1. Looking at possibility of iTouch technology
- SMART Project: Basic applications already in place. Working on customized adaptations for the back end processes, reports, etc
- Training: Committee consisting of operators, clinical, and billing to develop training materials, processes, timing, etc. Currently training dates for OP in place. This process will be instrumental in fine-tuning the type of training that we do with CT division. Online training is a key to the success for this. Want to phase this by DO Area so there is consistency. Targeting July for first test group. Then two DO's areas per month. The Multi-site managers (DO/RVPs) will be trained first and be given the device before the roll-out begins. We will have more information that we can share with the field over the next couple of months....so stay tuned....