

Forging New Relationships: HIM and Managed Care

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by Jane E. Blumenthal

HIM professionals are blazing a trail in managed care in many roles. This article samples the perspectives of five practitioners, offering a glimpse of their work, their backgrounds, and the skills and experiences that have helped them manage their careers.

Managed care is changing the healthcare industry in many ways. For HIM professionals, with change comes new employment and career opportunities. To highlight these opportunities, the *Journal of AHIMA* talked with five HIM professionals who have taken different yet successful routes within the managed care arena. Read on for a sample of each professional's perspective.

- **Anita Carlson, ART**, business analyst, United Healthcare, an HMO in Minneapolis, MN
- **Debbie Lupton, ART**, health information manager, Correctional Medical Services, a contract provider of managed healthcare to prisons and jails, at Western Correctional Institution in Cumberland, MD
- **Mary K. Nespor, RRA**, independent consultant and president, Educational Enterprises, a managed care consulting company in Houston, TX
- **Matt Schuller, RRA**, regional quality improvement manager, Community Care Network (CCN), a PPO in Chicago, IL
- **Carolyn Valo, ART**, product specialist within the sales support organization of SMS (Shared Medical Systems), a provider of information systems support (financial, clinical, administrative) and other services, such as consulting services, based in Malvern, PA

What are your responsibilities in your current job?

Carlson: Though I am currently working on about 12 different projects right now, my main focus is a new system we are developing. I am learning the new system and working with it to determine what it does and doesn't need. Since United Healthcare has more than one system for its users, clients have different claims and coding issues. I work with these issues, make suggestions on how to improve the systems, and tailor the systems to meet clients' needs. I also train users on the systems and test the systems.

Lupton: Though I work at Western Correctional Institution, I am employed by Correctional Medical Services, a contract provider of managed healthcare to prisons and jails. I am responsible for the overall coordination and supervision of the functions performed in the medical records department. This includes daily, weekly, and monthly statistical reports, coordination of off-site scheduling of appointments to outside consultants (e.g., dermatologists, orthopedics, ophthalmologists), and any on-site specialty clinics (e.g., physical therapy, optometry, cardiovascular), as well as quality improvement. I act as the medical liaison for coordination of transportation for outside appointments or hospitalization, as well as the liaison to our corporate office for utilization review.

Nespor: I do it all: market the business, keep the books, develop job proposals, subcontract help when necessary, negotiate rates, design brochures, and of course, do the work for clients.

Schuller: I am responsible for quality improvement in CCN's Midwest US region. Specifically, I apply quality improvement and statistical techniques to design, manage, and evaluate internal and external clinical process improvement projects.

Valo: As part of a larger team, I create and maintain effective partnerships with the sales and marketing departments within SMS. I do this by responding to RFPs, focusing primarily on managed care, followed by ambulatory systems and executive

decision support and analytical tools. As a byproduct of that, I am responsible for supporting a database of key marketing and sales tools. This allows us to be consistent with our information and clarifies what our application support is from the outset.

Describe some of your experiences leading up to this position.

Carlson: I worked at an acute care facility as a staff coder and then came to United Healthcare in 1989 as a staff coder. In 1990, I became supervisor of coders. I got more involved with the systems aspect when we became more computerized and began working with the development of an internal code finder program that nurses use. After they divided the coding supervisor position, I became a technical adviser, helping with coding issues, training, and client and internal reporting for multiple companies. The main focus for training was conditions management, where I trained people in how to search a claim using various criteria to determine the correct code and maintain quality.

Lupton: I was the medical records director at Hampshire Memorial Hospital Inc., in Romney, WV, for almost 10 years. This position entailed coordination and supervision of the medical record department for a 17-bed, acute care hospital, as well as responsibility for the medical records in the 30-bed, skilled/intermediate care facility, which was physically attached to the hospital. I was solely responsible for all coding, utilizing ICD-9-CM coding guidelines and CPT-4. While working closely with the medical staff, I did utilization review and coordinated the quality assurance committee for the hospital and the medical staff. I also worked with ParaMedical Record Consultants for three years, doing consultation work at area nursing facilities. I worked closely with the nursing facility staff, as well as the administrative staff, to ensure that they were meeting federal and state licensure requirements. I also own and operate my own business, in which I do consultation in nursing facilities and physician offices, as well as offer physician medical office billing services and transcription services.

Nespor: I was employed by CIGNA HealthCare Inc., in Bloomfield, CT, as corporate director of quality and risk management—a "pioneer position" at the time. Prior to this position, I was director of health record information services at St. Joseph Hospital in Denver, CO. It was the only admitting hospital for a large group practice, not-for-profit HMO.

Schuller: I was a quality improvement coordinator at Hinsdale Hospital. Then I was a software consultant for an outcomes management vendor whose main focus was quality improvement and resource management. I graduated with a bachelor's degree in science in health information management.

