Give Your Revenue Cycle Engine a Tune-up

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During this session participants will…

- learn best practice methods to prevent denials, increase cash collections, and keep collectors productive and engaged

By the end of this session, attendees will…

- know how to identify risk areas in their current workflows and how to address issues using action plans
- be able to develop a training plan for implementing new processes and workflows

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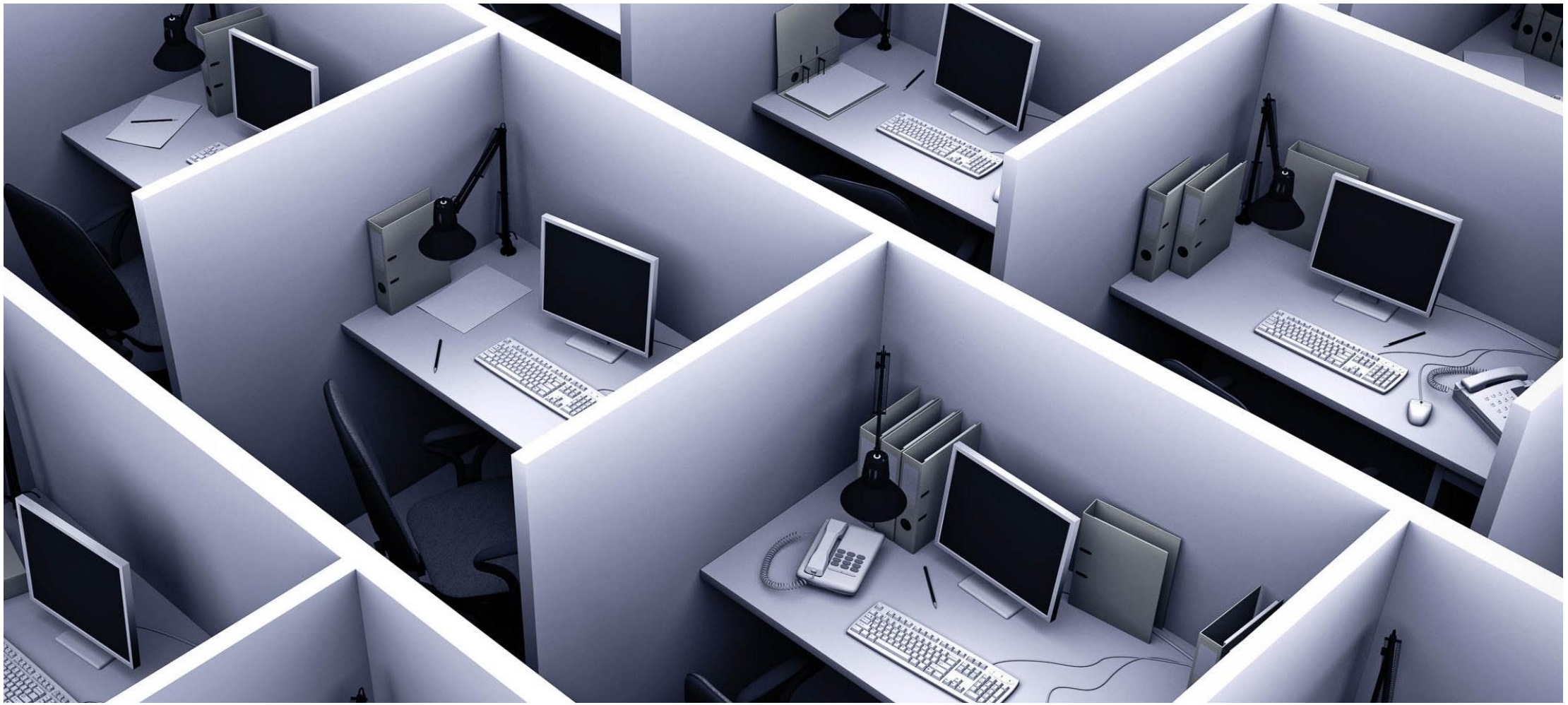

