

PNN PREFERRED Network News

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Great Recruiting Practices--Not Technology--Make Great Recruiting by Harry Griendling-hr.com

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The Web has given birth to new recruiting media and tools that make some aspects of recruiting faster and less expensive. Job boards have effectively improved upon the help wanted classified ad model for job advertising and application, and some of the web-based applicant management systems bring speed and process efficiency to previously slow and manually-burdened hiring operations. To effectively compete for talent, every growing company should subscribe to one or two job boards.

But by itself, the Web won't make any organization better at attracting, hiring, or keeping talent. Why? Because the bottom line of hiring success is the quality of the human beings doing the hiring, not the superiority of the technology they may use. In the rush to automate and web-enable their recruiting operations, employers sometimes overlook an inescapable, fundamental requirement for success: Great hiring begins and ends with great hiring practices and well-trained recruiters. Period. Here are some critical steps in building a solid foundation for great recruiting:

Document your recruiting processes: This may seem fundamental, but over 90% of the companies we've consulted with have not documented their recruiting processes. Often, companies have as many different hiring processes as they have hiring managers. Further, most hiring is delegated to first line managers. These are, by definition, the least experienced leaders and the most likely to make mistakes in the difficult process of assessing and hiring talent. Creating a documented, replicable, and measurable recruiting process is a fundamental requirement for establishing company-wide recruiting practices that can be improved with each hiring transaction.

Use reliable selection methodologies: Most companies rely on interviews as the principle, and very often only, assessment method for selecting new talent. Yet, research done over the last 40 years has consistently shown that interviewing brings only about 50% accuracy as a reliable predictor of job performance. And, that accuracy rate drops quickly for managers with less experience. The best selection processes we've seen use a combination of assessment techniques, such as formal behavioral and work style assessment tools, structured interviewing, skills testing, and traditional interviewing. The key here is to determine the selection methods that produce the most reliable results for your unique culture, use them religiously, and continuously measure results and improve them.

Certify interviewers: Most companies provide precious little training in selection. Research consistently shows that most managers select talent using two criteria: they hire people they like and people who will be easy to manage. The problem with hiring is that every manager thinks they are good at it, while in fact, few really are. The best practices to minimize hiring mistakes are to provide meaningful training and to require certification in selection for anyone making hiring decisions.

Use the best to recruit the best: In the armed forces, only the top 10% of performers are asked to join the recruiting team. Why? Because their research shows that the best current performers recruit the best future performers. And, other research consistently shows the best workers want to work for the best leaders. It is great practice to have your best talent fully engaged in recruiting new talent.

While the Web will help you find candidates faster and cheaper, it won't help you improve your success at evaluating or hiring talent. To do that, improve your practices, processes, and people.



E-Learning Designed with You, the Learner in Mind

You're a busy professional who wants to get the most out of your time and money.

PREFERRED-Dynamic E-learning online is the answer! Here are just a few of the Benefits of Online Learning...

Dynamic Provides Course Options: Learners can choose from a large array of courses that hold timely, relevant material for continuing education and training in a variety of topic areas.

Easy Access: Learners can access online education from anywhere and at anytime they can access the Internet, using any standard browser.

CEU Accreditation: CEU requirements are completed with no restrictions on time, place or pace, Dynamic hold's an Approved Provider Status' (APS) with the following organizations: IACET (International Association for Continuing Education and Training, ASHA (American Speech-Language and Hearing Association, and AOTA (American Occupational Therapy Association). PT CEU's are applied for on a state-by-state basis. Selected courses approved by FPTA.

Convenience: No absence from work and family, cost efficiencies-reduction in travel and related expenses, self-service— learners can obtain online education on their schedule.

Cost Efficient: **PREFERRED** Network members enjoy a generous discount on all courses that are in the Preferred-dynamiclearning.com library.

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Online learning is fun! User-friendly Internet environment. Visit the <http://www.preferred-dynamiclearning.com/> website to meet your licensure, certification or continuing education requirements. Hope to see you online!

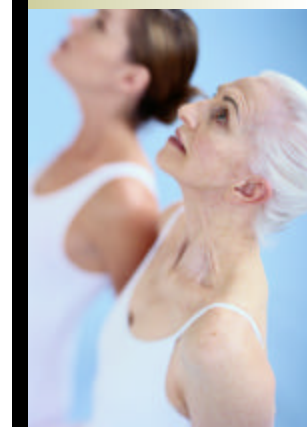
CMS Adopts APTA Coding Change

Physical therapists billing Medicare will no longer have to use a modifier when physical performance tests and measurements are performed during the same treatment session as therapeutic procedures, under new coding edit issued by the Centers for Medicare & Medicaid Services (CMS). In response to comments submitted by APTA, CMS revised the National Correct Coding Initiative (NCCI) fourth-quarter update released Wednesday to eliminate the required use of a 59 modifier when the 97750 code for tests and measures is billed during the same session as therapeutic procedures in the 97110 to 97124 codes. The complete fourth quarter NCCI edits are available on CMS' Web site at <http://cms.hhs.gov/physicians/cciedits/default.asp>.

