

About Renae Thomas



Renae Thomas, FACHE
Chief Financial Officer, Heart of Texas Healthcare System
Principal, Thomas & Thomas Financial Management Services

Renae has been the CFO at Heart of Texas Healthcare System since 2016. Additionally, she and her team at Thomas & Thomas Financial Management Services have provided remote CFO services since 2011, for multiple small rural facilities throughout Texas that cannot recruit and retain in their executive finance positions. Renae holds a fellow in the American College of Healthcare Executives, serves as Treasurer for the HFMA South Texas Chapter and is working on her Certified Healthcare Financial Professional certification.



About Pat Murphy



Pat Murphy, FHFMA, CHFP Senior Vice President, TruBridge

With the company since 2011 Pat's focus has always been on improving the efficiency of our clients' revenue cycle performance. Earlier in his career, Pat served as the National Director of Professional Services for Ontario Systems, CFO for Gulf Health Hospitals, Revenue Cycle Director for Thomas Hospital and Senior Associate with PricewaterhouseCoopers. He's a Certified Healthcare Financial Professional, holds a Fellowship with HFMA and is a recipient of the William G. Follmer Bronze Award.



About TruBridge

TruBridge is in the business of helping healthcare organizations get paid faster and get paid more through a combination of people, products and process optimization. With an arsenal of HFMA Peer Reviewed® products and services, TruBridge has been helping organizations improve their financial performance for more than 20 years. Today, over 1,000 healthcare organizations call TruBridge a partner.



Revenue Cycle Challenges + COVID = Operational Chaos

We will cover:

COVID impact on the revenue cycle

Top revenue cycle challenges vs. best practices

5 takeaways that will make a big impact on your success



COVID Impact on the Revenue Cycle



Patient Related Impact of COVID

- Fear Factor
- Deferring care/risk vs. benefit for non-COVID treatments
- Confusion about new check in procedures
- Influx of unemployment and uninsured

Operational Impact of COVID

- Significant reduction in revenue and cash
- Increased cost to take care of patients
- New billing and coding requirements

Staff Challenges

- Health of staff and their families
- Different work environment
 - Connectivity issues
 - Production/Quality
 - Interruptions to work
 - Disengaged from team



Top Revenue Cycle Challenges vs.
Best Practices



Four areas to touch upon:

- Improving Patient Engagement
- Reducing A/R and Increasing Cash Flow
- Reducing and Managing Claims Denials
- Making Effective and Timely RCM Decisions



Improving Patient Engagement



- Patients are potentially uninformed and confused
- · Patients do not know their liability prior to service
- Patients do not understand their balances or how to make payments in a safe way
- Unemployed, uninsured patients who are unable to pay

- Communicate with your patients detailing the safety measures in place
- Embrace technology for communication, social media, website, etc.
- Adopt a Price Transparency Solution
- Provide easy to read statements and online payment options for patients
- Enhance charity care policies, more favorable payment plans, financing options



Reducing A/R and Increasing Cash Flow



- Decentralized workforce, decreased collaboration
- Turnover in staff
- Inconsistent Strategies (front and back end)
- Patient volumes down

- Invest in technology that enables collaboration (i.e. WebEx)
- Keeping your employees happy!
- Automation, POS Collections, follow-up strategies
- Consider creating new revenue channels like a Chronic Care Management and/or Proactive Annual Wellness Visits



Poll Question # 1



Poll Question # 2



Reducing and Managing Claim Denials



- New coding and billing requirements
- Lack of automated tools
- Lack of inter-department communication

- Perform a denial analysis (internal or partner)
- Utilize automated Denial Management tools
- Institute a Denial Prevention Task Force
- Track and trend success



Example of Denial Reports

Denials by Category

	Total #/Claims	Total #/I	Lines Total	\$\$/Denied
Noncovered Services	31	2 1	L,355 \$	2,012,850
Info Needed	7	4	206\$	654,014
Duplicate Claim	6	1	345 \$	550,218
Eligibility/COB/Registration	4	9	368 \$	434,789
Technical Billing	8	6	190 \$	319,444
Prior Authorization	3	2	124 \$	241,712
Timely Filing	1	9	136 \$	232,823
Provider	2	2	82 \$	95,920
Coding	1	4	24 \$	67,409
NCCI/MUE		2	5\$	6,702
Charging/Chargemaster		2	5\$	3,564
Medical Necessity		0	-10 \$	(21,095)
Grand Total	67	5 2	2,830 \$	4,598,350

Top 15 Denied Payers

	Total #/Claims T	otal #/Lines To	tal \$\$/Denied
Blue Cross Blue Shield of KS	139	878 \$	1,181,177
Paper Claims (All Payers)	93	476\$	799,244
Aetna	102	176\$	607,852
United Healthcare	53	370 \$	599,650
Medicaid Kansas	31	219\$	335,806
Sunflower State Health Plan	74	157 \$	266,912
Aetna Better Health KS	59	158\$	255,446
UHC Community Plan KS KANCARE	70	176\$	229,309
Meritain	16	92 \$	182,075
Benefit Management Inc of KS	6	31\$	58,403
Medicare A KS J5	14	59 \$	34,729
Humana	9	15\$	30,442
Cigna	8	22 \$	10,033
Coventry Health Care of Kansas	1	1\$	7,272
Grand Total	675	2,830 \$	4,598,350



