



hfma massachusetts - rhode island chapter
healthcare financial management association

Championship Revenue Cycle:

Passion & Purpose



Back End - Revenue Cycle Current Issues

Thursday, January 18th, 2018
Gillette Stadium Clubhouse

Tim Bavosi, VP Consulting
at RevSpring Inc.

Championship Revenue Cycle:
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Introductions

Panelists:

- Angela L. Confoey, Director of Revenue Cycle and Patient Financial Services at Mount Auburn Hospital
- Kevin Dwyer, Director Patient Accounts at Southcoast Health
- Maria Rego, Director of Revenue Cycle & Registration at SMG- Hawthorn Medical Group



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Topics

- Best practices for claim follow up and prioritization
- Denials and how they impact self-pay
- Data analytics and trending



Denials What's at stake?

- Delayed and/or lost payments.
- Process efficiency, denials require manual follow-up i.e. root cause analysis, training, system enhancements, rebills, costly appeals, etc.
- Compliance and regulatory requirements.



Denials What else is at stake?

- *Public perception can be negatively impacted by Denials??*
 - *A denial may be interpreted as incompetence, perceived as unorganized??*



Denied Claims and Patient Statements

- Insurance denials can incorrectly trigger high-balances to drop to the patient?
- Eligibility Denials have a higher risk of turning into erroneous patient balances and patient statements.

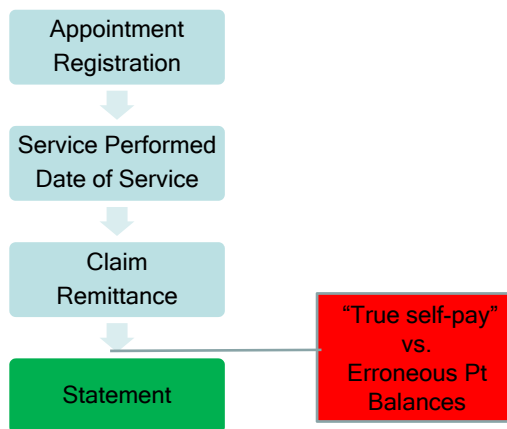


What does an Eligibility Denial mean?

- Patient does not have insurance coverage.
- Patient's name was incorrectly entered into the system.
- Patient has not updated his or her demographic information's and insurance information.
- What else?



Patient's written and verbal "touch points".



A Patient Statement should not impact a patients perception of the hospital.



How can we protect our patients?

- Identify existing patient balances that are at risk for invalid self-pay balances.
- Develop and implement process and technology.
- Automate scrubbing, daily work listing to target invalid patient balances.



How can we protect our patients?

- How does your facility handle “Eligibility Denials”?
- What is your follow-up process for eligibility denials?



Revenue Cycle Work-Lists

- Where are they, what is their goal, how many are currently used?
- How are they prioritized and why?
- Are there opportunities to consolidate work-lists, reduce redundancy and empower the optimal staff to work with what they know best.



Accountability

- Centralized vs. Decentralized
- Who is responsible and who is the backup?
- Do they know which work lists/workqueues they are responsible for and how to work the edits?
- Have they been provided the proper access/training to work edits appropriately?



Understand Your Edits

Where do they fall in the revenue cycle?

- Are they pre-billing edits, edits from your claim scrubber/clearinghouse, or rejections back from the payers?
- Do your edits include stop bills, and are they holding accounts from being billed until issues are resolved?
- How can you ensure that they are worked before timely filing limits?



Internal vs. External Edits

- Internal Edits - Have you built internal edits to improve charge capture? Are these edits built correctly, or are they holding claims unnecessarily?
- External Edits - Can you build these further upstream in your system? If you have decided an edit is inappropriate in your system, have you also turned it off externally?



A Few Other Things to Consider

- Types of Edits: Correct Coding (CCI) Edits, Registration Edits, Medical Necessity, etc.
- Are edits maintained by a vendor, and are they up to date?
- Where are they firing? Upfront warnings, HIM/3M, back-end? Is there duplication, or opportunities to consolidate?



A “New” look at Denials

- What is your facilities highest and most valuable denial today?
- Eligibility
- Provider Liability vs. Patient
- Root Cause Analysis
- Appeals
- Propensity to pay



Data, Data and more Data

- Data Integration, Data Warehouse
- Database Analytics
- What is the value of “Big Data”
- Bridging gaps between IT and operations



Data Gathering

- Dashboards & Standard Reports
- Custom reports
- Drilling down into data
- Graphics



Analytical Structure

- How does your process work?
 - Dedicated Team
 - Dedicated Individual within Team
 - Leadership Involvement
- Levels of Training & Experience needed
- System Tools, Excel, Pivot Tables, etc.



Using Data

- Trend Analysis
- Comparative Studies
 - Internal, Historical Data
 - External Metrics
- Reactive vs. Proactive
- Need to be dynamic, drive change



Applications

- A/R Days, Aging
- Cash, cash sources
- Denials, Write-offs, Bad Debt
- Audits, RAC
- Productivity
- Budget
- Demographic analysis



Summary

- Take advantage of all data available
- Decide how to structure your analytic team
- Compare, trend, analyze & apply



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Questions?

Thank you!