Valo: I had the good fortune to move from nontraditional to traditional, then back to nontraditional facilities. I first worked in a public health department, but I was not credentialed for the first five years. However, I performed many typical health information management duties. I earned my credentials and returned to public health. I moved to a vendor environment, where I worked with coding and grouping systems. Then, back into acute care, where I was director of support services for a multientity hospital and healthcare system. After returning to a vendor environment, focusing on systems that evaluated severity of adjustment, I moved into one of Minnesota's first PPOs as director of provider contracting, data and reporting services, claims management, and other related managed care functions.

How did these experiences prepare you to work in a managed care environment?

Lupton: I think my diverse background in many different areas of the health information management field was very important in preparing me for managed care. I have worked on the hospital side as well as the physician side of it, which has given me more insight as to what is needed to make the system work properly—and within guidelines that have been set forth by legislation. Working in a small acute care hospital, I had multiple experiences that prepared me for the managed care setting—more so than if I had worked in a large facility doing one particular job.

Nespor: St. Joseph was my first exposure to managed care. The HMO admissions represented 33 percent of the total annual admissions, and as one may imagine, the group physicians were very active on the medical staff. I saw the HMO group practice physicians request data on a specific patient population, collect outcomes regarding the health status after surgery, and report results to traditional doctors. But I believe that the years spent at a development point of the managed care industry with [CIGNA] laid the foundation for my success as an independent consultant. I had already developed a corporate network that was nationwide.

Schuller: In my past experience, I was exposed to the total healthcare equation from all my previous roles. What I mean by healthcare equation is that I work with the patient, provider, and healthcare purchaser. That knowledge base was a good

transition to managed care—especially after gaining experience on the clinical side.

Why did you choose to enter the managed care environment?

Carlson: I had a friend from an acute care setting who got a job at United Healthcare. She recruited me. I wasn't looking for a managed care position, and it was scary at first since I was secure in my acute care position. But the transition has been very beneficial for me, since over the years I have had the freedom to move around and create a job that I love.

Lupton: I had worked many traditional positions and felt that this would be a totally nontraditional HIM position—and that I would enjoy giving it a try. The medical records department was new, as well as the hospital within the prison, and this was a chance for me to learn from the ground up about managed care. The knowledge and educational opportunities I have received from the first day until today have been very rewarding.

Nespor: I became hooked on the concept when those managed care docs in Denver started presenting data—outcomes data regarding certain medical or surgical populations who experienced a shorter hospitalization, fewer complications, and earlier return to work. Schuller: I felt it was such a natural fit with my managerial, technical, and clinical experiences. I knew it was an industry that was going to be facing tremendous growth. The transition to managed care was comfortable, yet a challenging switch, as the industry was advancing in the quality improvement arena.

Valo: It was an area of healthcare where I hadn't really had depth of experience, so I could test my health information management background and challenge myself. I also was intrigued by how the vendors were trying to support the spread of managed care. But the underlying rationale for my entering managed care was helping others. I wanted to help others understand and make good use of information through effective data interpretation within managed care.

What skills and competencies do managed care professionals need most?

Carlson: It is most important to have an open mind. The industry of managed care has changed drastically since I've been here. You have to be open to change and the possibilities out there. Once you get into managed care, your options are almost limitless—but you need an open mind to see the options.

Lupton: I feel that a strong background in utilization review—as well as quality improvement—is essential. A problem-solving outlook is also very helpful. In my opinion, it is also extremely important to have a good rapport with your medical staff. With managed care in its early stages, it is a learning experience for everyone involved. A good physician rapport makes the process much easier, which helps to produce the expected outcome in a much more relaxed atmosphere.

Nespor: I believe that these skills and competencies are the same for all other areas as well: strong leadership, organization, and management skills; paying attention to detail; the ability to recognize your own limitations and accept challenges; being a risk taker.

Schuller: An HIM professional can complete their undergraduate work and go straight into managed care, but there is a need to get clinical experience and work with healthcare data and information. Also, the technical side is a critical skill set in this information age. Beyond being a data collector, you need to be able to identify the customers' needs and identify what needs to be accomplished. Managerial experience is critical, too. This includes being able to communicate effectively on all levels, especially to those without an HIM background.

Valo: For my current position, among other things, you need a good core knowledge of HIM; effective communication skills, which include strong writing skills; an understanding of the financial and clinical sides of healthcare; problem-solving skills; EDI knowledge; project management skills; awareness of state and federal regulatory requirements; and an understanding of the various types of managed care organizations (e.g., PPOs, HMOs, IPAs).

What type of experience and educational background do you look for when hiring?

Carlson: United Healthcare hires coders right out of college, but this is tough for the new employees, since we have a computerized medical record—but not the complete one. So they do not have experience with a complete medical record, and

they do not have a physician they can call on with questions. Not that new graduates can't do the job—but there is a greater learning curve for them than for someone with clinical experience.

Lupton: Common sense—as well as the ability to know when to ask questions—is very essential. A working knowledge of utilization review is helpful, but often not practical, to expect from an entry-level employee.

Schuller: I look for a variety of qualities: Is this person goal driven; how much time have they spent in other positions; are they able to deal with the complexity in today's healthcare model; do they have the right skill sets? I also look at their public speaking and writing ability—can they be concise? HIM professionals have to be able to relate to people at all levels, both internally and externally.

