









Registration Quality & Payment Estimation Tools: Lessons Learned

California Association of Healthcare Access Managers

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Katherine H. Murphy, CHAM, VP Revenue Cycle Consulting

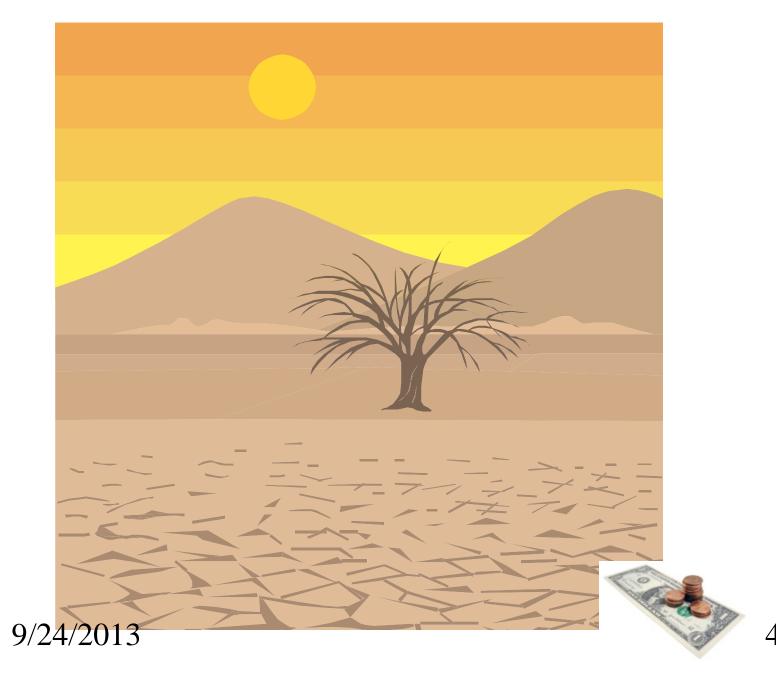
Marcus Padgett, Sr. VP Revenue Cycle Solutions Passport Health Communications, Inc.



The Way We Were 9/24/2013

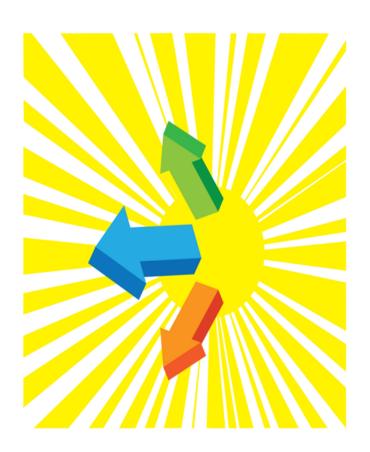


Healthcare 2013, 14, 15, 16...



Points of Discussion

- Best way to do a site visit
- ROI
- Accountability and ScoreCards
- Accuracy of estimates
- Why are some implementations easy and others so difficult?
 - > Tales from the front
- Why are some implementations more effective?
 - > Tales from the front



Best way to do a site visit?

- HL7 is a standard ADT interface format
- HL7 is system agnostic
- You will see it the same everywhere
- Great Users are really the best references to discuss product success & process change
- SAVE your time & \$ and do a
 Virtual site-visit!



Who Owns ROI?



- Vendor provides guidance
- You know your problems
- Payer mix
- Denials-missing authorization, wrong code, no coverage, wrong address
- Volume X cost of business re-work + payment reduction or denials
- Policies, Politics and Payments?

REGISTRATION QUALITY TOOLS

POSITIVE vs. PUNITIVE







Define An Error

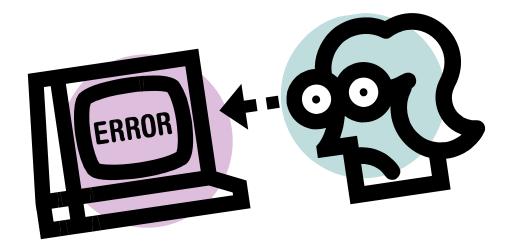
- Do all errors count
- Are all errors equal?
- If some errors are "less critical" what message is sent?



