MAP Keys℠
The Keys to Revenue Cycle Success

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Director, Healthcare Finance Policy Revenue Cycle MAP
Healthcare Financial Management Association

MA-RI Chapter: Your Compass for Navigating Turbulent Financial Waters for Revenue Cycle 2015
January 23, 2015
Overview

- Background to the MAP Initiatives
- MAP Keys℠
- MAP App – the Tools
- MAP Awards
- MAP Event
- MAP Research
- Implementing Metrics for revenue cycle improvement
- Questions …
C-Suite Focus
Shift to Revenue Cycle

↗ Increased attention to revenue cycle management
   – Cash flow
   – Revenues

↗ Focus on specific process improvement
   – Cash collection
   – Work flow
   – Customer satisfaction
   – Reduction in process variation

↗ Use of metrics to track performance
Evidence-based Improvement

Components

- Measuring
  - What are consensus measures of revenue cycle excellence?

- Comparing
  - How are peers performing and what are valid performance targets?

- Improving
  - How do high performers achieve and maintain success?
Evidence-based Improvement

Not All Revenue Cycles Are Created Equal…

**Median Days in Accounts Receivable**

- Median: 50 days
- High Performance Award Winners: 42.7 days

Difference = 7.3 days

**Patient Satisfaction**

- Patients Would “Definitely Recommend” Hospital
  - National Median: 70%
  - High Performance Award Winners: 76.5%

Increase = 6.5%

Source: 2014 Medicare HCAHPS Scores

Source: HFMA’s MAP Award for High Performance 2014
Fundamentals for Successful Comparison

- Standardization
- Timeliness
- Well-defined, customized “peer”
Why Is Measuring Performance Important?

› Creates a framework for analyzing data

› Understand your performance progress
  – Internally throughout the organization
  – Externally with peers and high performers

› Identify resource needs
  – Allocate labor, technology, and other resources to areas where they will have greatest impact
Timeliness Affects Relevance

Current data is needed to set appropriate performance targets

♫ Performance can shift rapidly in response to such factors as:

– Economy
– Regulatory environment
– Shifts in insurance coverage/self pay
– Industry rate of technology adoption, such as EHRs
Peer Definition Affects Usefulness

Are You Comparing Performance With That of True Peers?

*Source: HFMA's MAP App for July 2012*
Why Prioritize Revenue Cycle Management?

“Good” is no longer good enough

– Payment trends demand efficiency and effectiveness
– Regulatory change is adding complexity to the payment processes
– Consumers expect high levels of revenue cycle service
  • Patient financial communication
  • Transparent pricing
  • Prompt and accurate billing – Patient-Friendly Billing™
  • Seamless payment experience
The Right Data Guide Performance Improvement

Internal view

- Quantifying performance change across key areas of your revenue cycle, will position you to effectively:
  - Set organizational goals and objectives
  - Improve organizational effectiveness and efficiencies
  - Use data to change behaviors
Industry Expectations

External view

- Moody’s looks for:
  - Comparison against a carefully selected set of peers
  - Frequency and depth with which senior leadership and board members review comparative data
  - Leadership actions based on hospital performance relative to key indicators
Just How Above “Good”
Do You Need to Be?

To Optimize Improvement Efforts, You Need to First Understand What A Change in Performance Will Mean.

You need targets that are:

- Industry accepted
- Measurable and quantifiable
- Defined by true “peer groups”
Example: Days in A/R

Consider a Hospital Where Days in A/R Improved to 38.7, and Performance has been Sustained Most Months for the Past Year

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<table>
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Days in A/R

38.7

IMPROVED & SUSTAINED
Example: Days in A/R

Meanwhile, Days in A/R for the Organization’s Peers Have Dropped Even More

<table>
<thead>
<tr>
<th>Peer Group</th>
<th>Days in A/R</th>
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<tbody>
<tr>
<td>Peer 1</td>
<td>38.0</td>
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<td>Case Example Hospital</td>
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<tr>
<td>Peer 2</td>
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<tr>
<td>Peer 3</td>
<td>35.5</td>
</tr>
</tbody>
</table>

