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Turning Revenue Cycle Regrets Into Revenue Cycle Recovery

Presented by:
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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 communication



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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?



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



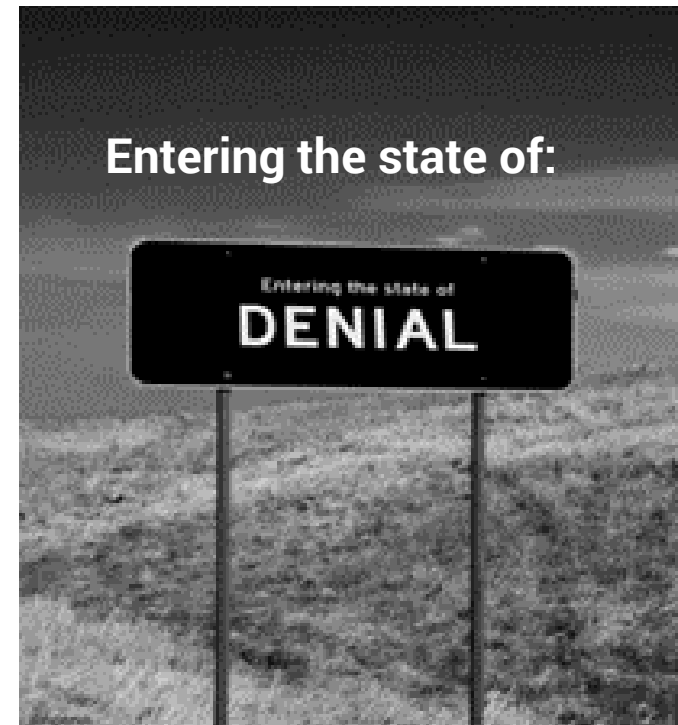
Measure What You Do

Source: NAHAM Access Keys 2.0

Domain	Access Key (KPI)	Equation	Good Early Implementation Phase or Manual Process	Better Middle Implementation Phase or Semi-Auto Process	Best Mature Implementation Phase or Auto Process
Collections	POS Collections to Total Patient Collections	$\frac{\text{POS Collections}}{\text{Total Patient Collections}}$	30%	40%	50%
Collections	POS Collected Accounts Rate	$\frac{\text{Accounts Collected}}{\text{Total Registrations}}$	20%	40%	60%
Patient Experience	Average Wait Time	$\frac{\text{Total Minutes Spent Waiting}}{\text{Total Registrations}}$	15 mins	10 mins	5 mins
Critical Process	Insurance Resolution Rate	$\frac{\text{Insurance Failures Resolved}}{\text{Insurance Failures Identified}}$	50%	70%	90%
Critical Process	Address Resolution Rate	$\frac{\text{Address Failures Resolved}}{\text{Address Failures Identified}}$	N/A	N/A	98%
Productivity	Insurance Verification Rate	$\frac{\text{Verified Registrations}}{\text{Total Registrations}}$	80%	90%	98%
Quality	Registration Accuracy Rate	$\frac{\text{Error-Free Registration at POS}}{\text{Total Registrations}}$	80%	85%	90%

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



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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

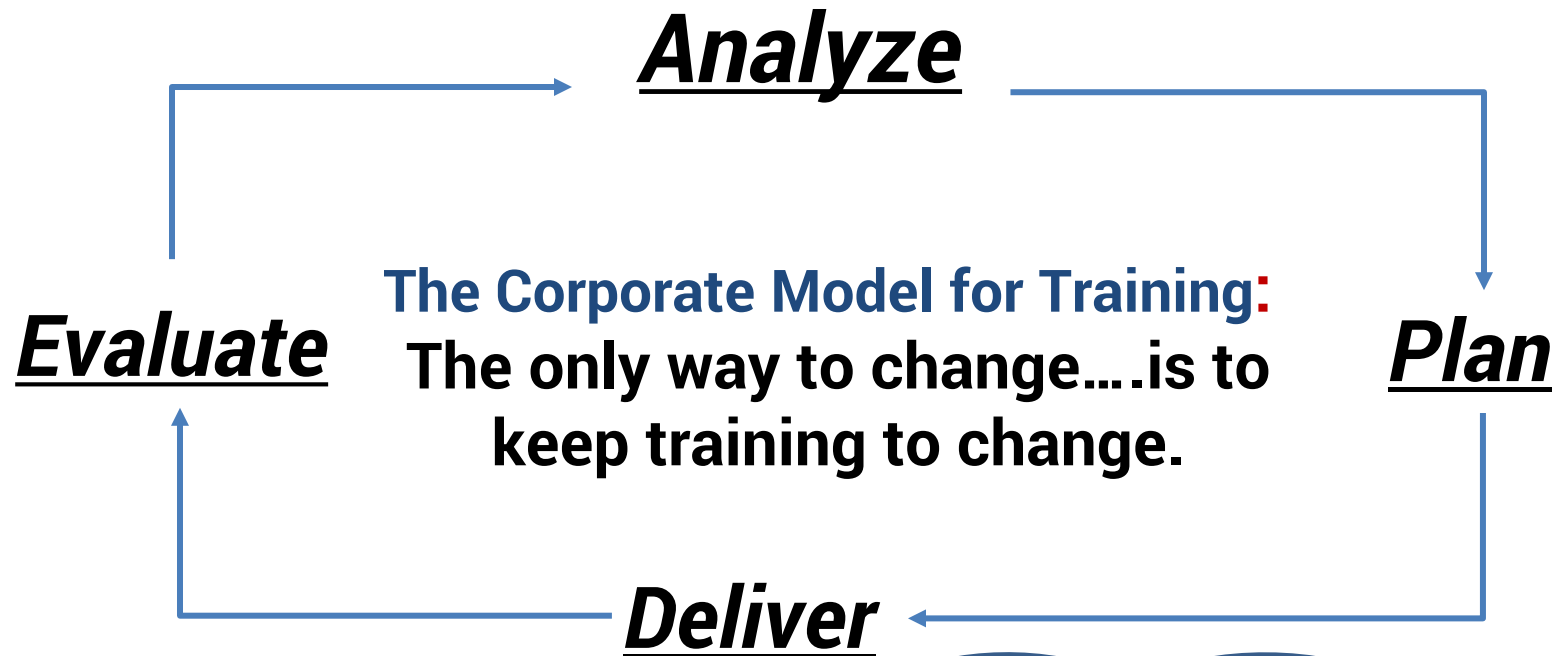


But We Train Our Staff.....

- 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



Training Tactics and Culture



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

High Performers	1 day or less	2-3 days	3-5 days	5-10 days	> 10 days
Registrars	0%	14%	14%	14%	57%
Billers	0%	14%	14%	14%	57%
Collectors	0%	7%	21%	21%	50%
Financial Counselors	0%	7%	14%	14%	64%
All Others	1 day or less	2-3 days	3-5 days	5-10 days	> 10 days
Registrars	7%	11%	15%	25%	42%
Billers	4%	10%	7%	25%	54%
Collectors	5%	9%	10%	30%	47%
Financial Counselors	5%	7%	11%	26%	52%

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



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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**



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Summary

Discussed common challenges

- Patient Access
- Technology
- Metrics
- Denials
- Training

Hit the button and find
your new normal!



Thank You

Please Contact:

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