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People

- Training
- Policies & Procedures
- Quality program
- Consistent PIP workflow
- Establish/enhance feedback loop
- Recognition program

Receivables

- Denial Prevention
- EDI edits
- 835 mapping
- Fix workflows
- IT Collaboration
- High dollar team
- Escalation team
- Regular RCA

Payers

- Monthly scorecard
- High dollar meetings
- Accountability
- Payer edits
- Fine-tune contracts
- IDR workflow (NSA)

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PFS Must Haves

Billers Have the Answers: Take the Time to Listen

Regular 15 min huddles

Bi-weekly 1:1 meetings

SharePoint form for suggestions/barriers

Quarterly staff surveys

Manager/Director lunch dates with staff

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Implement a Quality Program

- Get Started/Fortify Existing Foundation
  - Gather data: staff and leadership surveys, productivity reports
  - Consider kaizen event or town hall type meeting
- Define what's important (don't sweat the small stuff)
- Gain buy-in
- Be intentional and transparent

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Held 4 Two-Hour Sessions

Structured Agenda

Assumption busting

Emotional experience

What brings them value

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Update Existing Materials or Create New Ones

- Procedures, blueprint
- Infographics, training documents/presentations

Over-Communicate the Changes

- Multiple virtual presentations
- Join team/leadership meetings
- Laminated At a Glance document for all staff

Maintain the Course

- Follow rollout timeline
- Monitor scores closely/adjust program
- Developed reporting

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No LMS? That's OK!

Use existing Microsoft tools to push out training

Up-coaching doubles as new hire training

Include slide with passion/mission

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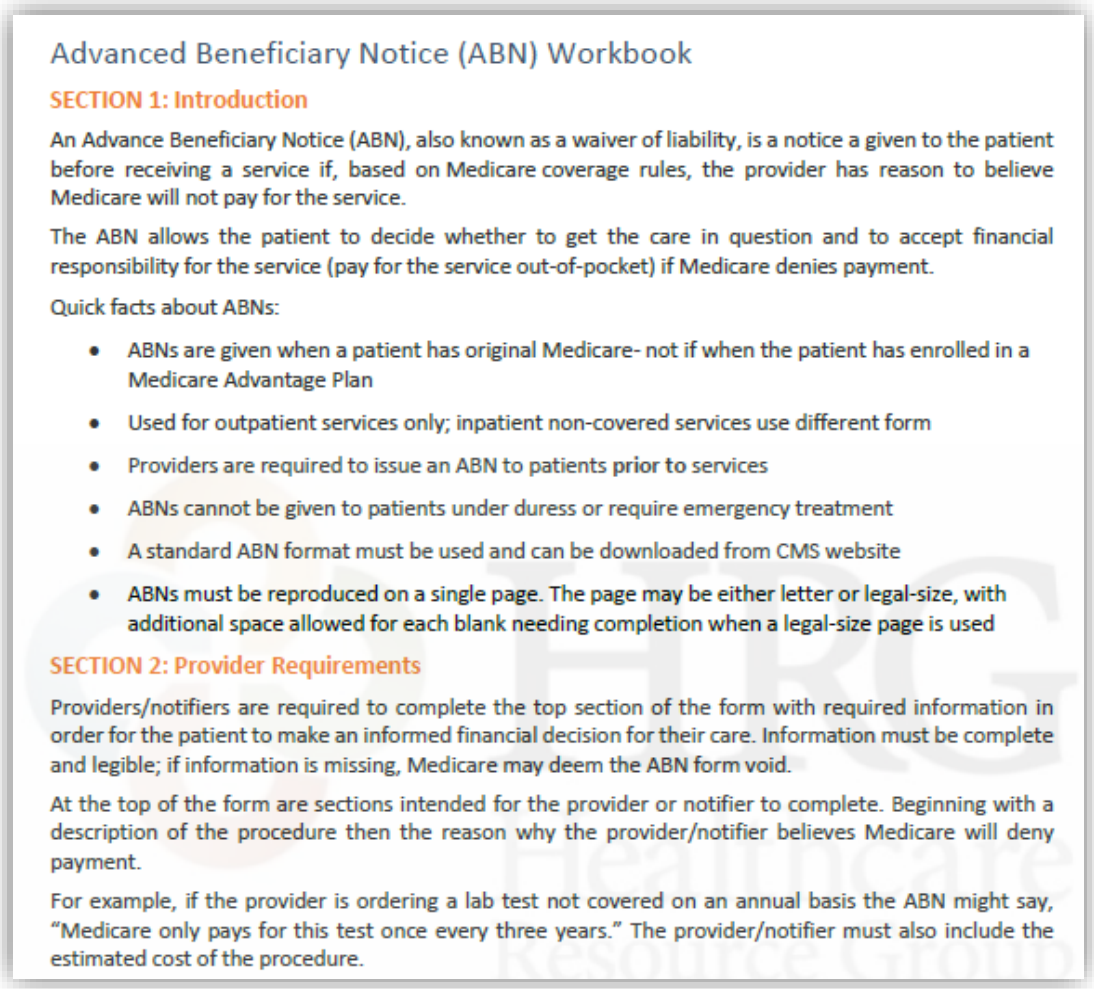

