

Effectively Using KPIs to Measure and Improve Revenue Cycle Performance

August 20, 2013

10:00 – 11:00 a.m. Central (8:00 – 9:00 am Pacific/9:00 – 10:00 am Mountain/ 11:00 – 12:00 pm Eastern)

HFMA Forum Virtual Networking Webinar



hfma
healthcare financial management association

David Hammer
SVP, Rev Cycle Advisory Solutions
MedAssets

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Director, Healthcare Finance Policy
Revenue Cycle MAP
HFMA

Margaret Schuler
Executive Director, Revenue Cycle
OhioHealth

Course Agenda and Learning Objectives

- Understanding key performance indicators and performance measurement concepts
- Learning how KPI's drive performance and change behavior in a metric-driven revenue cycle
- HFMA's MAP initiative
- Using KPI's to drive denial reductions
- Questions and answers



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Key Performance Indicators: Performance Measurement Concepts



David Hammer
SVP, Revenue Cycle Advisory Solutions
MedAssets

Polling Question #1

How would you describe your current ability to develop internal revenue cycle KPIs?

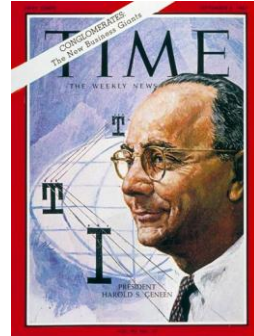
- Proficient at developing revenue cycle KPIs.
- Able to develop revenue cycle KPIs, but have some challenges.
- Having significant difficulty developing revenue cycle KPIs.
- Have never tried to develop revenue cycle KPIs.



Even the VERY BEST Keep Score!

“In business, words are words, explanations are explanations, promises are promises, but ***only performance is reality.***”

Harold S. Geneen
Former President / CEO of ITT



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Even the VERY BEST Keep Score!

**“If you can’t measure it,
you can’t manage it.”**

Michael Bloomberg
Mayor of New York City and
CEO of Bloomberg, Inc.



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Key Performance Indicators

Performance Measurement Concepts

What is a Key Performance Indicator?

- Numerical factor
- Used to quantitatively measure performance
 - Activities, volumes, etc.
 - Business processes
 - Financial assets
 - Functional groups
 - The entire revenue cycle

SOURCE: BearingPoint, [Key Performance Indicators](#)



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Key Performance Indicators

Performance Measurement Concepts

Purposes of KPIs

- View a snapshot of performance at an individual, group, department, hospital, or regional level
- Assess the current situation and determine root causes of identified problem areas
- Set goals, expectations, and financial incentives for any individual or group
- Trend the performance of the selected individual or group over time

SOURCE: BearingPoint, [Key Performance Indicators](#)



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Key Performance Indicators

Performance Measurement Concepts

Why Use KPIs?

- Keep a record and tell a story
- Benchmark against your goals and industry best practices
- Identify and manage trends, not single-period results
- Illustrate relationships between KPIs

Key Performance Indicators

Performance Measurement Concepts

Implementing KPIs

- Emphasize relative, not absolute KPIs
- Enable non-manual data extraction
- Remember, **measures drive goal achievement**
- Minimize “budget goal” approach
- Embrace “stretch goal” approach
- Link incentive comp to stretch goals

Key Performance Indicators

Performance Measurement Concepts

Implementing KPIs

- Measure processes that “matter”
- Evolve measures over time
- Measure only as often as you will act
- Remember, rate of improvement is most vital
- Align individuals’ and groups’ KPIs with functional-result measures
 - Cash
 - Aging
 - A/R days
 - Bad debt

Key Performance Indicators

Performance Measurement Concepts

Implementing KPIs

- Use external, verifiable info sources
- Share the same data with everyone
 - Board
 - Senior management
 - Peers
 - Subordinates
- Report both “good” and “bad” results

Key Performance Indicators

Performance Measurement Concepts

Benefits of Using KPIs

- Increases management awareness
- Focuses attention on improvement opportunities, such as:
 - Increasing cash flow
 - Improving liquidity
 - Reducing costs
 - Identifying problem areas
 - Benchmarking
 - Illustrating trends
 - Scoring performance
 - Reducing denials
 - Developing consistent processes
 - Developing “best practices”
 - Improving/accelerating management reporting
 - Monitoring staffing levels



SOURCE: BearingPoint, [Key Performance Indicators](#)

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Key Performance Indicators

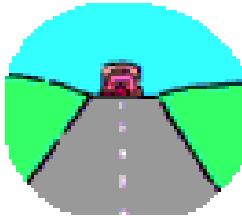
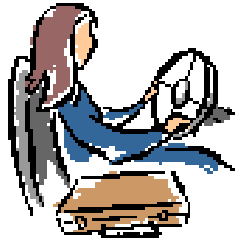
Sample KPI Hierarchies

- **Level I:** Board members, senior execs, financial and clinical directors, and internal reporting for all revenue cycle managers, supervisors, and employees
- **Level II:** CFO, finance directors and employees, and internal reporting for all revenue cycle managers, supervisors, and employees
- **Level III:** CFO plus internal reporting for all revenue cycle managers, supervisors, and employees
- **Level IV:** Internal comparisons of different payers plus external reporting for third party payers
- **Level I:** Overall revenue cycle performance reporting for all levels within the organization
- **Level II:** Departmental performance reporting
- **Level III:** Associates performance and revenue cycle partners' performance



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Where's Your Focus?



How KPIs Drive Performance and Change Behavior: A Metric-Driven Revenue Cycle

August 20, 2013

Margaret Schuler

Executive Director, Revenue Cycle
OhioHealth

Polling Questions #2

What tools do you use to track revenue cycle KPIs?

- Dashboards.
- Scorecards.
- Excel reports.
- My organization doesn't track revenue cycle KPIs.



