Turning Revenue Cycle Regrets Into Revenue Cycle Recovery

Presented By:
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Brittain - Kalish Group, LLC
AGENDA

• Identify areas and relationships in the revenue cycle

• Identify 5 areas of challenges and tactics for recovery
  • Patient Access
  • Technology
  • Metrics
  • Denials
  • Training

• Summary
The Revenue Cycle

Definition:
All administrative and clinical functions that contribute to the capture, management and collection of patient service revenue - HFMA
Patient Access

Tasks
– Set a positive tone for the entire patient experience
– Complete financial clearance processes
– Assure the patient gets to the right place at the right time with the right provider

Challenges
• Make it difficult to pay
• Must multi-task
• Have a lack of experience coupled with minimal training
• Lost appointments

Expect good communications
Patient Access & Customer Service

Set expectations for collecting information and payments at the beginning

- Develop standardized scripts and processes
- Be consistent
- Identify how and when to ask for payment within the financial cycle
- Have clear financial policies

- Capture demographics appropriately
- Use technology and defined workflows
- Leverage technology to help in estimating patient liability
- Train the staff
We have New Technology, Now What?

........But we’ve always done it this way

• We **have** to keep the paper
• I don’t trust the technology
• It doesn’t follow my current workflow
• It takes too long or too many clicks to enter the data
• What if the system fails?
Tactics for Technology

- Determine what technologies to use and what to outsource
- Understand and provide training in the use of each module
- Monitor for compliance
- Perform audits for feedback
- Develop quick reference guides
- Create a solid on-boarding plan

How does everyone use your EMR? What do you think is the best way to train/re-train to maximize the benefits of your EMR?
QUIZ
Is That Really What We Meant to Measure?

- Remember unintended consequences
- Manual tracking is time-consuming
- Too many metrics split attention and resources
- Dashboards are only effective if you can take action for change, including assigning resources
- Lack of understanding for what is important to your organization
Tactics for Establishing Metrics

• Determine what is critical to your organization’s success
• Engage staff
• Find the data
• Measure performance, compare it to your benchmark
• Take action if needed
• Implement new process, evaluate and adjust the measures
• Do it again – this is a journey
## Measure What You Do

Source: NAHAM Access Keys 2.0

<table>
<thead>
<tr>
<th>Domain</th>
<th>Access Key (KPI)</th>
<th>Equation</th>
<th>Good (Early Implementation Phase or Manual Process)</th>
<th>Better (Middle Implementation Phase or Semi-Auto Process)</th>
<th>Best (Mature Implementation Phase or Auto Process)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collections</td>
<td>POS Collections to Total Patient Collections</td>
<td>POS Collections / Total Patient Collections</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Collections</td>
<td>POS Collected Accounts Rate</td>
<td>Accounts Collected / Total Registrations</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Average Wait Time</td>
<td>Total Minutes Spent Waiting / Total Registrations</td>
<td>15 mins</td>
<td>10 mins</td>
<td>5 mins</td>
</tr>
<tr>
<td>Critical Process</td>
<td>Insurance Resolution Rate</td>
<td>Insurance Failures Resolved / Insurance Failures Identified</td>
<td>50%</td>
<td>70%</td>
<td>90%</td>
</tr>
<tr>
<td>Critical Process</td>
<td>Address Resolution Rate</td>
<td>Address Failures Resolved / Address Failures Identified</td>
<td>N/A</td>
<td>N/A</td>
<td>98%</td>
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<tr>
<td>Productivity</td>
<td>Insurance Verification Rate</td>
<td>Verified Registrations / Total Registrations</td>
<td>80%</td>
<td>90%</td>
<td>98%</td>
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<tr>
<td>Quality</td>
<td>Registration Accuracy Rate</td>
<td>Error-Free Registration at POS / Total Registrations</td>
<td>80%</td>
<td>85%</td>
<td>90%</td>
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</table>
Understanding and Addressing Denials