Source: Analysis of HFMA's MAP AppSM
How HFMA Responded …
apply
evidence-based
strategies for
improvement

measure
revenue cycle
performance

perform
to the highest
standards

HFMAp
revenue cycle excellence
Defining the Industry’s Standards
Task Force Purpose

- Leading industry representatives
- Supported by HFMA staff
- Charged to identify a common set of revenue cycle performance indicators that will allow hospitals to measure in a consistent way for the purpose of peer to peer comparison
Task Force Charge

- Review current KPIs and other industry definition sources for completeness, validity and relevancy
- Identify and prioritize the top KPIs
- Finalize and approve KPI definitions
- Review work product with NACs
- Prepare recommendations for HFMA Board approval
Process Steps – Then and Now

- Original process still in place for revisions and recommendations for new keys
- Research and internal review
- Results submitted to KPI Task Forces (Hospital/Physician)
- Definitions and measure drafted or updated
  - Initial determination of most relevant KPIs
  - Draft concise definition statement and measurement for each KPI
  - Task force consensus
- Recommendations submitted to the NAC
- NAC comments considered and definitions finalized
- Final work product submitted to HFMA Board for approval
- Implementation!
And the Results Are …

- Objective industry-standard metrics
- Clear, consistent and unbiased terms to define the essentials of revenue cycle performance
- Gateway to valid peer comparisons through HFMA’s MAP App tool
- Tool for identifying high performing and improving revenue cycles across a standardized set of KPIs
Hospital Keys

- 27 Individual Keys
- 4 Categories
  - Patient Access – 5 keys
  - Revenue Integrity – 4 keys
  - Claims Adjudication – 6 keys
  - Management – 12 keys
List of all 27 Hospital MAP Keys℠

1. Net Days in Accounts Receivable (A/R)
2. Aged A/R as a percentage of Billed A/R
3. Point-of-Service (POS) Cash Collections
4. Cost to Collect
5. Cash Collection as a Percent of Adjusted Net Patient Services Revenue
6. Bad Debt
7. Charity Care
8. Days in Total Discharged Not Final Billed (DNFB)
9. Aged A/R as a % of Billed A/R by Payer Group
List of all 27 Hospital MAP Keys℠

- 10. Days in Final Billed Not Submitted to Payer (FBNS)
- 11. Days in Total Discharged Not Submitted to Payer (DNSP)
- 12. Late Charges as % of Total Charges
- 13. Initial Denial Rate – Zero Pay
- 14. Initial Denial Rate - Partial Pay
- 15. Denials Overturned by Appeal
- 16. Net Days Revenue in Credit Balance
- 17. Pre-registration Rate
List of all 27 Hospital MAP Keys℠

18. Insurance Verification Rate
19. Service Authorization Rate
20. Denial write-offs as a percent of net revenue
21. Charity as a Percent of Uncompensated Care
22. Case Mix Index
23. Cost to Collect by Functional Area
24. UB04 (837I) Clean Claim Rate
25. Conversion rate of uninsured Inpatient to payer source
26. Uninsured Discount
27. Total Uncompensated Care
Patient Access Key: Insurance Verification

Measure: Insurance verification rate

Purpose: Trending indicator that patient access functions are timely, accurate and efficient

Value: Indicates revenue cycle process efficiency and effectiveness

Metric Calculation:
\[
\frac{\text{Total number of verified encounters}}{\text{Total number of registered encounters}}
\]

Variable Notes:
**Numerator:** Includes all scheduled encounters prior to service and non-scheduled accounts verified within one day of service or date of admission

**Denominator:** Total registered IP and OP encounters in same reporting period as numerator
Revenue Integrity Key: Late Charges