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OhioHealth Revenue Cycle

- OhioHealth - Largest healthcare system in central Ohio
- Comprised of five hospitals supported by a consolidated revenue cycle operation: Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and Grady Memorial Hospital
- Revenue cycle organizational structure includes all of patient access services, health information management, and consolidated business office operations
- Revenue Cycle is responsible for collections of approximately \$2B annually



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OhioHealth Revenue Cycle

Revenue Cycle Awards:

- 2010 HFMA MAP Award Winner
- 2012 HFMA MAP Award Winner
- 2013 HFMA MAP Award Winner



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OhioHealth Revenue Cycle

FY12 Revenue Cycle KPIs:

Category	KPI
POS Cash Collections % of Gross Revenue	18,630,763 0.33%
Cash to Net Rev (60 Day Lag) Cash as % of Net Coll Rev	100.5%
Net Bad Debt % of Gross Revenue	71,084,565 1.24%
Charity % of Gross Revenue	427,251,497 7.47%
Denials % of Gross Revenue	6,231,295 0.11%
Total AR > 90 % of AR	102,534,465 16.12%
Gross AR Days	39.7
DNFB	5.68



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Level I KPIs- Overall Revenue Cycle Performance

Overall Revenue Cycle - Monthly and Year-to-Date Reporting

- 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 A/R 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



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Example-Overall Revenue Cycle Performance

Revenue Cycle Hospital X Operations Report Highlights December 2012

Revenue	Current Month	Prior Month	YTD		
	\$35,588,223	\$32,511,143	\$198,817,514		
				\$30,391,076 MTD 06/30/12	
				\$352,032,927 YTD 06/30/12	
I Cash Collections					
Revenue Cycle	Actual	Cash Refunds	Target	Variance Target	Prior Year Month Dec11
Monthly Total	12,402,167	(141,489)	13,777,000	(1,339,805)	12.5
HealthReach	0				0.0
+/- Cross Facility Cash	35,028				0.1
Adjusted Cash Receipts	12,437,195				12.6
YTD With X-Facility	76,921,183	(947,091)	77,173,000	(251,817)	68.1
*Includes Agency Cash	141,300				0.1
II Cash To Net Rev	Current Month	Rolling 12 Month	* ACTUAL YTD *		Target Prior Year Month Dec11
		60 Day Lag	60 Day Lag	No Lag	
Cash Collected In Period Minus Refunds	12,296	147,859	75,973	75,973	12,479
Net Collectable Revenue	14,564	149,745	77,132	78,462	13,517
Cash as % Net Coll Rev	84.4%	98.7%	98.5%	96.8%	100.00% 92.3%
III Unbilled - Gross	Actual	Prior Month	FAV (UNF)	Variance	Prior FY 06/30/12
	\$ Days	\$ Days	\$ Days	\$ Days	\$ Days
Host Revenue Cycle	5,609,329 4.886	5,667,899 5.230	58,571 0.344		5.0 4.922
Host Operation Issues	87,590 0.076	45,583 0.042	(42,057) (0.034)		0.1 0.117
Reference Lab	0 0.000	0 0.000	0 0.000		0.0 0.000
Subtotal Host	5,696,919 4.962	5,713,432 5.272	16,514 0.310		5.1 5.040
Failed Claims	94,929 0.083	111,830 0.103	16,901 0.021		0.2 0.205
ePremis Information Hold	0 0.000	0 0.000	0 0.000		0.0 0.012
ePremis Bill Hold	0 0.000	0 0.000	0 0.000		0.0 0.000
ePremis Reference Lab	0 0.000	0 0.000	0 0.000		0.0 0.000
ePremis ED Holds	0 0.000	0 0.000	0 0.000		0.0 0.000
TOTAL	5,791,848 5.045	5,825,262 5.375	33,415 0.330		5.3 5.257
Unbilled Without Reference Lab & ED Hold:	5,791,848 5.045	5,825,262 5.375	33,415 0.330		5.3 5.257



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Example-Overall Revenue Cycle Performance

Revenue Cycle Hospital X Operations Report Highlights December 2012

	Current Month	Percent Gross Rev	Year To Date	Percent Gross Rev	Rolling Monthly Average		Prior FY 06/30/12
					3 months	6 months	
IV Bad Debt Activity							
Bad Debt Transfers	989,909	2.78%	5,781,657	2.91%	1,030	964	2.82%
Reactivations(BD to AR)	(227,879)	-0.64%	(1,452,904)	-0.73%	(260)	(242)	-0.87%
Net AR Transfers	762,030	2.14%	4,328,753	2.18%	770	722	1.95%
Recoveries	(151,945)	-0.43%	(817,536)	-0.41%			-0.40%
Total Bad Debt	610,086	1.71%	3,511,217	1.77%			1.55%
V Charity/HCAP Activity							
HCAP	613,976	1.73%	3,551,329	1.79%			1.75%
Hardship	17,440	0.05%	28,418	0.01%			0.01%
Charity	676,422	1.90%	4,494,429	2.26%			2.44%
Disability Assistance	0	0.00%	0	0.00%			0.00%
Personal Bankruptcy	28,215	0.08%	186,714	0.09%			0.14%
Total Charity/HCAP	1,336,052	3.76%	8,260,891	4.16%			4.34%
HCAP RetroActive Adj Incl	0	0.00%	7,003	0.00%			0.16%
VI Denial Adjustments							
LMPR Radiology	3,076	0.01%	11,870	0.01%			0.01%
LMPR Laboratory	122	0.00%	21,216	0.01%			0.01%
LMPR Heart Services	0	0.00%	0	0.00%			0.00%
LMPR Diagnosis Behavioral	0	0.00%	0	0.00%			0.00%
LMPR Endoscopy	0	0.00%	0	0.00%			0.00%
LMPR Diagnosis Other	557	0.00%	26,089	0.01%			0.00%
LMPR Pharmacy	30	0.00%	746	0.00%			0.00%
Research Projects	0	0.00%	0	0.00%			0.00%
All Other	4,124	0.01%	49,350	0.02%			0.02%
Unbillable Accounts	1,200	0.00%	7,061	0.00%			0.01%
Billed and Denied	3,260	0.01%	26,283	0.01%			0.02%
Admin Adjustments (Efforts Exhausted)	0	0.00%	0	0.00%			0.00%
One Day Stays	0	0.00%	0	0.00%			0.00%
Total Denials	12,368	0.03%	142,614	0.07%			0.06%
LMPR Therapy Caps	0	0.00%	0	0.00%			0.00%
VII FC Y AR (Clinical Denials)							
Current Month		% of AR	Prior Month		Incr/(Decr)		Prior FY 06/30/12
FC Y AR Balance	1,041,918	2.41%	760,276		281,642		811,351
FC Y AR > 90 Days	657,810	9.33%	498,465		159,344		523,992
VIII FC V AR (Payment Variance)							
Current Month		% of AR	Prior Month				
FC V AR Balance	70,409	0.16%	70,690		(281)		71,658
FC V AR > 90 Days	69,716	0.99%	68,815		901		71,658



