Workflow Improvement

Bringing Value to Your Organization Through Information Technology in the Revenue Cycle

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• The region’s leading imaging division – created over 20,000,000 images last year
• Works with Medical Practices, Hospitals, Legal Firms, and Corporate Entities across the US
• Workflow solutions specific to Healthcare organizations including enhancing revenue cycle management
• Industry-neutral solutions for Human Resources, Accounts Payable, internal document management
• Litigation support leader in the region
Jonathan Adams
• Co-Founder and President of SALIX; over 2500 customers in the region
• 12 years in Records and Workflow management
• Past President of Cincinnati AARMA Chapter; serves on several Boards
• Graduate of Miami University with degree in Finance
• Designed and developed workflow solutions for major Fortune 500 companies

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• 25+ years in the Healthcare Market as Co-President of Plettner-Hart Management Consultants Inc
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• Designed and implemented workflow solutions to enhance revenue cycle management and document/content management for Healthcare
• Graduate of University of Virginia with degree in Mechanical Engineering
• Has worked with hospitals, clinics, physician practices, MSO’s, etc.
IMPART, LLC

- Practice Management Consulting
- Revenue Cycle Analysis
- MCO Contract Negotiations
- Full & Partnership Billing Service Solutions
- Business & Succession Planning
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- Physician Assistant - Board Certified by the NCCPA in Primary Care and Surgery
- Masters in Physical Medicine/Pain Management from University of Nebraska
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- Doctorate in Health Care Administration
- Served as Director at Large Kentucky Academy of Physician Assistants & Reimbursement Chair
- Practice Management Consultant — IMPART, LLC focusing on both clinical and information system optimization
Adding Strategic Vision to Your Organization

• Look for Solutions to Everyday Problems
• Look for Patterns in What You Do Everyday
• Help identify technology and strategies to give you the competitive edge
Teams that are successful

• Ability and Suitability
• Motivated to help grow the business
• Manageable and Team Player
• Professional Behavior
• Problem Solver
• Initiative & Enthusiasm
• Willingness to Accept Responsibility
• Has a Pattern of Continued Learning
• Embraces New Technology and change
Recurring Issues

- Revenue Cycle
- Employees
- Expenses
- Keeping up with Technology
- Managed Care Contracting
- Patient Care Issues/Complaints
- Keeping providers focused on revenue-generating activities
Inherent Challenges for Change

**People**
- Big Picture
- Culture
- Integration vs. Functionality
- Individual Motivation
- Personnel Cost
- Fear of Computerization

**Compromise**

**Business Practice**
- Clear Vision and Priorities
- Strategic Plan
- Work Flows
- Process vs. Task Orientation
- Data Ownership
- Access and Security
- Patience and Time

**Compromise**

**Systems**
- Legacy vs. New
- Availability
- Best of Breed
- Vendor Strategies
- Integration
- Interoperability
- Devices/Mobility
- Portals/Single Sign-on

**Compromise**

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Interoperate 2011
The Landscape has Changed

• Recession/Economy
• High Deductible Healthcare Plans
• Increased Patient Responsibility
• Reduction in Fee Schedules
• Increased Overhead

Solution –
Efficient Revenue Cycle Management
It’s a matter of Survival

• Future survival will depend upon doing things radically differently than in the past and will require leveraging technology to maximize your employees’ efficiencies

• Leverage your resources (internal and external) to bring solutions to your organization.

• Create a culture of embracing new solutions
If you’re not the lead dog... the view never changes
Added Complexity for the Revenue Cycle

Traditional Complexity
- Eligibility
- Coding
- Editing
- Scrubbing
- Claim Submission
- Clearinghouse
- Compliance (CCI, LCD, etc.)
- Contract Management
- Denial Management
- Lock Box
- EFT’s
- Reporting

Added Complexity as Patient Payments Grow
- Acquirers
- Processors
- Issuers
- Bankcard Associations
- Healthcare Accounts (HSA, FSA, HRA)
- Substantiation
- CDH Adjudication
- Check 21
- NACHA
- Treasury Management
- Patient Credit
## Bottlenecks

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Issues</th>
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| Registration & Pre-Certifications | Failure to perform in a timely manner  
|                               | Fraught with errors  
|                               | Missing Information                                                  |
| Prior Authorizations          | Failure to perform in a timely manner  
|                               | Multiple submissions  
|                               | Lost Requests                                                       |
| Clinical Documentation        | Lack of Medical Necessity  
|                               | Document does not support Dx or Coding  
|                               | Lack of Protocol                                                     |
| Check In / Check Out          | Missed Appointments  
|                               | Missing Encounters  
|                               | Failure to know what or how much to collect                          |
| Billing                       | Registration/PA/Co-pays  
|                               | Documentation/Coding/Denials  
|                               | Insurance Carriers  
|                               | Patient Responsibilities/Collections                                 |
Keys to Improved Workflow