Measure: Late charges as % of total charges

Purpose: Measure of revenue capture efficiency

Value: Identify opportunities to improve revenue capture, reduce unnecessary cost, enhance compliance, and accelerate cash flow

Metric Calculation:

\[
\text{Late charges} = \frac{\text{Charges with post date > 3 days from DOS}}{\text{Total gross charges}}
\]

Variable Notes:

- **Numerator:** charges must come from the same reporting period monthly; based on last posting date of month; transaction level detail debits + credits reported as absolute value
- **Denominator:** No note
Claims Adjudication Key: Days in FBNS

Measure: Days in final billed not submitted to the payer

Purpose: Trending indicator of claims impacted by payer/regulatory edits within claims processing system

Value: Track impact of internal/external requirements to clean claim production which impacts positive cash flow

Metric Calculation:

\[
\frac{\text{Gross dollars in FBNS}}{\text{Average Daily Gross Revenue}}
\]

Variable Notes:

- **Numerator**: Excludes In-house and DNFB; Excludes rebills and late charge bills
- **Denominator**: No notes
Management Key: Net Days in A/R

Measure: Net Days in Accounts Receivable (A/R)

Purpose: Trending indicator of overall A/R performance

Value: Indicates revenue cycle efficiency

Metric Calculation:

\[
\frac{\text{Net A/R}}{\text{Net Patient Service Revenue}}
\]

Variable Notes:

**Numerator:** Excludes credit balances, non-patient A/R related 3rd party settlements & non-patient A/R

**Denominator:** most recent three month daily average
Performance - Net Days in A/R
Performance - A/R Aging Over 90 Days
Cash flow – Cash collections as % of net PSR

$ Collected as % NPR

MAP Key Value  Target  Comparison

Dec-13  Jan-14  Feb-14  Mar-14  Apr-14  May-14  Jun-14  Jul-14  Aug-14  Sep-14  Oct-14  Nov-14
Cash flow – Point of service collections

POS Cash Collections

MAP Key Value
Target
Comparison
Cash flow – Days in discharged not final billed (DNFB)
Cash flow – Final billed not submitted to payer (FBNS)
Components of net patient service revenue – Bad debt
Components of net patient service revenue – Charity
Expense – Revenue cycle operations – Cost to collect w/o IT

Cost to Collect w/o IT

MAP Key Value

Target

Comparison

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Physician Practice Management Keys

- 14 Individual Keys
- 4 Categories
  - Patient Access – 2 keys
  - Revenue Integrity – 1 key
  - Claims Adjudication – 2 keys
  - Management – 9 keys

- Similar concept to hospital side with other keys unique to physician practice management
14 Physician Practice Management
MAP Keys℠

‑ 1a. Primary Physician Practice Operating Margin Ratio
‑ 1b. Specialty Physician Practice Operating Margin Ratio
‑ 1c. Net Income/Loss per Primary FTE§ Physician
‑ 1d. Net Income/Loss per Specialty FTE§ Physician
‑ 2. Practice Net Days in Accounts Receivable (A/R)
‑ 3. Practice Cash Collection Percentage
‑ 4a. Total Primary Physician Compensation as a Percentage of Net Revenue
14 Physician Practice Management
MAP Keys℠

4b. Total Specialty Physician Compensation as a Percentage of Net Revenue
5. Percent of Patient Schedule Occupied
6. Professional Services Denial Percentage
7. Point-of Service (POS) Collection Rate
8. Total Charge Lag Days
9. Aged Accounts Receivable (A/R) by Payer Group as a Percentage of Outstanding Total A/R
10. Aged Accounts Receivable (A/R) as a Percentage of Outstanding Accounts Receivable
% Patient Schedule Occupied