Example-Overall Revenue Cycle Performance

Revenue Cycle Hospital X Operations Report Highlights December 2012

	Current Month	YTD			Prior FY 06/30/12
	\$	% of Gross Rev	\$	% of Gross Rev	\$
IX Contractual Adjustments					
Uninsured Discount	181,432	0.51%	927,050	0.47%	1,764,133
Uninsured Discount SP only	59,531	0.17%	(78,394)	-0.04%	222,079
Policy Adjustments	6,257	0.02%	66,287	0.03%	180,613
Player Bankruptcy	0	0.00%	(729)	0.00%	0
X A/R Aging - Debit Balances					
	\$	% of Total AR	\$	% of Total AR	\$
Inhouse	924,023	2.14%	1,722,738	4.41%	1,456,561
Unbilled	5,696,919	13.18%	5,713,432	14.64%	5,105,251
0-30	21,542,481	49.83%	17,555,182	44.99%	17,322,774
31-60	5,502,952	12.73%	4,498,882	11.53%	5,110,683
61-90	2,512,241	5.81%	2,654,237	6.80%	2,808,984
91-365	6,523,074	15.09%	6,463,106	16.56%	5,963,382
>365	525,962	1.22%	412,628	1.06%	368,903
TOTAL	43,227,672	100.00%	39,020,206	100.00%	38,136,537
>90 = 16.31%			>90 = 17.62%		>90 = 16.60%
XI Self Pay AR					
	\$	% of AR	\$	% of AR	\$
Fin Class S (Self Pay)	2,494,371	5.8%	2,280,043	5.8%	2,379,388
Fin Class Self Pay-Client Vendor	0	0.0%	0	0.0%	0
Fin Class SC (Charity Plans)	24,061	0.1%	70,317	0.2%	3,497
Fin Class SP (Charity Pending)	331,236	0.8%	191,847	0.5%	499,757
Fin Class DP (Caid Pending)	404,457	0.9%	312,174	0.8%	161,625
Fin Class MR (Residuals)	105,634	0.2%	104,160	0.3%	112,102
Fin Class TR (Residuals)	3,365,753	7.8%	3,685,005	9.4%	4,187,684
Total Self Pay Fin Classes	6,725,511	15.6%	6,643,545	17.0%	7,344,053
XII Credit Balances					
	\$	Days	\$	Days	\$
	(830,742)	0.7	(749,528)	0.7	81,214
XIII Net A/R Days					
	Current Month	Prior Month			
Days-Net	40.1	37.3			39.5
Days - Gross	37.7	35.3			37.7
Gross vs Net Spread	-2.4	-2.1			-1.8