- Do Errors count if resolved in given timeframe?
- Just let me see the scorecard so I don't have to think about this.

Define An Error

- Wrong insurance = eligibility not found
- Is it an error if it is corrected immediately?
- Alerts vs. errors (dob)
- It happened once last summer...
- Alert fatigue = user breakdown



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Alert Fatigue Definition:

Over alerting/reminding Examples:

- ➤ Missing SS#
- ➤ Patient Over 65-No secondary
- > MSP Questionnaire required
- ➤ Copy of Insurance Card (I.D., etc) required
- Please ask patient about other health coverage (COB)



Alert Fatigue

Patient older than 65-No Medicare on file	2496	2297
Blue Cross group number can only be 7 or 10 characters	532	478
Group number in registration does not match group number in eligibility	666	633
Policy number in registration does not match policy number in eligibility	419	398
Is MSP complete? MSP must be done for all Medicare accounts	960	492

Alert Value

Cleans HIS database

72% repeats

Next registrar has a correct account

Patient/employee satisfaction / Claim first pass

Denial Prevention / minimize account rework

You can trend how well the tool is managed more easily than how well the registrar has improved

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Size Does Not Matter

- Why have 895 alerts/rules?
 - Not real time?
 - Elig Data not able to return information intelligently?
 - Required fields not managed in HIS?
 - Relaxed Requirements not managed?
 - "This is the way we've always done things..."



High Value



- Real time rules from eligibility benefits & data
- Identifies Medicare Replacement plans
- Identifies Medicaid Managed care plans
- Wrong insurance codes (HMO, PPO, POS etc)
- Blank required fields
- Address discrepancies (patient/guarantor)
- MSP
- Things affecting claim quality, billing information & payment
- Systems that explain the error AND the action the user needs to take to fix it

The Dirty Secret About Scorecards

ScoreCard Fatigue?User failure?Manager?

- Scores Manager:
 - Staff accountability
 - Staff education
 - Staff use of automated tool
 - Error management & reduction

% No Error
13.51 %
27.94 %
32.00 %
19.23 %
75.86 %
13.51 %
14.29 %
75.00 %
72.41 %
57.53 %
61.02 %
66.67 %
36.11 %
75.00 %



Cindy

- Keep in mind the 80/20 rule because chasing minutia will not strike a balance with throughput goals
- Over-engineering death spiral for success
- 16 Hospital system nurture your champion to promote the cause – (Monica) "You have the opportunity to be perfect before you are evaluated. The QA tools give you this chance."

Cindy

- Ongoing process like putting a glove on the hand.
 Work it down between the fingers until it fits right for your desired outcomes.
- Ticket to defeat = multiple products at the same moment. Pick your spot and complete and move to the next products. Let dust and staff settle to be comfortable and successful with change.
- Not magic wand sprinkles magic over the Achilles heels of process and desires

Julie

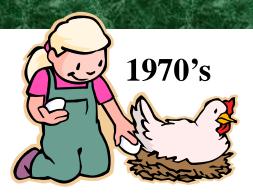
- Use the tools throughout the Revenue Cycle, not just in Patient Access. QA encompasses the Revenue Cycle
- Are the alerts/rules patching a bad process?
- Alerting the user when NOT to do something instead of when it is required (lack of faith)
- Success is dependent upon the manager embracing the engagement

Lesson Learned QA...

- Don't turn an educational QA opportunity into a weapon
- No need to track minutiae
- Score Cards are old School but should be used to track outliers
- Real Time tools hold people accountable REAL TIME
- Don't try to save the world day one. Priority: Champion the product
- Mastering vanilla before chocolate saves <u>YOU</u> rework.



HOW? - WHEN? - WHERE?



How Accurate Are Estimates?

- 100% accurate
- 100% inaccurate
- A mix?
- We still have to deal with averages!!!!
- As accurate as <u>you</u> are + doing only the procedure you identified, provided that....

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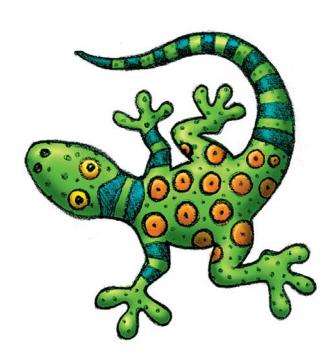
Why Are Estimates Inaccurate?