Peer Group: Nationwide

A/B MAC X Median Performance
90th Decile
75th Percentile
POS Collection Rate

Peer Group: Nationwide

A/B MAC X Median Performance
90th Decile
75th Percentile
Charge Lag Days

Peer Group: Nationwide

<table>
<thead>
<tr>
<th>Month</th>
<th>A/B MAC X Median Performance</th>
<th>90th Decile</th>
<th>75th Percentile</th>
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<td>Nov-13</td>
<td>5.0</td>
<td>6.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Dec-13</td>
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<td>Jan-14</td>
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<td>Jun-14</td>
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<td>13.0</td>
<td>14.0</td>
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<td>Jul-14</td>
<td>13.0</td>
<td>14.0</td>
<td>15.0</td>
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Practice Cash Collection Percentage

Peer Group: Nationwide

A/B MAC X Median Performance
90th Decile
75th Percentile

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Practice Net Days in A/R

Peer Group: Nationwide

<table>
<thead>
<tr>
<th>Month</th>
<th>A/B MAC X Median Performance</th>
<th>90th Decile</th>
<th>75th Percentile</th>
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<tr>
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<td>Sep-13</td>
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<td>Oct-13</td>
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<td>Jan-14</td>
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<td>Feb-14</td>
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<td>Mar-14</td>
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<td>May-14</td>
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<td>Jun-14</td>
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<tr>
<td>Jul-14</td>
<td>22</td>
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Aged A/R 90+

Peer Group: Nationwide

A/B MAC X Median Performance  90th Decile  75th Percentile

A/R: Medicare Traditional 90+

Peer Group: Nationwide


A/B MAC X Median Performance

90th Decile

75th Percentile
Payment Denial Rate

Peer Group: Nationwide

---|---|---|---|---|---|---|---|---|---|---|---
A/B MAC X Median Performance | 10.0% | 10.0% | 12.0% | 12.0% | 14.0% | 14.0% | 16.0% | 16.0% | 16.0% | 16.0% | 16.0% | 16.0%
90th Decile | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% | 5.0% | 5.0%
75th Percentile | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0% | 3.0%
MAP App – The Tool
the tool for revenue cycle excellence

mapapp℠

**it compares**
your performance to your peers and the industry

**it connects**
you to proven strategies for excellence

**it tracks**
your data using MAP Keys

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Better than ever and growing fast

More than 500 hospitals and health systems = rich peer comparisons continually improved to reflect industry trends
MAP Awards: High Performance

High Performance – Individual hospital or System level
- Scope – total revenue cycle
- Deadline – March 2, 2015
- On-line application form

High Performance – Physician Practice Management
- New award for 2015
- Scope – total revenue cycle for physician practices
- Deadline – March 2, 2015
- On-line application form
Lessons from High Performing Revenue Cycles

 ↗ Pre-service/Time of service
  – Moving point of service collections to higher level by focusing on potential vs. actual collections
  – Individual employee level monitoring and reporting
  – Focus on finding resources, educating patients about financial responsibilities and payment plan options

 ↗ Time of service
  – CDI
Lessons from High Performing Revenue Cycles

- Post Service - clean claims count!
  - Standard work
  - Extensive pre-bill edits
  - “Get it right first time”
  - Corrections to process rather than continued correction work
  - Electronic transactions (276/277 claim inquiry and response)
  - Use data to convince payers to alter denials pattern and improve post-acute care services
## Performance at a Glance – Data from High Performing Revenue Cycles