Example-Daily Cash Posted Report

Cash Posted Report												Target: \$12,440,000.00	
Date	Medicare	Managed Medicare	Medicaid	Managed Medicaid	HMO/PPO	Work Comp	Compass	Patient	BD Recovery Inc	BD Ins Restorers	BD Recovery PT	Total	Average Per Day
Jan-13	\$657,525	\$339,705	\$45,641	\$271,048	\$9,530,731	\$168,097	\$545,897	\$209,850	\$27,683			\$12,677,662	\$339,864
Dec-12	\$924,206	\$578,991	\$62,489	\$340,893	\$9,227,828	\$394,440	\$469,558	\$318,328	\$66,643	(29,421)		\$12,078,078	\$12,468,032
Nov-12	\$1,062,351	\$730,057	\$68,722	\$376,660	\$9,151,658	\$479,849	\$440,457	\$311,544	\$47,135	(26,933)		\$13,257,629	\$662,881
Oct-12	\$1,240,311	\$518,073	\$97,150	\$405,795	\$12,786,123	\$553,842	\$462,038	\$370,490	\$86,653	(7,789)		\$14,378,734	\$655,162
Sep-12	\$1,054,468	\$503,918	\$64,078	\$387,937	\$8,348,651	\$317,331	\$512,601	\$369,366	\$74,798	(26,020)		\$11,773,075	\$619,636
Aug-12	\$1,062,369	\$627,874	\$71,236	\$390,038	\$9,161,728	\$462,051	\$526,808	\$401,679	\$48,140	(27,843)		\$12,798,399	\$555,929
Jul-12	\$754,922	\$710,121	\$71,755	\$356,051	\$8,929,768	\$322,046	\$557,026	\$346,378	\$112,446	(75,321)		\$11,224,148	\$552,135
Year to Date	\$5,376,151	\$4,138,740	\$481,122	\$2,523,852	\$64,615,476	\$5,715,608	\$1,535,987	\$2,129,556	\$461,739	(264,145)	\$647,878	\$87,735,390	\$513,751
Jun-12	\$936,552	\$557,642	\$81,251	\$374,386	\$9,086,267	\$275,675	\$467,260	\$342,348	\$81,084	(52,010)		\$12,293,325	\$585,396
May-12	\$979,287	\$521,306	\$95,273	\$378,723	\$9,493,488	\$563,788	\$515,722	\$405,411	\$85,036	(13,101)		\$91,884	\$13,050,957
Apr-12	\$790,333	\$395,785	\$81,798	\$418,197	\$7,579,104	\$363,336	\$577,213	\$388,365	\$31,733	(27,866)		\$10,610,672	\$506,264
Mar-12	\$1,201,385	\$589,302	\$76,656	\$398,973	\$9,231,177	\$418,776	\$598,830	\$442,131	\$55,176	(42,025)		\$12,616,563	\$598,480
Feb-12	\$564,737	\$824,197	\$55,886	\$321,288	\$7,732,184	\$461,764	\$497,305	\$340,272	\$76,545	(54,343)		\$12,036,881	\$555,661
Jan-12	\$919,194	\$451,673	\$109,393	\$455,256	\$9,479,189	\$327,893	\$466,378	\$324,615	\$95,426	(56,981)		\$12,029,793	\$12,712,814
12 Month Total	\$11,240,000	\$7,139,989	\$948,718	\$4,187,027	\$28,961,388	\$4,848,944	\$1,136,187	\$4,362,827	\$973,029	(598,135)	\$1,298,166	\$148,718,746	\$589,448
12 Month Average	\$937,500	\$594,999	\$79,476	\$348,919	\$2,414,282	\$404,079	\$93,016	\$363,577	\$81,085	(49,861)	\$107,355	\$12,476,648	\$49,119
Percent of Average - January	75.1%	57.1%	65.8%	70.8%	84.1%	85.8%	100.7%	57.7%	102.6%	4.3%	85.8%	87.2%	
01/01/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/02/2013	\$86,899.90	\$30,443.08	\$0.00	\$0.00	\$934,823.54	\$0.00	\$28,086.38	\$0.00	\$0.00	\$0.00	\$0.00	\$5,989.64	\$1,088,307.36
01/03/2013	\$74,797.34	\$30,762.69	\$0.00	\$0.00	\$282,529.54	\$18,704.80	\$24,026.14	\$14,893.33	\$1,267.79	(\$1,197.76)	\$0.00	\$1,388.96	\$478,103.38
01/04/2013	\$12,386.67	\$40,706.33	\$0.00	\$23,979.71	\$390,826.96	\$0.00	\$26,460.03	\$20,968.36	\$1,487.88	\$0.00	\$0.00	\$1,134.70	\$497,072.43
01/05/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/06/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/07/2013	\$67,387.79	\$1,847.60	\$18,822.81	\$65,461.82	\$704,951.23	\$75,512	\$49,130.42	\$14,880.88	\$0.00	\$0.00	\$0.00	\$6,630.38	\$931,967.36
01/08/2013	\$65,061.78	\$20,196.44	\$0.00	\$0.00	\$701,011.86	\$51,212.22	\$25,926.71	\$15,264.10	\$1,739.00	(\$178.54)	\$887.09	\$883,110.66	\$983,110.66
01/09/2013	(\$17,486.01)	\$13,498.33	\$0.00	\$14,354.02	\$495,996.05	\$0.00	\$24,337.75	\$13,797.05	\$1,571.31	\$0.00	\$0.00	\$8,069.89	\$553,110.09
01/10/2013	\$18,925.33	\$964.47	\$14,289.21	\$389.54	\$621,055.32	\$18,817.68	\$30,337.75	\$11,854.85	\$1,504.38	\$0.00	\$0.00	\$2,363.87	\$724,442.29
01/11/2013	\$42,985.64	\$11,621.88	\$0.00	\$0.00	\$234,199.32	\$3,753.78	\$22,417.67	\$6,346.67	\$10,000.00	\$0.00	\$0.00	\$6,077.52	\$320,397.48
01/12/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/13/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/14/2013	\$80,285.21	\$46,936.11	\$0.00	\$62,170.15	\$117,699.68	\$9,704.62	\$48,194.18	\$18,347.23	\$1,411.28	\$0.00	\$0.00	\$5,368.58	\$390,111.04
01/15/2013	\$59,176.30	\$9,133.34	\$0.00	\$0.00	\$655,183.68	\$0.00	\$37,144.33	\$4,586.19	\$0.00	\$0.00	\$0.00	\$5,085.73	\$890,111.57
01/16/2013	\$435.20	\$33,077.57	\$0.00	\$25,594.65	\$796,407.65	\$11,440.51	\$46,038.82	\$14,013.79	\$4,354.32	\$0.00	\$0.00	\$5,677.38	\$937,457.10
01/17/2013	\$30,563.59	\$26,912.90	\$0.00	\$0.00	\$464,179.01	\$730.38	\$29,452.87	\$11,291.78	\$2,215.21	(\$498.90)	\$0.00	\$2,829.87	\$567,766.61
01/18/2013	\$58,028.21	\$19,511.48	\$9,757.05	\$0.00	\$299,940.41	\$563.32	\$25,830.10	\$10,809.62	\$0.00	\$0.00	\$0.00	\$16,858.61	\$441,194.80
01/19/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/20/2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/21/2013	\$0.00	\$4,590.43	\$0.00	\$0.00	\$71,735.96	\$43,901.82	\$43,365.55	(\$1,780.81)	\$2,863.95	\$0.00	\$1,669.84	\$166,446.74	\$166,446.74
01/22/2013	\$50,648.56	\$2,201.11	\$0.00	\$91,239.11	\$234,431.17	\$24,346.12	\$20,950.04	\$0.00	\$0.00	\$0.00	\$0.00	\$12,094.24	\$375,849.35
01/23/2013	\$25,161.81	\$42,877.79	\$0.00	\$85,264.38	\$780,831.67	\$5,827.34	\$26,415.45	\$11,597.11	\$2,287.47	(\$112.21)	\$4,760.47	\$935,828.28	\$935,828.28
01/24/2013	\$1,238.70	\$12,744.00	\$2,671.90	\$44.02	\$337,917.32	\$594.61	\$27,178.42	\$22,864.79	\$0.00	\$0.00	\$1,569.15	\$508,824.27	\$508,824.27
Month to Date	\$957,324.02	\$339,705.45	\$45,642.97	\$271,047.99	\$8,530,730.86	\$168,096.58	\$545,896.70	\$209,859.79	\$27,682.55	(\$1,367.40)	\$647,878.00	\$87,583,719	\$12,077,662.00
UnPosted Receipts												\$49,128.39	\$679,893.64
Total Cash												\$10,036,811.00	\$647,793.60
Percent of Target	\$950,514.47	\$439,618.82	\$59,064.78	\$350,767.99	\$11,038,769.09	\$217,536.75	\$706,195.73	\$271,518.44	\$30,648.01	(\$1,339.99)	\$113,304.90	\$14,076,999.99	\$14,476,999.99
Month Projected w/ Unposted Cash												\$14,476,999.99	\$14,476,999.99

Level II KPIs- Departmental Performance

Patient Access Services (PAS) – Monthly Scorecard

- Point of service collections
- Press Ganey (customer service) inpatient and outpatient
- Registration error rate (%)
- Pre-registration of scheduled procedures (%)
- Same day success (%)
- Central scheduling - % of calls answered < 10 seconds