Advanced Beneficiary Notice (ABN) Workbook

SECTION 1: Introduction

An Advance Beneficiary Notice (ABN), also known as a waiver of liability, is a notice a given to the patient before receiving a service if, based on Medicare coverage rules, the provider has reason to believe Medicare will not pay for the service.

The ABN allows the patient to decide whether to get the care in question and to accept financial responsibility for the service (pay for the service out-of-pocket) if Medicare denies payment.

Quick facts about ABNs:

- ABNs are given when a patient has original Medicare- not if when the patient has enrolled in a Medicare Advantage Plan
- Used for outpatient services only; inpatient non-covered services use different form
- Providers are required to issue an ABN to patients **prior to** services
- ABNs cannot be given to patients under duress or require emergency treatment
- A standard ABN format must be used and can be downloaded from CMS website
- ABNs must be reproduced on a single page. The page may be either letter or legal-size, with additional space allowed for each blank needing completion when a legal-size page is used

SECTION 2: Provider Requirements

Providers/notifiers are required to complete the top section of the form with required information in order for the patient to make an informed financial decision for their care. Information must be complete and legible; if information is missing, Medicare may deem the ABN form void.

At the top of the form are sections intended for the provider or notifier to complete. Beginning with a description of the procedure then the reason why the provider/notifier believes Medicare will deny payment.

For example, if the provider is ordering a lab test not covered on an annual basis the ABN might say, "Medicare only pays for this test once every three years." The provider/notifier must also include the estimated cost of the procedure.

Front-End Training

Don't overlook the obvious

Workshop / Team participation

Role play and scripting

Quiz to reinforce

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Great Patient Care Begins at Registration

SECTION 1: Introduction

Collecting initial information is just the beginning in an integrated revenue cycle. Doctors may get the lion's share of credit for helping patients, but ever
quality care and are usually the patient's first intr

Below are just a few key functions of a front-end

- Registration,
- Scheduling,
- Outpatient pre-authorization; and
- Hospital switchboard services

The patient registration process is instrumenta
organization. A positive patient experience that st
care encounter.

Is the office or lobby organized? Are staff friend
clear? These aspects of the registration process
short wait times and simple tasks that do not requ

Over the years, patient registration has become
of patient data input, including:

- Collection of patient demographic inform
- Patient referral or appointment schedulin
- Collection of patient health history
- Checking of health payer coverage
- Patient orientation

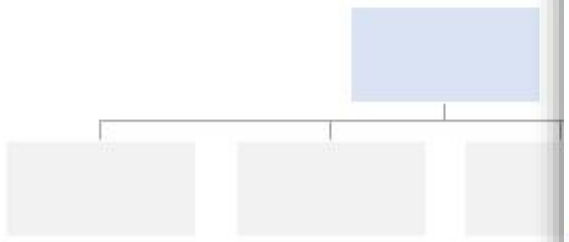
If handled incorrectly, this series of initial touchp
overwhelmed patients who may decide not to p
disorganized.