### Data from 2014 High Performing Revenue Cycle Award Winners:

<table>
<thead>
<tr>
<th>Net Days in A/R</th>
<th>Aged A/R 90 days and greater</th>
<th>DNFB</th>
<th>FBNS</th>
<th>DNFB + FBNS</th>
<th>Bad Debt Write Off %</th>
<th>Cost to Collect</th>
<th>Cash Collection</th>
<th>POS Cash Collection</th>
<th>Charity Care Write Off %</th>
<th>Operating Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>42.71 (19.3%)</td>
<td>5.46</td>
<td>.39</td>
<td>6.95</td>
<td>1.4%</td>
<td>.021</td>
<td>Median</td>
<td>100.5%</td>
<td>16.1%</td>
<td>3.5%</td>
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<tr>
<td>Percentile 90</td>
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<td>.00</td>
<td>3.70</td>
<td>0.4%</td>
<td>.0123</td>
<td>75</td>
<td>104.7%</td>
<td>31.0%</td>
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<td>75</td>
<td>35.74 (14.9%)</td>
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<td>0.8%</td>
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<td>23.4%</td>
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<td>50</td>
<td>42.71 (19.3%)</td>
<td>5.46</td>
<td>.39</td>
<td>6.95</td>
<td>1.4%</td>
<td>.0261</td>
<td>50</td>
<td>100.5%</td>
<td>16.1%</td>
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<tr>
<td>25</td>
<td>45.66 (23.3%)</td>
<td>7.79</td>
<td>1.37</td>
<td>8.45</td>
<td>2.5%</td>
<td>.0304</td>
<td>25</td>
<td>97.6%</td>
<td>9.0%</td>
<td>1.6%</td>
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<tr>
<td>10</td>
<td>47.71 (39.8%)</td>
<td>8.69</td>
<td>4.85</td>
<td>11.44</td>
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<td>.0438</td>
<td>10</td>
<td>93.4%</td>
<td>0.7%</td>
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### Data from 2013 High Performing Revenue Cycle Award Winners:

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<th>Operating Margin</th>
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<tr>
<td>Median</td>
<td>37.50 (19.3%)</td>
<td>5.35</td>
<td>.50</td>
<td>6.82</td>
<td>2.3%</td>
<td></td>
<td>Median</td>
<td>100.0%</td>
<td>21.3%</td>
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<td>Percentile 90</td>
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<td>1.70</td>
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<td>1.76</td>
<td>0.5%</td>
<td>.003</td>
<td>Percentile 90</td>
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<td>6.7%</td>
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<td>21.3%</td>
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<td>40.03 (24.2%)</td>
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<td>1.70</td>
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<td>2.8%</td>
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<td>99.4%</td>
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<td>10.78</td>
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<td></td>
<td>10</td>
<td>98.9%</td>
<td>1.4%</td>
<td>0.4%</td>
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### Data from 2012 High Performing Revenue Cycle Award Winners:

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<th>FBNS</th>
<th>DNFB + FBNS</th>
<th>Bad Debt Write Off %</th>
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<td>5.44</td>
<td>.45</td>
<td>6.28</td>
<td>2.7%</td>
<td></td>
<td>Median</td>
<td>99.3%</td>
<td>18.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Percentile 90</td>
<td>23.73 (6.3%)</td>
<td>4.39</td>
<td>.03</td>
<td>4.42</td>
<td>0.4%</td>
<td></td>
<td>Percentile 90</td>
<td>103.3%</td>
<td>43.9%</td>
<td>5.8%</td>
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<tr>
<td>75</td>
<td>31.67 (7.0%)</td>
<td>4.76</td>
<td>.29</td>
<td>5.11</td>
<td>0.9%</td>
<td></td>
<td>75</td>
<td>102.3%</td>
<td>25.9%</td>
<td>3.7%</td>
</tr>
<tr>
<td>50</td>
<td>36.28 (17.8%)</td>
<td>5.44</td>
<td>.45</td>
<td>6.28</td>
<td>2.0%</td>
<td></td>
<td>50</td>
<td>99.3%</td>
<td>18.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>25</td>
<td>38.82 (24.8%)</td>
<td>7.26</td>
<td>.82</td>
<td>7.08</td>
<td>4.0%</td>
<td></td>
<td>25</td>
<td>96.4%</td>
<td>5.6%</td>
<td>1.2%</td>
</tr>
<tr>
<td>10</td>
<td>40.36 (30.9%)</td>
<td>11.40</td>
<td>1.19</td>
<td>11.69</td>
<td>6.8%</td>
<td></td>
<td>10</td>
<td>95.3%</td>
<td>1.3%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