Example-Monthly Patient Access Scorecard

Revenue Cycle Scorecard for Patient Access

Category	FYE 12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
POS Cash							
POS Cash Collections	13,891,199	1,249,517	1,325,503	1,064,701	1,141,665	988,427	894,032
Target	12,208,574	843,916	896,828	830,721	845,768	874,480	896,952
OHNC POS Cash							
OHNC POS Cash	3,359,253	286,608	336,281	244,319	296,572	234,562	211,270
Target	2,766,922	182,236	222,052	194,897	204,739	231,560	245,898
Total	17,250,452	1,536,125	1,661,784	1,309,020	1,438,237	1,222,989	1,105,302
Target	14,975,496	1,026,152	1,118,880	1,025,618	1,050,507	1,106,040	1,142,850
Press Ganey							
Inpatient Overall Admission Rating	81%	84%	81%	77%	80%	80%	83%
Outpatient Registration Rating	85%	73%	77%	80%	78%	82%	81%
ER Overall Personal/Insurance Info Rating	84%	85%	79%	85%	96%	93%	89%
Neighborhood Care Overall	81%	81%	86%	89%	89%	86%	86%
Target	80%	80%	80%	80%	80%	80%	80%
AHI/QA QA							
Error Rate	1.62%	1.54%	1.67%	1.35%	0.78%	0.83%	0.93%
Target	N/A	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Pre-Services							
Total % Pre Registered	96%	96%	97%	97%	98%	96%	97%
Target	96%	96%	96%	96%	96%	96%	96%
Central Scheduling							
Sameday Success Percentage		99.55%	99.71%	99.82%	99.70%	99.72%	99.94%
Target for Sameday Success Percentage		98.00%	98.00%	98.00%	98.00%	98.00%	98.00%
Percentage of Abandoned Calls After 10 Seconds		1.45%	1.12%	1.21%	1.31%	1.12%	0.91%
Target Percentage of Abandoned Calls After 10 Seconds		1.50%	1.50%	1.50%	1.50%	1.50%	1.50%
Reschedule Percentage		1.67%	1.61%	2.17%	2.07%	N/A	N/A
Target Reschedule Percentage		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
Initial Outpatient Denials		279	213	231	271	290	251
Target Initial Outpatient Denials		230	230	230	230	230	230



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Level II KPIs— Departmental Performance

Health Information Management (HIM) – Monthly Scorecard

- \$ delayed in HIM
- Failed bill accounts > 6 days
- Combined DNFB days (including failed claims)
- Transcription turnaround time
- Clinical chart turnaround time



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Example-HIM Scorecard

Revenue Cycle Scorecard for Health Information Management (HIM)

Coding						
Category	YTD FY12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12
DNFB Days	4.7	4.7	5.3	4.9	4.6	5.4
Target-DNFB Days	5.6	5.2	5.2	5.2	5.2	5.2
HIM Delayed without T-Codes	\$41,492	\$283,980	\$16,691	\$69,689	\$15,404	\$81,412
Target-Avg/Mo Delayed \$ without T-Codes (<\$75,000)	\$24,080	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Failed Bill Accts >6 Days; Exclude Lab* & T codes	\$41,534	\$50,929	\$64,678	\$14,560	\$17,334	\$6,151
Target - \$75,000	\$56,000	\$75,000	\$75,000	\$75,000	\$75,000	\$75,000
Failed Claims-ePremis	\$43,660	\$50,192	\$3,581	\$0	\$0	\$153,877
Target- \$50,000	\$120,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Operations						
Category						
Release of Information	1	0.5	0.3	0.2	0.3	0.4
Target-Release of Information	4	4	4	4	4	4
TAT-24 hrs from Discharge to Release to HPF(RMH, GMC, DH and Grady only)	6	5	5	7	8	8
Target-TAT-24 hrs from Discharge to Release to HPF	24	24	24	24	24	24



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Level II KPIs- Departmental Performance

Central Business Office (CBO) – Monthly Scorecard(s)

- A/R > 90 days by payer
- Credit balances in GPR days
- Clean claim rate
- Initial denials by category and payer \$ and % of GPR
- Final denials by category and payer \$ and % of GPR
- Patient cash \$ and % GPR
- Bad debt and charity write-offs and % GPR
- Call center abandonment rate %
- Medicaid conversion rates
- Return mail rates



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Level III KPIs – Associate Performance

- PAS - individual productivity and quality scores; POS collections per associate
- HIM – coding quality and productivity; imaging quality and productivity
- CBO – individual agings; productivity and quality monitoring
- CBO Customer Call Center – individual credit card collections and quality of account resolution



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Example-Financial Aid Application Associate Score Card

Financial Assistance Monthly Scorecard			
Associate Monthly Evaluation		Name: John Smith	
		Month: December 2012	
Quality (50%)		Processing Applications (50%)	
Total Monthly Errors	0	Monthly Average	3.43
Quality Scoring		Processing Applications Scoring	
4	0 Errors	4	3 and up
3	1-2 Errors	3	2.9-2.5
2	3-4 Errors	2	2.4-2.1
1	5+ Errors	1	2.0-1.5
0	Critical Error	0	1.4 and below
Quality Score	4	Applications per Hour Score	4
Total Scoring		Monthly Score	
Quality	50 X (Score) 200	Points 400	Scoring Levels
Production	50 X (Score) 200		
			400
			399-350
			349-300
			299-250
			249 and below
Manager Comments: Great Job!			
Employee Comments:			
Employee Signature: _____ Date: _____			
Manager Signature: _____ Date: _____			



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Level III KPIs- Business Partner Scorecard

Business Partner– Monthly Scorecard(s):

- Bad debt agencies
- Medicaid eligibility vendor
- Estate vendor
- Motor vehicle vendor
- Transcription vendor
- Denial vendor