- The user selected the wrong procedure
- The wrong insurance code was selected and not fixed before the estimate was run
- A procedure was added on after the estimate
- Not all of the same surgeries will be the same
- Dealing with the unknown
- Co-morbidities.....
- Chargemaster updates
- Contract updates
- Benefits not always there
- Co-insurance-moving target

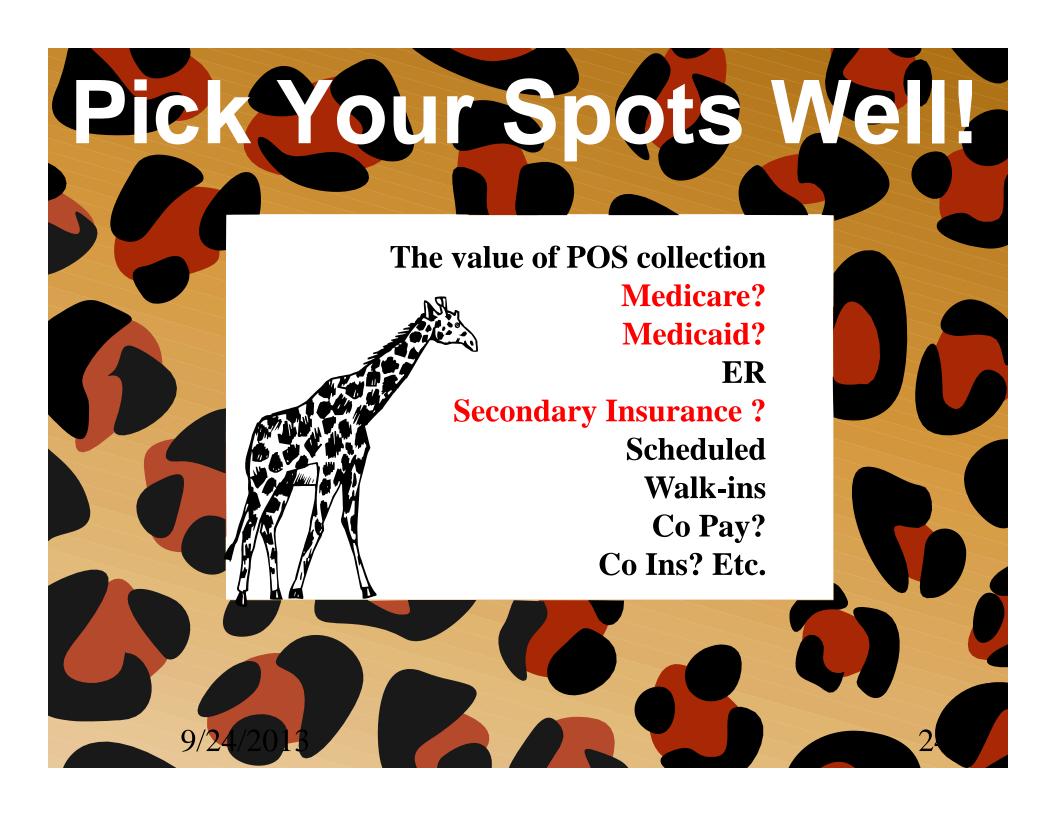


Pick Your Spots!

- Transparency
- Self pay patients
- Deductibles
- High Dollar scheduled services
- All scheduled patients
- etc



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Medicare Estimates = Interesting Science

- What is the value of informing Medicare Patients of what they own pre-service? Lab:

 | O5/07/2013 | \$0.00 | 5/6/2013 3:45 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | 5/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | Medicare Outpatient | O5/07/2013 | \$0.00 | S/6/2013 3:44 PM | O5/07/2013 | \$0.00 | S/6/2013 | S/6/2013 | \$0.00 | S/6/2013 | S/6/2013 | S/6/2013 | S/6
- Service indicated upon point of entry may not be what is performed
- Most have a supplement or Medicaid and if they don't they likely qualify for some financial assistance.
- Determine the value of the investment on both sides of the coin vendor and provider/patient
- Confusion about what they owe in general:
- Part D donuts
- Medical Necessity
- ABNs (routinely overturned)

Medicaid, Emergency Room

Medicaid: Little to No value/Co-pay

Emergency Room – What's the best you get?