[HFMA MAP](https://hfmap.org)
MAP Event

- Open to all revenue cycle professionals
- Education focus on measure, apply, perform concepts
- Highlights innovation in revenue cycle operations
- Brings together providers, physicians and payers to demonstrate winning strategies
- Provides opportunities to learn from high performing revenue cycle professionals
- Peer reviewed vendors provide additional sessions
  Harbor Beach Marriott
Your Challenges

组织必须继续在资源有限的情况下完成更多的任务

最大的机会是数据的价值

不要总是探水测温，而应该采取行动。

实现高绩效的方式是通过基准测试和性能跟踪。

hfmamap.org 61
The Secret Sauce: Begin With the Keys!

- Calculate the potential improvement value to the organization
- Use KPIs that are standardized and include peer comparison of validated data to provide “best practice”
- Select measurements that are meaningful to your organization
- Use data to change behaviors
MAP Research: Successful Practices
Highly Effective Habits

Research Has Shown that High-Performing Revenue Cycles Focus on Six Key Areas

Patient Friendly Billing Project Research Report

Key Revenue Cycle Competencies

- People
- Processes
- Technology
- Metrics
- Communication
- Culture
## Patient Friendly Billing® Strategies

<table>
<thead>
<tr>
<th>C-Suite</th>
<th>People</th>
<th>Processes</th>
<th>Technology</th>
<th>Metrics</th>
<th>Communication</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set high expectations for revenue cycle positions</td>
<td>Develop &amp; participate in intraorg. teams around revenue cycle</td>
<td>Appreciate community dynamics and those with greatest impact to the organization when prioritizing tech needs</td>
<td>Encourage improved monitoring of rev cycle processes through use of traditional and non-traditional metrics</td>
<td>Support organizational alignment around clear, correct and patient-friendly messaging</td>
<td>Demonstrate value for the revenue cycle through significant commitment of time and resources</td>
<td></td>
</tr>
<tr>
<td>Devote organizational resources to improved training and compensation</td>
<td>Use patient experience as cornerstone for setting revenue cycle strategy</td>
<td>Develop &amp; enforce systems of accountability around monitoring and reporting</td>
<td>Set clear and transparent financial assistance policies &amp; procedures</td>
<td>Establish systems to reward high revenue cycle performance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Revenue Cycle Leadership

| Apply high standards to hiring | Use formal structures to obtain stakeholder input | Selectively use technology for interactions with customers | Measure and report frequently | Drive a positive sched/reg experience | Support rev cycle at highest level |
| Emphasize education | Target revenue cycle improvements around the consumer’s experience | Manage for investment value | Look beyond traditional metrics for success | Provide estimates of financial obligations | Garner appreciation for rev cycle from nonfin staff |
| Take a career approach to revenue cycle positions | Dedicate IT staff to the revenue cycle | Seek the consumers perspective | Seek the consumers perspective | Promote financial assistance | Find purpose through the patient |
| Leverage compensation and work arrangements for employee satisfaction | Adopt established improvement methodologies incl. those not traditionally used in healthcare | Support clear & simple billing & collection materials | Support clear & simple billing & collection materials | Recognize importance of external communications | Demand high performance |
| | | | | Make innovation a priority | |

Source: Strategies for a High-Performing Revenue Cycle, HFMA, 2009, p4
Designing Operational Metrics

» Multiple levels from macro (Map Keys) to detailed to vendors

» First level Keys:
  • Cash by major payer category daily and month-end
  • Cash to Net %
  • Discharged not final billed – Days in A/R (include failed claims)
  • Accounts receivable aging
  • Self pay A/R (include % of total A/R)
  • Gross A/R days and Net AR days
  • Bad debt write-offs as % of GPR
  • Charity write-offs as % of GPR
  • Denial write-offs as % of GPR
  • Denial A/R
  • Payment Variance A/R
Designing Operational Metrics