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Example-Agency Scorecard

Collection Agency Performance Review

FY13

Primary	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD Total
Agency 1													
Placements	4,544,877	4,842,948	5,265,928	4,944,188	5,355,385	4,845,829							32,881,581
Close & Returns	3,788,659	3,829,451	4,174,134	4,193,241	4,889,224	4,958,166							27,644,275
Net Placements	856,218	1,013,497	1,091,794	750,947	466,161	(112,337)	0	0	0	0	0	0	5,237,306
Insurance Recoveries	126,864	96,568	102,278	258,482	69,289	122,284							765,685
PI Cash Collection	130,883	152,869	197,879	286,515	192,278	232,172							1,114,688
Total Recoveries	257,747	349,437	390,157	465,097	261,567	354,456	0	0	0	0	0	0	1,884,473
Fees	41,877	41,811	47,801	55,669	44,889	41,767							273,325
Minimum Cash Target	313,389	339,373	312,717	317,431	313,389	345,187	313,381	401,889	407,489	358,881	379,517	416,821	1,541,486
Recoveries % of Gross Placements	6%	7%	8%	9%	5%	7%	0%	0%	0%	0%	0%	0%	6%
Recoveries % of Net Placements	31%	34%	35%	25%	26%	27%	0%	0%	0%	0%	0%	0%	35%
Recoveries % of Net Placements minus fees	26%	31%	31%	22%	47%	33%	0%	0%	0%	0%	0%	0%	33%
YTD Recoveries % Net Placements	31%	39%	26%	25%	28%	36%							36%
Agency 2													
Placements	5,133,878	6,288,217	5,187,284	6,858,742	5,212,835	4,253,737							32,756,615
Close & Returns	4,382,115	4,360,143	4,245,322	4,511,639	4,821,274	4,133,189							26,353,782
Net Placements	751,763	1,928,074	861,882	2,347,103	391,561	112,548	0	0	0	0	0	0	6,402,833
Insurance Recoveries	88,413	97,827	73,885	116,189	84,598	121,284							591,697
PI Cash Collection	208,811	228,731	188,849	348,151	255,319	292,789							1,516,860
Total Recoveries	297,224	326,558	262,734	364,340	339,917	363,974	0	0	0	0	0	0	1,548,890
Fees	45,213	56,488	47,198	66,296	58,771	56,569							338,447
Minimum Cash Target	313,389	339,373	312,717	317,431	313,389	345,187	313,381	401,889	407,489	358,881	379,517	416,821	1,541,486
Recoveries % of Gross Placements	6%	5%	5%	5%	6%	8%	0%	0%	0%	0%	0%	0%	6%
Recoveries % of Net Placements	40%	17%	30%	16%	84%	351%	0%	0%	0%	0%	0%	0%	39%
Recoveries % of Net Placements minus fees	34%	14%	25%	13%	89%	296%	0%	0%	0%	0%	0%	0%	25%
YTD Recoveries % Net Placements	40%	25%	25%	21%	25%	38%							38%
Primary Combined Total													
Placements	9,678,747	11,131,165	10,453,212	11,802,930	10,668,220	9,100,566	0	0	0	0	0	0	65,638,196
Close & Returns	8,170,774	8,189,594	8,419,456	8,704,880	9,710,503	9,086,355	0	0	0	0	0	0	53,997,877
Net Placements	1,507,973	2,941,571	2,033,756	3,098,050	857,717	(975,789)	0	0	0	0	0	0	11,640,319
Insurance Recoveries	215,277	194,694	172,764	374,670	153,887	243,568	0	0	0	0	0	0	1,361,613
PI Cash Collection	339,694	381,888	386,719	694,301	447,598	524,973	0	0	0	0	0	0	2,465,069
Total Recoveries	554,971	576,582	559,483	1,068,971	601,485	768,541	0	0	0	0	0	0	3,826,682
Fees	87,089	98,311	84,889	121,965	103,650	98,136	0	0	0	0	0	0	493,972
Minimum Cash Target	626,778	678,746	625,434	634,862	626,778	678,746	626,778	787,162	805,278	714,828	759,034	868,645	3,043,972
Recoveries % of Gross Placements	6%	5%	5%	9%	6%	8%	0%	0%	0%	0%	0%	0%	6%
Recoveries % of Net Placements	35%	19%	27%	34%	70%	79%	0%	0%	0%	0%	0%	0%	33%
Recoveries % of Net Placements minus fees	29%	13%	35%	17%	57%	68%	0%	0%	0%	0%	0%	0%	28%
YTD Recoveries % Net Placements	35%	21%	27%	22%	26%	31%							31%

Source: www.hfma.com

Level III KPIs- Business Partner Scorecard

Payer Performance Scorecards:

- Comparative data by payer
- Denial rates
- 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



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HFMA's MAP Initiative

Sandra Wolfskill, HFMA

Director, Healthcare Finance Policy, Revenue Cycle MAP
HFMA



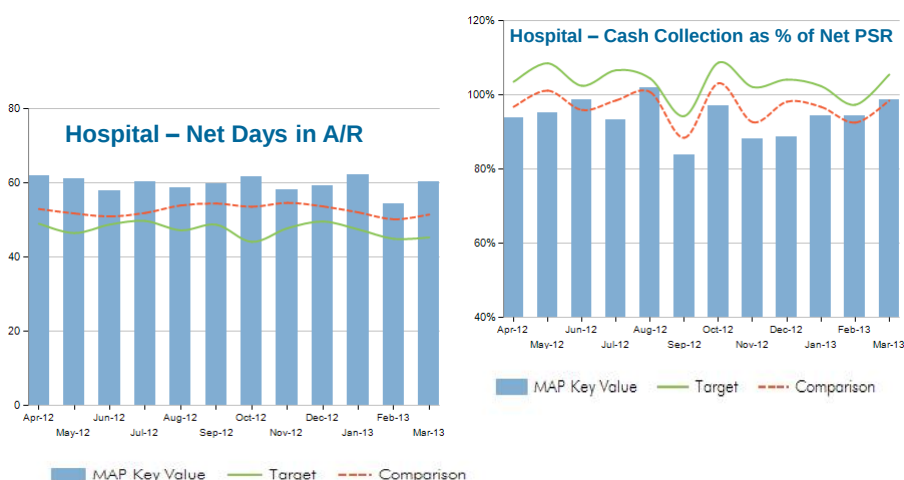
HFMA's MAP Approach

- **M**easure, **A**pply, **P**erform concept
- Task Force developed **m**easurements and definitions vetted with BOD and advisory councils; providers responsible for the **a**pply and **p**erform activities
- MAP APP hospital data categorized into four major areas:
 - Patient access (5 Keys)
 - Revenue integrity (4 Keys)
 - Claims adjudication (6 Keys)
 - Management (10 Keys)