Cart side?

Co-pay for managed care

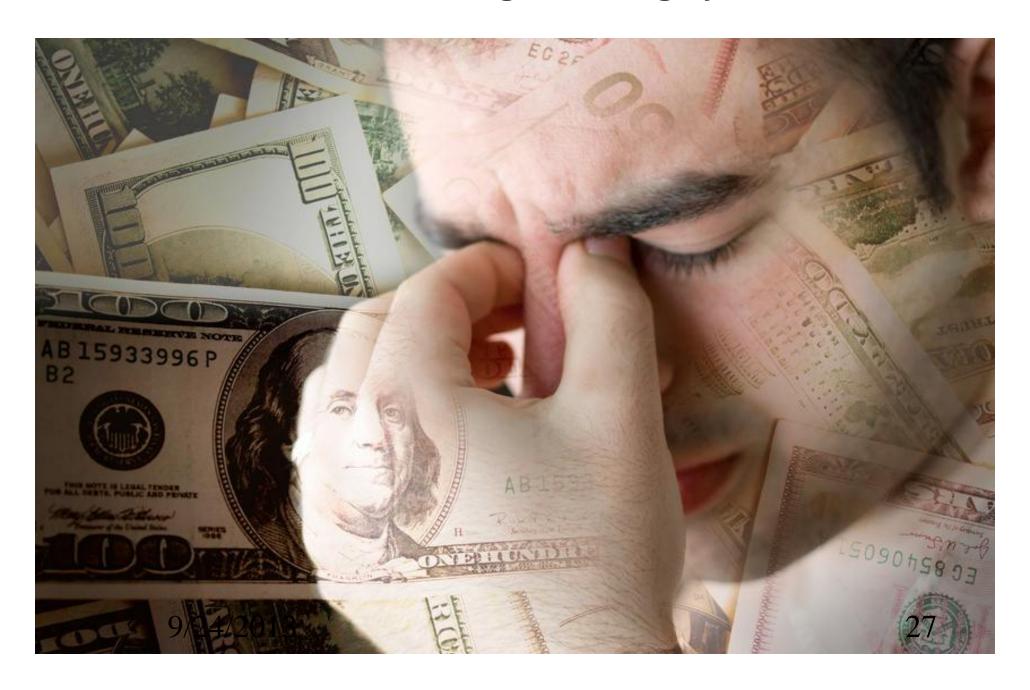
ER Service Level / + generic Imaging

Do it at discharge – Requires teamwork

Self Pay Deposit



Think It Through Thoroughly!



Be User Friendly! Crawl Before you Walk!

- 85025-CBC W/DIFF
 85027-CBC W/O DIFF
 82465-CHOLESTEROL TOTAL
- 82374-CO2 Carbon Dioxide CONTENT BLOOD
- 80053-COMPREHENSIVE METABOLIC PANEL
- 82550-CPK
- 82565-CREATININE SERUM
- 86140-CRP (C REACTIVE PROTEIN)
- 80162-DIGOXIN LEVEL
- 80185-DILANTIN (PHENYTOIN)
- 80051-ELECTROLYTE PANEL
- 82728-FERRITIN
- 82746-FOLIC ACID
- 83001-FSH
- 82977-G G T or Y G T P
- 82947-GLUCOSE BLOOD (FASTING)
- 84450-GOT OR SGOT (TRANSAMINASE(AST))
- 84460-GPT OR SGPT (TRANSAMINAGE(ALT)

- REGULAR STRESS TEST MOC
 93017-STRESS TEST PHARMACOLOGICAL
- STRESS ECHO

93325-DOP ECHO COLOR FLOW VEL MAP ADLT

93320-DOPPLER ECHO COMPLETE SE SERIES

93350-STRESS ECHO W D/CF

93017-STRESS TEST ECHO SERIES W D/CF

ARTHROGRAM KNEE

A4646-CTS LOCM ISOVUE 370 100ML

-LIDOCAINE INJECTION

73722-MRI KNEE LT W CONTRAST

A9579-MRS MAGNEVIST 10 ML

73580-XR KNEE ARTHROGRAM LT SI

27370-XRSC KNEE ARTHROGRAM INJ

Or

CDM Desc

T CELL- ABSOLUTE COUNT/RATIO

WND PREP- CH/INF ADDL 100 CM

Easy Search Desc?