Making Effective and Timely RCM Decisions



- Don't know what RCM metrics to track
- Don't have the tools to track RCM metrics
- There is no RCM steering committee to collaborate on problem solving

- HFMA map keys
- RCM metrics reports / dashboards
- Create an RCM steering committee to problem solve



Example of RCM Analytic Reports

Transactions Posted (Nov) MTD Cash (Ithu 11/24) Average Dely Cash (MTD) Projected MTD Cash Average Dely fave (Ithu 11/24) Average Dely Revenue (MTD) Projected MTD Revenue 3 Unbilled Claims (as of 12/1) FRNS Hast Charges (5) FRNS AND Copy 3 of Unbilled Discharges ONF8 Hald Charge (5) ONF8 Hald Charge (5) ONF8 Hald Charge (5) ONF8 Hald Charges (5) ONF8 Hald Charges (5) ONF8 Hald Charges (7) So of Unbilled Discharges 8 of Unbilled Discharges	BCBS 934,698 54,982 1,044,562 1,044,562 27 1.0 435,629 27 1.0 435,629 36,68,662 36	MCR 884,002 52,000 988,002 3,868,219 140,342 4,210,274 MCR 555,091 35 1.4 605,	MCD 31,284 1,840 34,284 1,840 34,584 13,477 464,312 MCD 226,919 0.6 71% 42,936	COM 1.344,126 79,066 1.502,259 3,856,088 160,670 4,820,110 COM 1,074,395 81 1 2,6 65%	SELF 149,359 8,766 165,931 78,793 3,183 90,492 Total 2,272,034 153 5,6 60%	To 3,343,4 196,6 3,736,6 10,721,6 446,1 13,401,5	169 575 818 (181 712	Transe A/R Closed: Charges Closed: OTC Closed: Lockbox Closed:	11/24/20 11/24/20 11/24/20
MTD Cash (thru 11/24) Average Dolly Cash (MTD) Projected MTD (Cash MTD Revenue (thru 11/24) Average Dolly Revenue (MTD) Projected MTD Revenue 3 Unbilled Claims (as of 12/1) FBMS Heid Charges (5) FBMS Heid Charges (5) FBMS AH Dolly 3 of Unbilled Discharges DIFE Heid Charges (5) DIFE Heid Charges (7) A of Unbilled Discharges 3 of Unbilled Discharges	934,698 54,982 1,044,662 3,045,531 126,939 3,008,164 BCBS 415,629 27 1.0 43% 768,462	884,002 52,000 988,002 3,368,219 140,342 4,210,274 MCR 555,091 35 1.4 60%	31,284 1,840 34,964 371,450 15,477 464,312 MCD 226,919 10 0.6 71%	1,344,126 79,066 1,502,259 3,856,088 160,670 4,820,110 COM 1,074,395 81 2.6 69%	149,359 8,786 186,931 78,793 3,183 98,492 Total 2,272,034 153 5,6	3,343,4 196,6 3,736,6 10,721,6 446,1 13,401,5 <i>BCBS</i>	169 575 518 (1081 712 (A/R Closed: Charges Closed: OTC Closed: Lockbox Closed:	11/24/20 11/24/20 11/24/20 11/24/20
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Average Solly Revenue (MTD) Projected MTD Revenue 3 Unbilled Claims (as of 12/1) FBNS Held Charges (5) FBNS Held Charges (9) FBNS APR Opys % of Unbilled Discharges DNF8 Held Charges (5) DNF8 Held Charge (7) DNF8 Held Charge (9) DNF8 APR (9) % of Unbilled Discharges NF8 PHER Charges (7) DNF8 APR (9) % of Unbilled Discharges	126,939 3,808,164 BCBS 415,629 27 1.0 43% 768,462	140,342 4,210,274 MCR 555,091 35 1.4 60%	15,477 464,312 MCD 226,919 10 0.6 71%	160,670 4,820,110 COM 1,074,395 81 2.6 69%	Total 2,272,034 153 5.6 60%	446, 13,401,	712 352	Days	11/24/20
Average Solly Revenue (MTD) Projected MTD Revenue 3 Unbilled Claims (as of 12/1) FBNS Held Charges (5) FBNS Held Charges (9) FBNS APR Opys % of Unbilled Discharges DNF8 Held Charges (5) DNF8 Held Charge (7) DNF8 Held Charge (9) DNF8 APR (9) % of Unbilled Discharges NF8 PHER Charges (7) DNF8 APR (9) % of Unbilled Discharges	BCBS 415,629 27 1.0 43% 768,462	MCR 555,091 35 1.4 60%	MCD 226,919 10 0.6 71%	COM 1,074,395 81 2.6 69%	Total 2,272,034 153 5.6 60%	13,401,1 E BCBS	352	Days 1.0	■FBNS II C
Unbilled Claims (as of 12/1) FBMS Held Chaims [8] FBMS AND Obys % of Unbilled Discharges DMS Held Charges [5] DMS Held Charge [8] DMS AND Colors % of Unbilled Discharges AND Obys AND Obys % of Unbilled Discharges	BCBS 415,629 27 1.0 43% 768,462	MCR 555,091 35 1.4 60%	MCD 226,919 10 0.6 71%	COM 1,074,395 81 2.6 69%	Total 2,272,034 153 5.6 60%	BCBS	152	Days 1.0	■FBNS II C
FBNS Held Charges (5) FBNS Held Chains (#) FBNS 4/R Obys % of Unbilked Discharges DINFB Held Chains (#) DINFB Held Claims (#) DINFB A/R Doys % of Unbilked Discharges % of Unbilked Discharges	415,629 27 1.0 43% 768,462	555,091 35 1.4 60% 454,004	226,919 10 0.6 71%	1,074,395 81 2.6 69%	2,272,034 153 5.6 60%	BCBS	NSP AR	1.0	
FRMS Hale Colms (#) FRMS AIR Days A of Unbillied Discharges DINFS Held Charges (\$) DINFS Held Charge (#) DINFS HOW (Charges) A of Unbillied Discharges	27 1.0 43% 768,462	35 1.4 60% 454,004	10 0.6 71%	81 2.6 69%	153 5.6 60%				1.9
FBNS A/R Days % of Unbilled Discharges DNFB Haid Charges (5) DNFB Haid Charges (6) DNFB A/R Days % of Unbilled Discharges	1.0 43% 768,462	1.4 60% 454,004	0.6 71%	2.6 69%	5.6 60%				1.9
% of Unbilled Discharges DNFB Held Charges (5) DNFB Held Claims (#) DNFB A/R Days % of Unbilled Discharges	43% 768,462	60% 454,004	71%	69%	60%	MCR		1.4	1.9
DNF8 Held Charges (5) DNF8 Held Claims (e) DNF8 A/R Days % of Unbilled Discharges	768,462	454,004				MCR		1.4	
DNFB Held Claims (#) DNFB A/R Days % of Unbilled Discharges			42.936			MCR		4.4	
DNF8 Held Claims (#) DNF8 A/R Days % of Unbilled Discharges				591.947	1.857.349	men		1.1	
DNFB A/R Days % of Unbilled Discharges		23	4	37	100			1.1	
	1.9	11	0.1	1.5	4.6		0.0	6	
DNCD Hald Channes (C)	57%	40%	29%	31%	40%	MCD	0.1		
DNSP Held Claims (#)	1,184,092 63	1,009,094	269,855 14	1,666,341	4,129,383 253	сом			2.6
DNSP A/R Days	2.9	2.5	0.7	41	10.1			1.5	
			• • • • • • • • • • • • • • • • • • • •			'			
Visits & Submissions (Nov)	BCBS	MCR	MCD	сом	Total	Е	Billing Tr	ends =	last Week 6-Wi
Insurance Visits MTD (#)	282	265	31	381	959	1,200,000 r			
Insurance Visits Billed (#)	188	187	18	245	638	1,200,000	_		
% Insurance Visits Billed	67%	71%	58%	64%	67%	1,000,000		_	_
Charges Billed Last 7 Days (11/24-11/30)	706.964	847.945	41.188	1.002,602	2,598,699	800,000 -			
Claims Billed Last 7 Days (11/24-11/30)	41	49	42,200	77	171				
Billed 6-Wk Avg (10/20-11/30)	813.711	920.019	78,138	1,096,504	2,908,372	600,000			
	-106,747	-72,075	-36,950	-93,902	-309,673	400,000			
						200.000			
Total Charges Billed MTD (\$) Total Claims Billed MTD (#)	3,577,291	3,791,164 405	259,568 44	4,292,229	11,920,251 1.481	200,000			