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Sample Hospital Peer Data



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HFMA's MAP Approach

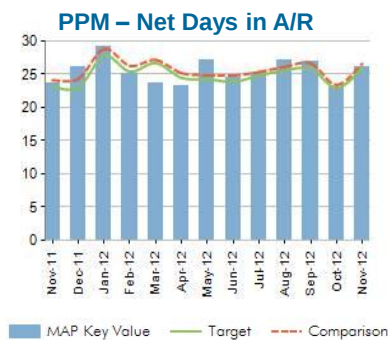
MAP APP physician data categorized into four major areas:

- Patient access (2 Keys)
- Revenue integrity (1 Key)
- Claims adjudication (2 Keys)
- Management (9 Keys)

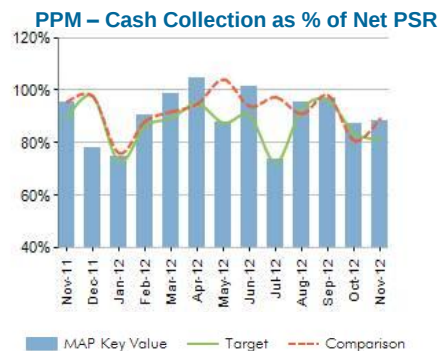


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Sample Physician Peer Data



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Ohio Health Denial-Reduction Case Study



hfma
healthcare financial management association

Margaret Schuler
Executive Director, Revenue Cycle
OhioHealth

Polling Question #3

My organization communicates revenue cycle KPI information in the following ways. (Check as many as apply.)

- Through regular reports sent to senior executives and staff.
- At regularly scheduled staff meetings.
- During performance reviews.
- We don't share revenue cycle KPI information with others in the organization.



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HFMA's "MAP" Strategy on Denials

- Defining and identifying payer denials **Measure**
- Reducing payer denials **Apply**
- Achieving process improvement **Perform**

MAP = Results



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Quantify and Communicate

Data is powerful and changes behavior!!!!

- Awareness is key – critical
- Quantify initial and final denials by denial codes and write-off adjustments
 - # of accounts
 - Total gross charges
- Distribute denial reports weekly/monthly to key stakeholders via email, including:
 - CFOs
 - Directors of finance
 - Controllers
 - Revenue cycle leadership
 - Clinical department leadership



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Quantify and Communicate

Data is powerful and changes behavior!!!!

- Examples:
 - Case management gets all inpatient “no auth/medical necessity” denials
 - Precert team gets “missing precert” denials
 - Business office gets all “timely filing” denials
- Transparency – include all stakeholders on same e-mail
- Educate/train stakeholders how to use and interpret the data
- Develop hospital/health system teams that include stakeholders from various departments



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Monthly Initial Denials

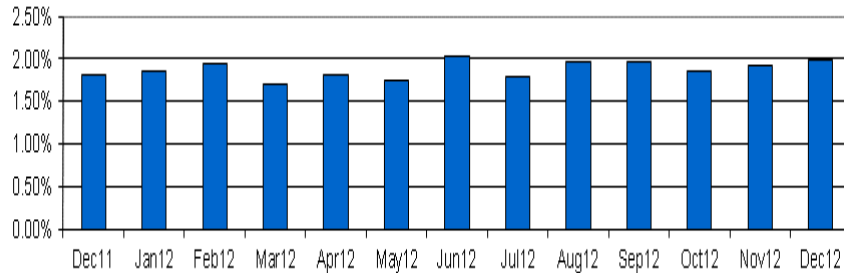
Initial Denials Scorecard FY13 & FY12
Volume

Category	Dec11	Jan12	Feb12	Mar12	Apr12	May12	Jun12	Total FY12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12	Total FY13	FY13 Annualized
IP	EMER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EXCE	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
	MNEC	5	1	2	3	2	1	5	34	2	1	1	0	2	7	14
	OUTN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	NPREFCIR	7	13	6	8	2	9	10	77	11	11	3	5	9	10	49
	PREEX	0	1	1	0	2	0	1	8	0	0	1	1	0	1	3
IP TOTAL VOLUME		12	15	9	11	6	10	16	119	13	12	5	7	9	14	120
OP	EMER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EXCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MNEC	3	3	8	3	6	8	4	56	5	5	3	6	7	3	29
	OUTN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	NPREFCIR	20	21	21	19	23	24	29	259	30	23	20	22	28	27	150
	PREEX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OP TOTAL VOLUME		23	24	29	22	29	32	33	315	35	28	23	28	35	30	179
ED	EMER	0	0	0	0	0	0	1	1	2	2	3	1	2	0	10
	EXCE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MNEC	1	2	0	0	4	1	0	14	1	1	2	3	0	1	9
	OUTN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	NPREFCIR	0	4	0	1	0	3	3	16	13	2	1	2	0	6	24
	PREEX	0	1	0	0	0	1	0	2	0	1	0	0	0	1	2
ED TOTAL VOLUME		1	7	0	1	4	5	4	33	16	6	6	6	2	8	44
OBS	EMER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	EXCE	0	0	0	0	0	0	0	0	0	1	0	1	0	1	3
	MNEC	1	1	1	2	1	1	2	13	1	1	1	4	0	1	8
	OUTN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	NPREFCIR	3	1	3	1	0	1	1	12	1	1	2	2	1	1	8
	PREEX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OBS TOTAL VOLUME		4	2	4	3	1	2	3	25	2	3	3	7	1	3	19
Overall	EMER	0	0	0	0	0	0	1	1	2	2	3	1	2	0	10
	EXCE	0	0	0	0	0	0	0	0	0	1	0	1	0	2	4
	MNEC	10	7	11	8	13	11	11	117	9	8	7	14	7	7	52
	OUTN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	NPREFCIR	30	39	30	29	25	37	43	364	55	37	26	31	38	44	231
	PREEX	0	2	1	0	2	1	1	10	0	1	1	1	0	2	5

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Monthly Financial Class “Y” Pending Denials

Financial Class “Y” Gross AR as % of Total Gross AR Trend



	Dec11	Jan12	Feb12	Mar12	Apr12	May12	Jun12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12
Central OH	1.80%	1.86%	1.95%	1.70%	1.80%	1.75%	2.03%	1.78%	1.96%	1.97%	1.85%	1.93%	1.99%



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Monthly Final-Denial Write-Offs