T CELL HELPER/SUPPRESSOR, ABSOLUTE CD4 AND CD8 COUNT

SURG PREP ADDL 100CM TRUNK/EXT, SURG PREP ADDL 100CM TRUNK/EXT

Determine sophistication of the user organizational goals

Katrina



Blasting on the faucet:

➤ Running estimates on every patient – Medicaid, w/c, sexual assaults, Medicare labs, reference labs, prisoners, victims of crime. (Getting users used to estimates!)

➤ Immediate success attained when you limit services for estimation and collection

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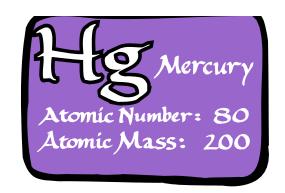
Estimates are like...

Nailing Jello to a wall!



It is not just plug & play.

There is intuitiveness, industry savviness and revenue Cycle training required to operate this machinery safely.



Give me the details and no one gets hurt

The Misc Details



Things You Need To Know!



Why Patient Cannot Do Estimates

676-5050	Control of the Contro
STOOL FUR OAPX.	.31
STOOL FOR ENTER 24 HR STOOL FOR FOR 24 BRUNTIL TEST	ECAL FAT
D-XYLOSE 7EST/SE C'BC, CHEMIZ, UP, L PROFILE, TSK, 7	PID PREZ 73
Tour HORBOR	

BAP
DX MISDM
☐ Label unless checked.
Refill 0 1 0 2 0 3 0 4 0 5 0 No Refill
May Substitute M.D.
May Not Substitute M.D.
DEA No.
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11 047-296-0002
CALL 847-296-0802
WITH REJUIT
May Substitute
May Not Supetitute
Refill Dinos M.D.

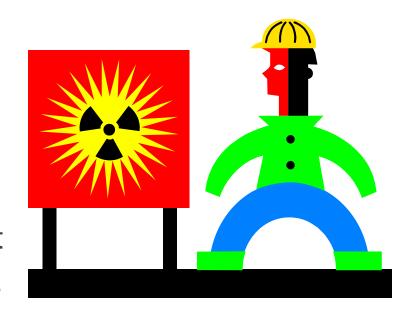
Why Are Some Implementations Easy?

- Project champions
- Involve the right people (listening to the users)
- Support from executive level
- Policies to back you up
- Vanilla, strawberry then chocolate
- The wheel is already invented try it first



What Makes An Implementation Difficult?

- Unrealistic expectations (What was / THINKING?)
- Going full throttle Chocolate
- Lack of champion at user level
- Failure to pick your spots
- Square peg round hole
- Reinventing the wheel
- Lack of education
- Lack of management engagement
- Policies don't back up the process



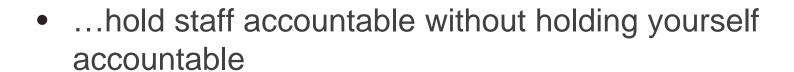
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What You DON'T Need To Do

...measure things that don't need to be measured

• ...be punitive

...be 100% day 1





Katrina

- Lack of appropriate stakeholders
- Bad reporting ineffective filters and maintaining old processes
- Asking to build things that couldn't be built not understanding they are not in the HL7
- User does not question or address possible problem within the application – assuming it is correct or worse: assuming it is incorrect but they can't do anything about it!

What You Need To Do

- Start small and standardize processes
- Be visible/accessible to the users (change management)
- Solicit user feedback
- Measure things that need to be measured
- Increase accuracy
- Increase collection
- Control for real-time feedback



Katrina

- Products mature over time external and internal feedback creates excellence and confidence in the partnership
- Absence of features can be a golden opportunity for partners

Julie

- Let the vendor direct the process at the start. They are a value add resource to customers based on experience.
- Don't try to Dummy proof everything
- Prioritize carefully the value add of features you request
- No amount of testing will catch everything
- Don't implement and walk away from it

Automation Changes How We Work!