• No current tracking of payer denials
• Lack of education on the reason codes for denials
• No revenue committee or meeting so limited accountability
• One or two people own the process
• Limited checks and balances
• Lack of training on payer denial reports
Risk Areas for Denials

- **Technical**
  - Due to flaw or problem with claim processing
  - Mitigation: end to end testing

- **Logic-Based**
  - PCS or CPT code doesn’t logically match CM code
  - Mitigation: Review of payer contract and training

- **Unspecified Codes**
  - Payers can revamp their entire coverage policies
  - Mitigation: Track current unspecified rate today and train

- **Invalid Codes**
  - If coders or systems do not assign sufficient characters or forget placeholders
  - Mitigation: Check the actual code table to validate the code
Denial Management Tactics

Establish a strong denials management program

• Adopt the right technology
• Triage your denials and prioritize
  – Identify high dollar or volume procedures
  – Develop baseline trends by payer and clearinghouse, procedure and diagnosis code
  – Document timely filing rules for each payer
  – Work with payers to create scorecards
• Catch denials before you submit the claim
• Closely monitor your receivables
  – Reconsider your work process
• Track ignored or denied claims
• Manage your payer contracts
• Train your staff
• Make your employees accountable
But We Train Our Staff....

- Mistakes are repetitive
- Do the same job but are completing tasks differently
- We don’t have the time for our group to apply the change
- When I got back to my desk, my supervisor said, “just do it the old way”.
- The practice just can’t seem to keep employees
The Corporate Model for Training: The only way to change...is to keep training to change.

The only way to realize change: is to analyze what needs to change, plan a curriculum that changes the mind, deliver the training with an urgency to make the change today, and evaluate the returns...Voila!....then start again!
# Initial Revenue Cycle Training

<table>
<thead>
<tr>
<th>High Performers</th>
<th>1 day or less</th>
<th>2-3 days</th>
<th>3-5 days</th>
<th>5-10 days</th>
<th>&gt; 10 days</th>
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</thead>
<tbody>
<tr>
<td>Registrars</td>
<td>0%</td>
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<td>14%</td>
<td>14%</td>
<td>57%</td>
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<tr>
<td>Billers</td>
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<td>14%</td>
<td>14%</td>
<td>14%</td>
<td>57%</td>
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<tr>
<td>Collectors</td>
<td>0%</td>
<td>7%</td>
<td>21%</td>
<td>21%</td>
<td>50%</td>
</tr>
<tr>
<td>Financial Counselors</td>
<td>0%</td>
<td>7%</td>
<td>14%</td>
<td>14%</td>
<td>64%</td>
</tr>
<tr>
<td><strong>All Others</strong></td>
<td><strong>1 day or less</strong></td>
<td><strong>2-3 days</strong></td>
<td><strong>3-5 days</strong></td>
<td><strong>5-10 days</strong></td>
<td><strong>&gt; 10 days</strong></td>
</tr>
<tr>
<td>Registrars</td>
<td>7%</td>
<td>11%</td>
<td>15%</td>
<td>25%</td>
<td>42%</td>
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<tr>
<td>Billers</td>
<td>4%</td>
<td>10%</td>
<td>7%</td>
<td>25%</td>
<td>54%</td>
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<tr>
<td>Collectors</td>
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<td>9%</td>
<td>10%</td>
<td>30%</td>
<td>47%</td>
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<tr>
<td>Financial Counselors</td>
<td>5%</td>
<td>7%</td>
<td>11%</td>
<td>26%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Source: Strategies for a High Performance Revenue Cycle, HFMA, 2009
Operational Improvements

• Determine the area of need with your staff
• Map your processes, incorporate technology as appropriate
  – Thoughtfully automate whatever you can automate
• Train the entire staff that is involved in the process
• Assure the environment supports the implemented change
• Measure and then go back and measure
  – Monitor the performance of staff and physicians
• Explain the importance of compliance

Revenue Cycle is a Team Sport
Summary

Discussed common challenges
- Patient Access
- Technology
- Metrics
- Denials
- Training

Hit the button and find your new normal!
Thank You

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