Final Denial Scorecard FY13, FY12, FY11, FY10 and FY09

Category	Total FY09	Total FY10	Total FY11	Total FY12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12	Total FY13
LCD Radiology	\$2,004,193	\$963,466	\$577,570	\$324,259	\$40,354	\$3,497	(\$2,959)	\$16,455	\$40,495	\$31,451	\$129,293
LCD Laboratory	\$1,194,389	\$1,070,564	\$1,243,061	\$1,213,679	\$73,332	\$191,866	\$95,466	\$97,547	\$143,875	\$61,025	\$624,126
LCD Heart Services	\$70,069	\$47,030	\$10,850	\$15,434	\$0	\$0	\$48,967	\$0	\$0	\$0	\$48,967
LCD Diagnosis Behavioral	\$0	\$136	\$13	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LCD Endoscopy	\$103,126	\$12,691	\$15,671	\$5,023	\$0	\$3,391	\$1,590	\$47	\$0	\$0	\$5,023
LCD Therapy Caps	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
LCD Diagnosis Other	\$1,785,307	\$1,197,007	\$770,081	\$562,695	\$19,772	\$79,894	\$75,851	\$23,719	\$57,266	\$95,786	\$361,689
LCD Pharmacy	\$0	\$189,759	\$81,052	\$228,492	\$31,322	\$13,791	\$10,044	\$4,951	\$0	\$0	\$62,896
LCD Total	\$6,047,914	\$4,069,632	\$2,690,097	\$2,349,491	\$164,180	\$290,142	\$228,363	\$192,718	\$242,748	\$191,375	\$1,222,526
Research Projects	\$4,216	\$0	\$486	\$0	\$0	\$0	\$0	\$144	\$0	\$0	\$144
Total Misc Denials	2,403,081	903,149	1,204,725	1,619,434	139,638	159,003	138,826	112,064	207,834	100,458	867,823
Payer non-covered Services	518,174	773,534	522,707	590,466	39,666	40,625	20,091	72,871	56,317	63,328	292,898
Shortfall Form	292,327	49,561	14,978	46,866	0	0	0	0	0	0	14,722
CNFB no documentation	361,743	510,343	130,990	245,021	105,083	(3,786)	0	(673)	(4,477)	(2,968)	93,330
Total Unbillable Accounts	1,172,244	1,333,456	688,676	880,354	144,748	36,840	20,091	72,298	53,088	73,083	490,950
No Presentation	1,154,804	103,319	3,545	13,991	(269)	2,972	0	(1,322)	0	0	1,281
No UFI Information	685,063	361,236	44,971	21,072	(449)	0	0	0	0	3,569	3,139
Out of Network	285,740	30,246	(6,637)	135,448	18,924	7,885	12,507	17,066	9,673	(1,593)	62,581
Lack of Medical Necessity	1,916,297	1,285,091	1,642,314	999,209	114,234	225,142	65,311	56,812	102,544	85,321	649,325
Carried Out Days	4,439	531	0	0	0	0	0	0	0	0	(140)
Continued Stay Denial	284,118	83,118	16,378	42,182	0	0	0	0	0	0	0
Dialysis/Catheter Composite Rate	0	347	27	0	0	0	0	0	0	0	0
Claim Filed Limit	1,188,061	321,557	92,840	125,846	3,992	10,170	20,905	36,496	9,883	6,473	88,318
Conversion Issues	0	0	0	0	0	0	0	0	0	0	0
Registration Issues	379,274	35,234	0	0	0	0	0	0	0	0	0
Unlucky Detection by Payer	282,556	(138,687)	308	1,274	0	0	0	(529)	0	0	(645)
Payer non-payment of rate var	20,892	555	5,023	0	0	0	0	0	0	0	0
Payer penalty non-notification	22,742	15,777	23,734	14,500	1,298	1,500	2,500	3,500	500	2,000	11,298
UFI Denials- scope	12,452	29,379	20,439	23,294	581	1,250	1,440	1,309	133	2,485	7,200
Denials <\$200 not worked by PVT	6,929	1,878	590	3,102	0	353	189	0	111	0	663
Non HEM Coding Delay	102,874	0	406	869	0	0	0	0	0	0	0
AICD Non Covered	1,838,731	146,119	131,706	658	0	0	0	0	0	0	0
Total Billable and Denied	9,193,609	2,287,892	1,975,675	1,381,444	136,222	249,872	102,901	113,135	122,853	96,115	821,098
Insufficient AP Follow Up	(14,888)	(693)	67	0	(34)	24,228	0	0	0	0	24,194
Total Admin Adjustments	(14,888)	(693)	67	0	(34)	24,228	0	0	0	0	24,194
One Day Stay	527,259	(1,681)	0	(1,408)	0	0	0	0	0	0	0
Total One Day Stay	527,259	(1,681)	0	(1,408)	0	0	0	0	0	0	0
Total Denials as a % of Gross	0.44%	0.12%	0.12%	0.12%	0.12%	0.14%	0.10%	0.07%	0.12%	0.09%	0.11%
Total Denials	\$16,333,325	\$8,611,745	\$6,548,725	\$6,231,295	\$864,755	\$762,485	\$490,782	\$490,358	\$625,308	\$463,530	\$1,526,735
Target Denials	0.00%	0.24%	0.18%	0.13%	0.08%	0.11%	0.09%	0.07%	0.17%	0.13%	0.11%
FC Y AR (Clinical Denials)											Avg
FC Y AR Balance	\$10,091,848	\$9,694,260	\$11,485,372	\$11,460,611	\$11,655,852	\$13,076,735	\$13,542,258	\$12,660,594	\$12,997,806	\$13,687,451	\$12,615,483
FC Y as a % of AR	1.84%	1.80%	1.80%	1.26%	1.78%	1.96%	1.97%	1.85%	1.93%	1.99%	1.91%

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OhioHealth's Results

- Cut denials by 0.33 percentage points / 75%
 - From 0.44%/\$18M of gross revenue in FY09
 - To 0.11%/\$6M of gross revenue in FY12
- Overall, OhioHealth reduced denials by \$12M in gross write-offs



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Conclusion

- Metrics drive performance and change behavior when supported by structure and accountability
- HFMA MAP: Measure, apply, and perform
- Don't forget to celebrate and thank those who made the results possible 😊



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Questions & Answers

Ask the speakers a question or share your KPI challenges and solutions. Just type your question or comment into the Q&A box on your computer screen.



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To Complete the Program Evaluation

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