What positions do you see opening up in the managed care arena for HIM professionals?

Nespor: Provider relations is an area of HMOs that has been traditionally filled with individuals of varied background, and this particular area needs strong leadership, organization, and management skills. Normally, HMO management feels that it needs someone with contract negotiations strengths. It is my opinion that an HIM professional with contract negotiation skills could work in this area and run the shop in a way no one has experienced.

Schuller: On the data analysis side, there are opportunities for office operations management with regard to record retention and NCQA requirements. There will also be opportunities related to accreditation. PPOs are going into the direction of accreditation, and though they don't have to do that right now, organizations will need HIM experience to meet that need. Without HIM training and clinical quality improvement, I'd really have a difficult time keeping up with the demands of my current role. Health information managers are excellent candidates to work in the quality improvement side because of their data quality and systems backgrounds.

Valo: In vendor environments, there are a large number of health information management professionals working in the area of product development, product specialist (supporting sales), regulatory, and marketing areas. The health information managers are crucial here because they can speak to the data issues and needs of the organization. Healthcare environments (e.g., managed care), are wide open in terms of possible positions such as data quality coordinator, data analyst, regulatory manager, contract or reimbursement manager, provider relations director, and quality management analyst. These are just some of the many opportunities that I envision being created for HIM professionals.

How do you keep up to date in your field?

Carlson: I read a number of trade journals and magazines and use the Internet a lot. I use the BackWeb program from the AHIMA Web site, which I like because it gives me access to a lot of other Web sites. I also meet with coders and personally code cases every day to keep my skills sharp. I also initiated a group of ARTs and RRAs in my building, which gets together about once a quarter. This is fun because many of us have nontraditional roles, and we update each other—there's a lot of networking going on within United Healthcare. And I go back and speak at schools. That keeps me in touch with instructors. If you're ever feeling down about your job, go talk to a student. Their energy alone will get you pumped up.

Schuller: I keep up through local sessions and continuing education programs. Also, networking and external education programs keep me updated as far as where I should be leading our quality improvement programs and data systems. I am also pursuing my MBA.

Valo: Affiliate yourself with other, related organizations. You will gain knowledge and insight into other viewpoints and raise awareness of the HIM profession. I also talk to industry experts such as colleagues at other managed care organizations. In addition, using the library effectively is important. It behooves you to take responsibility for finding the resources that are out there.

What tools/resources do you utilize/recommend for HIM professionals who want to learn more about managed care?

Carlson: Be proactive. Learn to network. Learn to go out and search. Learn to know other people out there who can help you. They don't always need to be ARTs or RRAs. Find out what they are doing, what worked, what's happening, where trends are going. Lupton: I find peer contact to be the most helpful resource when I need advice or help in a certain area.

Schuller: One good opportunity is to participate on advisory panels and committees for managed care issues. HIM professionals bring necessary resources and knowledge to managed care this way. Getting to the table with task forces between managed care organizations and healthcare providers is a good way to get involved.

Valo: Besides trade journals and the Internet, workshops are important. Many legal and regulatory organizations put on workshops, as do managed care associations—both local and national. Many pharmaceutical companies produce annual reports that discuss managed care. Get your hands on them to get a flavor of what is going on. Minnesota has a book of lists, available through the Chamber of Commerce for a nominal fee, which catalogues companies within the state by industry. This book, for example, lists major healthcare facilities in the state. This offers a range of resources to seek out in studying managed care. It also provides background to the terminology, which you can then look up in the library.

Do you have any advice for HIM professionals who want to break into the managed care environment?

Carlson: Besides having an open mind, keeping up to date is important. I don't want to lose anything that I have learned. My fear is that I'm going to get behind. You need to worry about that more in a managed care environment where change is so constant.

Lupton: I would suggest that anyone interested in the health information profession be prepared for managed care by making sure they have a strong background in legislative requirements and state regulations. An understanding of what diagnostic testing needs to be completed prior to a major procedure is essential. Utilization review and quality improvement also play huge roles in any managed care environment; therefore, it would be beneficial to attend any types of seminars involving these processes.

Nespor: It's an old story. You have to convince the potential employer that they need you. Many physicians believe that only nurses can assist them—they really believe that it is their clinical training that makes them qualified. Basically, this is what all HIM professionals are up against. I always acknowledge this historic relationship and then ask to give a different perspective. I suggest that the qualities the physician is looking for in a nurse are organization and management skills. I then proceed to describe the HIM professionals' strengths, the fundamentals of which are organization and management.

Schuller: Being prepared for a fast-paced environment with measurement results is key. You must be confident in sharing these measurement results with others.

Valo: Seek people out. Find out where the managed care associations are; call a utilization review officer or a consultant for example, at a managed care company and ask for an informational interview. Health information management professionals working in managed care are likely willing to share their ideas and experiences with you. Taking the initiative makes a difference.

Jane E. Blumenthal is associate editor of the Journal of AHIMA.

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