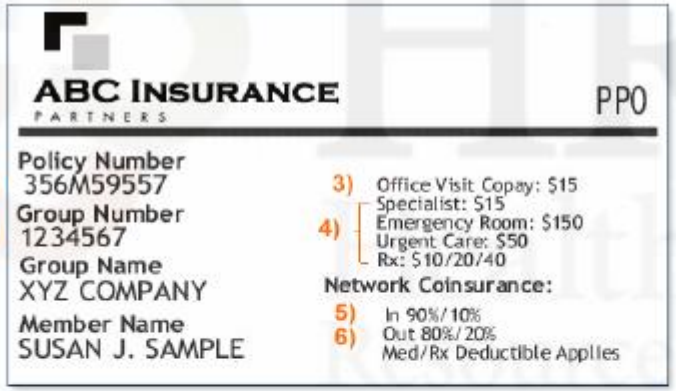
SECTION 5: Understanding Types of Insurance Plans

Over the years, the healthcare industry has seen a growing number of insurance companies offering different benefit plans, each with unique benefit levels and requirements. It's also common for larger insurance payers to administer more than one line of business.

Understanding the difference between an insurance "payer"
information during registration. Below is a diagram illustrating
various levels of insurance.

Think about an insurance payer that offers multiple types
figure below with your answer.





Using the card example above, let's identify the type of information listed

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What is the co-pay amount for an in-network office visit? _____

Is there a coinsurance amount for in network? _____

If so, what is the percentage the patient will have to pay? _____

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Show the ‘Whys’ behind the work