[source: apta.org 10/3/03]



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discount on
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NEW Employee Profile – Maritza

Name: Maritza O. Wilson

Nick-name: M.O.W...
pronounced "Moe"

Length of employment with Preferred: Brand new!

Job Title and responsibilities: Client Services: Payor file maintenance, MCO data upkeep, New

MCO process, Fee Schedule maintenance, Renewal & Requested Grids, Provider Calls, Claims Resolution, Research, and Follow up outstanding contracts.

What you like most about your job: My position is still new, my co-workers are all great. I feel proud

to be an employee of **PREFERRED** Therapy Providers.

Favorite Pastimes : I used to love to study the Martial Arts form of Shuri Ru.

About your family: I am originally from Tucson, Az and the oldest of three girls, who grew up very close in a loving family.

To Use or Not to Use Code 49

Last month we ran an article regarding the new place of service code 49 which became effective October 1, 2003. Although receiving conflicting responses from APTA and CMS, we would like for you to note that the definition clearly indicates providers "not described by any other place of service code."

PREFERRED contacted CMS again, and the following is their response:

"The Centers for Medicare and Medicaid Services does not dictate policy regarding which place of service codes to use for a particular setting except in certain cases for Medicare claims. In some cases there are National policies to which the carriers must adhere. In other cases, there is no National policy, and the Medicare carriers are permitted to develop their own policies. Medicare does not have a National policy for 49 Independent Clinic, and in this case, an individual Medicare carrier would determine whether or not this particular code were appropriate for the setting. In general, a provider submitting a Medicare claim should apply the place of service code that his/her carrier has directed him/her to use because that advice will encompass both any applicable National policy and local policy as well. If you are a payer, you may develop your own policies regarding the appropriate place of service code to use, and these may or may not match the practices of a given Medicare carrier. If you are a clearinghouse, processing claims for various payers, you may wish to consult with them to determine their policies for the situation you describe."

Direct Access Success

Congratulations to Louisiana for passing the Direct Access Bill. At the recent chapter meeting during the business luncheon, there was a great deal of excitement about the completion of this bill and discussion regarding the impact. Do you know what state was the first to have Direct Access, and the year it was completed?

Nebraska, 1957

Preferred Tidbits...

Gift Giving:

It's a beautiful thing!

The Foundation for Physical Therapy continues its fund raising, and **PREFERRED** is a proud sponsor. For \$25.00, you may purchase a raffle ticket to win a brand new Mustang Convertible. Better yet, for \$100.00, you receive five tickets. Do something special for your hard-working staff.

Call **PREFERRED** today and we will be happy to send the tickets to you.

The raffle will end at Combined Sections Meeting, February, 2004 in Nashville. [Come see us in booth # 849!](#)

Join Us...

At the Private Practice Section Meeting, October 22nd through the 25th at the beautiful SawGrass Resort in Jacksonville, Florida.

Celebrating National Physical Therapy Month, we will have special giveaways and prizes for our members and can provide you with up-to-date activities on our growing network.

Federal Court Upholds Enforcement of Therapy Cap

Federal District Court Judge Emmit Sullivan has ruled that the Centers for Medicare & Medicaid Services (CMS) could continue to enforce the \$1,590 Medicare therapy cap. He found that the agency had not violated a partial settlement agreement by failing to adequately notify Medicare beneficiaries about the September 1 implementation of the cap.

Three consumer organizations representing Medicare beneficiaries filed suit against CMS in June to block enforcement of the therapy cap and the agency agreed to delay implementation until September 1 as part of a partial settlement. Plaintiffs argued that Medicare had violated the terms of the settlement by failing to notify at least 90% of its beneficiaries about the therapy cap during July and August, but Judge Sullivan refused to interpret the terms of the settlement that strictly.

However, this decision does not end the legal fight. CMS and the beneficiary groups must return to federal court October 8 to argue issues related to the impact of the therapy cap on consolidated billing for patients in skilled nursing facilities and other administrative problems.

APTA encourages members to inform the readers of their local newspapers about the impact of the cap by writing a "Letter to the Editor." A model letter is available at APTA's Therapy Cap Resource Center.

[source: apta.org 10/3/03]

PREFERRED Vendor Profile – Empi

Empi designs, manufactures and markets non-invasive rehabilitation products such as electrotherapy devices for pain, neuromuscular rehabilitation, non-invasive drug delivery and their respective accessories. Other products include dynamic orthoses, cervical traction, incontinence therapy, and a neuromuscular device for anterior knee pain. They are dedicated to continuous research and development, providing superior customer service to ensure patient compliance and offering cost effective health care solutions that improve the quality of life for patients. Visit their website at www.empi.com or call 800-328-2536.



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