Level 2: Departmental Performance – Example – Patient Access
- POS Collections
- Customer service scores
- Registration error rate
- Pre-registration of scheduled procedures and services
- Conversion of self pay to insurance
- Central Scheduling – Call abandonment rate

Level 2: Department Performance – Example – HIM
- $ delayed in HIM
- DNFB days >3 days
- Transcription turnaround time
- Clinical chart turnaround time
Applying the MAP Strategies: Measure

Payer Performance Scorecards:

- Anonymous comparative data by payer
- Denial rates as a % of visits/admissions
- Types of denials
- Overturn rates
- Appeal turn around time
- Average days to pay
- A/R Aging
- # and $ Outstanding appeals over X days old
- # and $ Outstanding overturn denials over X days old
MAP Strategy: Apply

- Sharing performance with payers
- Comparing denial rates among payers
- Driving improvement in appeals resolution days
- Comparing average days to pay
- Using scorecard data to change managed care contract terms
MAP Strategy: Perform

- Use data to reduce days in A/R
- Use data to improve denial resolution rates and times
- Lower denial rates equates to $X increase in cash collections
- Reduce bad debts
Finding Your Opportunities …

- Identify segments of the revenue cycle where performance is lagging
- Prepare a Gap Analysis to confirm specific target areas
- Use the ideal revenue cycle steps from the Gap Analysis and best practices from industry sources to redesign for the future
- Set performance expectations over reasonable period of time
- Train staff
- Implement and continue to track the relevant KPIs to demonstrate progress on a routine basis
<table>
<thead>
<tr>
<th>Best Practice Activity: Pre-service</th>
<th>Facility – Current Activity</th>
<th>Gap Narrative</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totally integrated electronic scheduling system used for all scheduled services; single database used to allow scheduling to view all system resources and enterprise-wide MPI</td>
<td></td>
<td>100% of services which should be scheduled are electronically scheduled</td>
<td></td>
</tr>
<tr>
<td>Electronic scheduling option available to physician offices through secure network</td>
<td></td>
<td>100% of services which should be scheduled are electronically initiated by the physician offices</td>
<td></td>
</tr>
<tr>
<td>ABN process integrated into scheduling and completed at earliest opportunity based on written order and coded diagnosis</td>
<td></td>
<td>100% screened prior to provision of service</td>
<td></td>
</tr>
<tr>
<td>Rules-based work distribution and delinquency monitoring tool used to route accounts for processing and to identify processing requirements for scheduling and pre-service work</td>
<td></td>
<td>100% of scheduled and pre-registered cases monitored to identify processing requirements for scheduling and pre-service work</td>
<td></td>
</tr>
</tbody>
</table>
In Closing…What is Your Approach to Metrics?
Questions
Sandra J Wolfskill, FHFMA
Director, Healthcare Finance Policy, Revenue Cycle MAP
HFMA

Ms Wolfskill is responsible for revenue cycle and MAP initiatives at HFMA. Her extensive experience in revenue cycle management includes leading engagements with clients engaged in process mapping and analysis, project management, staffing analyses, using contemporary metrics to identify improvement opportunities, staff education, interim management and system implementation testing and training. Prior to joining HFMA, she worked closely with HFMA in supporting the task force work which lead to the CRCR study guide and certification process.

Background and Affiliations
Ms. Wolfskill received a BA cum laude from Wittenberg University and a Master of Arts degree from The University of Delaware. Prior to founding her consulting firm, Sandra had extensive revenue cycle experience and provider management experience in a variety of positions, including serving as the chief financial officer for a small community hospital.

When not engaged in revenue cycle opportunities, Sandra, along with her best friend Donna, can be found breeding and showing their Dandie Dinmont Terriers and judging dog shows in the United States, Europe, Canada, China and Russia.

Contact Information
Ms. Wolfskill can be reached by telephone at (708) 492-3419 and/or by e-mail at swolfskill@hfma.org.