Ensure understanding of impact

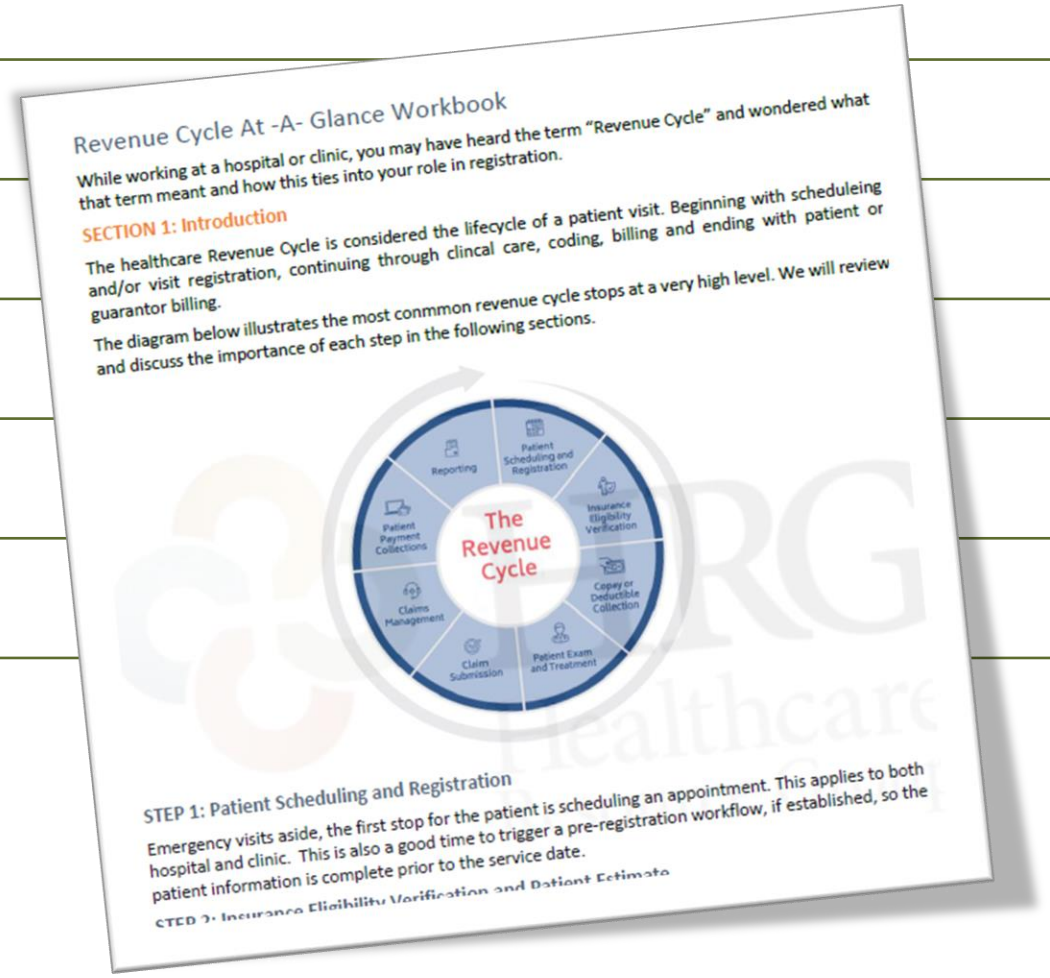
Activity to walk in biller’s shoes

Focus Areas:

- POS Cash

- Denial Prevention

- EOB Lingo



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- Appeals 101
- Reviewing EOBs
- Referrals vs. authorizations
- Reviewing accounts like an auditor
- Avoiding untimely adjustments
- No Surprises Act

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ACCOUNT T.R.A.I.T.S.

Total Charges

Remaining Balance

Account Notes

Insurance(s) on File

Transactions

Service Date

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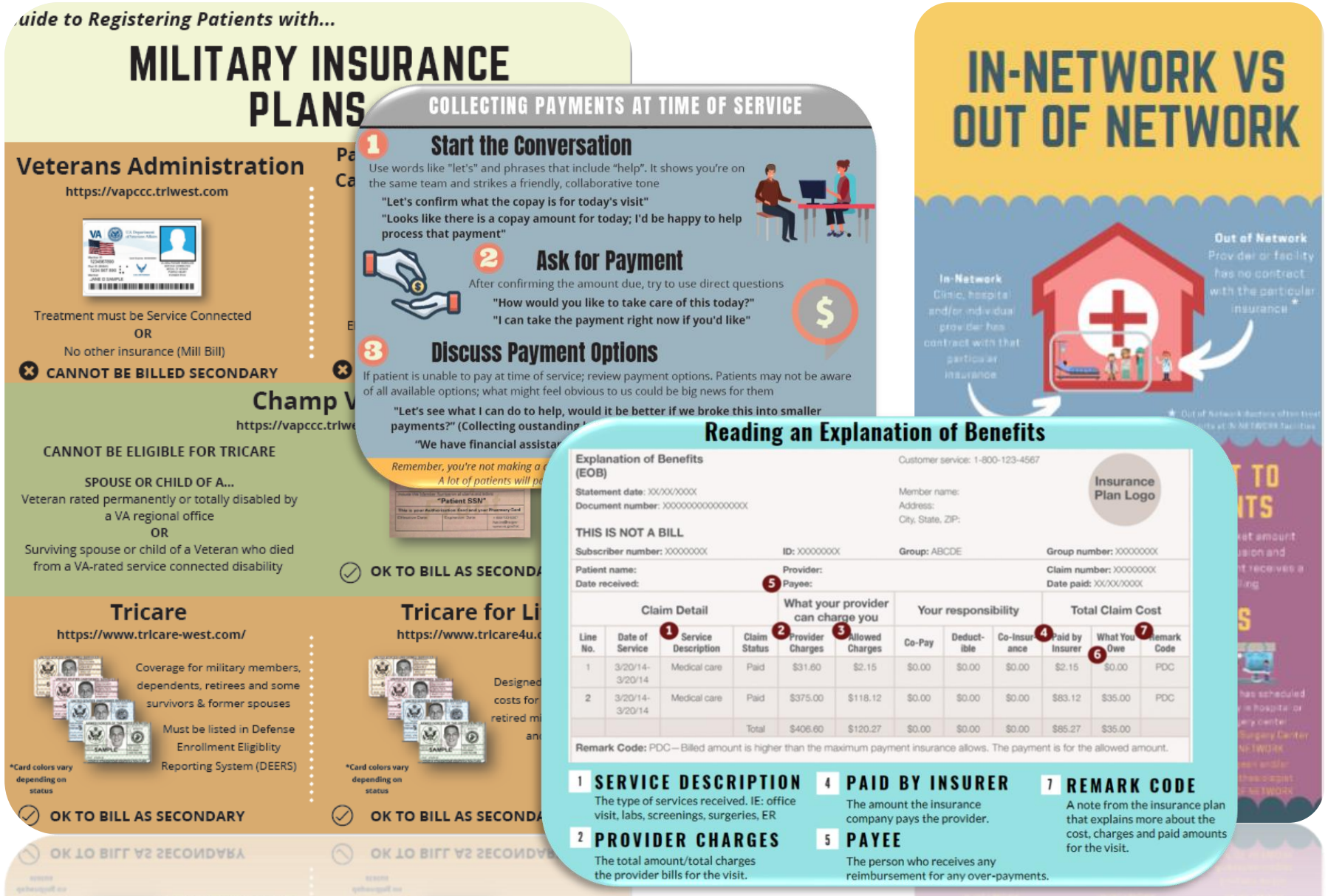