• You Can’t Manage What You Don’t Measure
• Know What to Measure – See Handout
• Understand and Manage each key element of the Billing and Collection Process
• Hire the Right People
• Look for manual, paper-based processes to address- they are your “low-hanging fruit”
The Revenue Cycle

• Traditional Revenue Cycle Management has focused on insurance collections

• Expanding efforts to all points in the revenue cycle will yield tremendous benefit from patient collections

• Investigate new technologies that are available
Opportunities to Optimize $$

**Scheduling** – Maximize encounters, minimize waiting times, & minimize no shows.

**Credentialing** – Is your provider credentialed for the patient’s carrier? Do your scheduling people have the tools to know?

**Registration** – Demographics, patient education of financial policies, & eligibility verification for every encounter.

**Pre-cert Process** – Streamline processes so that patients can be seen and treated on a more timely basis

**Encounter** – Collection of co-pays, deductibles, estimated fees, collection of outstanding and past due amounts.

**Patient Statement** – send out immediately after adjudication, shorter pre-collection periods, payment options & anticipated assistance

**Online** – Multiple payment venues, ability to store HSA, HRA, CC information for future use, & email notification

**Back Office Follow Up** – Pre-emptive calling on claims, efficient tracking and automated appeals/denial management

**Evaluate your denials** – What could you be doing differently to minimize rejections?

**Collections** - Begin process at 90 days
Automated Solutions at Every Step of the Process
HIPAA Transaction Sets

- 270 - Eligibility Request
- 271 - Eligibility Response
- 278 - Authorization/Referral
- 276 - Claim Status Request
- 277 - Claim Status Response
- 837 - Request for Payment
- TA1, 997 - Acknowledgements
- 835 - Remittance

Provider → Clearinghouse → Payer
Workflow Examples

• Pre-Cert/ Prior Auth – Workers Comp and Commercial Payers
• Eligibility Verification/Payment
• Paper in the office- Refund requests, denials, medical records requests
• Manual completion of forms- can they be pre-populated by interfacing with existing data?
• Consider peripheral functions- Credentialing, Pre-collection processes, Accounts Payable...
Choose an Area to Increase Performance

- Know your benchmarks
- Look for proven solutions
- Measure progress
- Look to eliminate paper, faxing, manual and redundant functions
- Seek electronic solutions to give everyone access to key data
- Look for manual processes and forms being filled out by hand
- Look for interoperability between software products

This practice saw a 66% decline in time it took to get C-9’s approved
Workflow Management to “Drill Down” and Identify Issues

- Make sure your workflow solution can give you the data you need to identify:
  - Bottlenecks
  - Inefficiencies
  - Productivity issues
  - Volume data
  - Variances by location
  - Variances by provider
  - Etc.
Workflow Solutions to Minimize Paper Shuffle

Phase 2

Status: Unposted

HB
PB
SYS1
Dental
Anes.
Unknown / Misc
Refunds

Remain on Assigned Documents List

Removed from Assigned Documents List

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Prior Auth Processes

- **Status**
  - Appointment
  - Form created
  - Waiting for additional information
  - Submitted to insurance
  - Approved
  - Denied: Working
  - Denied: Final

- **Flowchart**
  - Form initiated
  - Prior Auth Staff check the Form for accuracy and make necessary corrections
  - Void
  - No Prior Auth Required
  - Prior Auth Called In - Approved
  - Additional Documentation attached
  - Completed Packet Faxed to Carrier
  - Incoming Fax from Carrier
  - Patient portion of Form completed
  - If Required: Office/PT Notes
  - Designated Person or Individual Mailboxes?
  - APPROVED
  - Initiator Notified
  - DENIED: FINAL
  - Initiator Notified
  - DENIED: PENDING
  - Initiator Notified

- **Load Balanced or Queue?**
Long Term Results

- Improved reporting: Audits, rules, roles, access
- Eliminate reporting boundaries between electronic systems (PM, EMR, OARRS, Availity, Healthbridge, Nexus, etc.)
- Improved management
- Improved quality thru end to end process automation
- Provide Data to your employees to enlist their creativity
- Provide Data to stakeholders to improve decision-making

End Result
Profitable, Well Run Organization
The Financial Impact

12%

12%

2%

1%

2%

1%

2%

1%

2%

1%

2%

1%

2%

1%

2%

1%

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What Solutions Are You Using?