Example of RCM Analytic Reports







Poll Question # 3



5 Key Takeaways For Success



Top Five Takeaways for Revenue Cycle Success



Focus on patient and employee satisfaction



Apply **Analytics** for informed RCM decisions



Institute
performance
improvement
initiatives,
LEAN

techniques

Reduce Waste!



Establish
partnerships
to complement /
support <u>your</u>
RCM needs



Be bold in your initiatives!
Do not fear failure!
CELEBRATE success!



Thank you!

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Polling Questions?

- 1. How did COVID-19 impact your RCM organization? (Check all that apply):
 - A. Staff productivity due to shift to remote
 - Decrease in staff due to layoffs or reduced volumes
 - C. Erratic and unpredictable claim volume
 - Increased billing workload due to COVID 19 coding requirements
 - E. Other: Please Note
- 2. What RCM metrics were impacted the most by COVID-19? (Check all that apply)
 - Decrease in Cash Flow
 - B. Increase in Account Receivable Days
 - C. Decrease in Patient Revenue
 - D. Increase in Self Pay AR
 - E. Other: Please Note
- 3. What strategies are you looking to implement to bolster your RCM organization and related performance? (Check all that apply)
 - A. Increase RCM staffing
 - B. Focus on Patient Engagement and Pre Service Collections
 - C. Leverage technologies to enhance RCM productivity
 - D. Consider RCM outsourcing options
 - E. Other: Please Note