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Train the Trainer Workshop

Focus on trainer mindset

- Trainer styles: Firehose, Trickle, DIY
- Activities to get into trainee mindset

Case Studies

Develop training curriculum

- Training Rules

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Monitor Receivables with Reporting

Workflows IDR (NSA) process, appeals, and underpayments

NSA: monitor reimbursement percentages closely for both in and out of network payers

Weekly dashboard report: AR Days, DNFB, DNFC, pending appeals, posted cash, pending IDR, denials underpayments and aging

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Workflow Maintenance

- 835 reason & remark code mapping
- Cash poster crosswalk for denials
- Payer use of codes
- Automated workflows (tickler dates)
- EDI edits

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Department Prevention Meetings Without PFS

- May encourage silos
- Not as productive as cross-departmental collaboration

Distribute Denial Reports Without Discussion

- May seem generic and may not resonate
- Expectation may be unclear

Reporting the Kitchen Sink

- May be inflating denial volume
- Rolling up replicates?
- Denial vs. Delay
- Avoidable vs. Unavoidable

Department Reports Should be Relatable

- Focus on understanding and buy-in
- Make sure departments understand what they're looking at
- Correlate denied dollars as cost of CT machine, # of FTEs
- Denial percentages tied to dept. and overall revenue
- Explain any delays in results

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Volume and Amount

- Claims billed, paid, denied and rejected
- Pended claims: I/S, COB, med recs, w/average claim total

Aging

- Percentage of claims paid at 30, 45 and 60 days
- No Response >60 days volume, amount and percentage

Ongoing Issues

- Top 3 or 5 issues

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Monthly Payer Scorecard

Action Plans

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Action Plan Tips for Success

- Dashboard & summary page
- Status & due dates increase accountability
- Bring team in early on
- Visibility and communication is critical
- Plan for keeping momentum

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- Be mindful of daily responsibilities and factor in “fires”
- Encourage staff level “cheerleaders”
- Schedule Reoccurring Meetings
- Keep action plan visible in shared location (SharePoint)
- Celebrate wins – not matter how small
- All in this together!

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Keeping the Plan Fresh

Denial Prevention

- Cash posting crosswalk
- Reduce plan choices
- CARC/RARC committee

Training

- Policies & procedures
- Infographics
- Quality & Training program
- SharePoint site

AR Management

- Develop specialized teams
- Payer scorecard

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Monthly cross department review of monthly write-offs

- CFO, HIM, Patient Access, Billing Directors, Managers & Supervisors
- Walk through accounts in informatics system

Review monthly bad debt assignment

- Accounts with viable insurance, no payment and no PR reason code

Complete case studies

- High dollar denials
- Aged accounts
- Unsuccessful appeals

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Questions?

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