- Opportunity for positive change
- Opportunity for new levels of success
- Process consistent throughout the enterprise
- Eliminate: we've always done it this way
- Eliminate fear: if we automate will I still have my job?
- Share the financial success story with users!



Questions To Ask Yourself

- 1. Will the automation be efficient in the environment?
- 2. Do the physicians, staff and patients realize a benefit?
- 3. Is it easy to use? Is a lot of training required?
- 4. Am I paying for bells & whistles that I don't need?
- 5. Is the data something that needs managing?
- 6. Is the program customizable without costs?
- 7. Implementation time? What changes can I maintain?
- 8. Did I rewrite policies to align with the changes?

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Key Reports

Q.A.

- Errors by department/location
- Accounts/Errors by user not fixed in designated time frame
- Number of time a rules fires (top errors)
- Scorecard to review overall dept & Mgmt performance

Estimator

- Amount estimated vs Actual collected-user, dept, payer, payment type plus accounts for which no estimate was run
- Procedures estimated vs Actual billed 9/24/2013

The Danger of Over-Reporting

Misunderstanding the data

Payments Summary

User	Total Accounts Count	Total Payments Estimate	Total Payments Amount	Percentage Collected
kathyg	1	\$448.80	\$448.80	100%
Katherine	4	\$46,662.88	\$8,273.56	18%
tom	1	\$4,342.00	\$1.00	0%
GRAND TOTAL		\$51,453.68	\$8,723.36	17%

- Delay in process change (the person who makes the error is not responsible for corrections)
- Date and time of errors
- Who who who (Did it? Fixed it? Touched it?)
 ("can you tell who looked at it but didn't fix it?")
 WHO CARES?
- Lack of Focus on priority a clean workqueue?
- Failure to understand the reflection on management!

Poor User

This thing doesn't work



- It takes too much time (so you'd rather rework?)
- I like the way we worked before
- It takes too much time (I hate asking for money)
- We're different (S-P-E-C-I-A-L)

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Good User

"If they took this away from me I would call in sick tomorrow!"



business partners to manage the new models





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100% Accountable Healthcare Belize Style

Danielle:

I plan to live to 70 at least, many live to 75.

We are not sick people because we live and eat differently than you do.

If you get cancer that is very bad and fatal. You would wish you didn't know and people will think you stressed yourself anyway.

Population Health Management Extreme: Belize Style

We can buy insurance but it is expensive so I have a personal savings account for that which is important since I have an 8 & 10 year old.

But still, I own my house and keep a copy of my papers to prove it. That way I can bring it with me to the hospital to show I have something to offer as payment.

You pay for your own pain med so you better be sure you can cover that.

Population Health Management Belize Style

- Q. What if you need heart surgery?
- A. You have to go to Mexico. Belize just did its first heart surgery a few months ago.
- Q. What if you break your leg? Do you go to an Emergency Rm?
- A. A broken leg is not an emergency.
- Q. OK, What about appendicitis. If you need an appendectomy due to pending rupture how does this work if you have no money?
- A. You have to pay or your family has to come with you and pay.
- Q. Well then, if no can pay then what happens? You die?
- A. Yeah, something like that.

Health Management Belize Style

Ya, the bottom line is that you must plan and save or borrow from your family. Or you must demonstrate you own a home and can get a 2nd mortgage at 12% interest.

Buying health insurance in too expensive. I have insurance on my car because I drive and I have to have that.

Plan, Save, Live Healthy Lifestyle, Eat Right, Do not allow yourself to be Stressed, be responsible. We expect to do this.

Readmission? We don't expect to come back. We do what we are told or we will pay or go without.

9/24/2013

QUESTIONS?

Share YOUR experience?

Katherine H. Murphy, CHAM, VP Revenue Cycle Consulting Passport Health Communications Inc.

Katherine.Murphy@Passporthealth.com