



MID AMERICA  
2022  
SUMMER INSTITUTE

# EMBRACING CHANGE AND TRANSFORMATION

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## Engaging all Revenue Cycle Departments in Denial Prevention

AUGUST 8-10, 2022 • MINNEAPOLIS, MINNESOTA

★ EMBRACING CHANGE AND TRANSFORMATION ★

## Speaker



**Lori Zindl**

**Founder**

efficientC is now part of Inovalon & OS, Inc.



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# EMBRACING CHANGE AND TRANSFORMATION

## Agenda

**Engaging all Revenue Cycle  
Departments in Denial Prevention**

1

Overview of Revenue Cycle and Departmental Impacts on Cash Flow

2

Patient Access Involvement in Reducing Denials

3

Engaging HIM and Physicians in Denial Management

4

Refining RCM System Function to Improve First Pass Payment Rate



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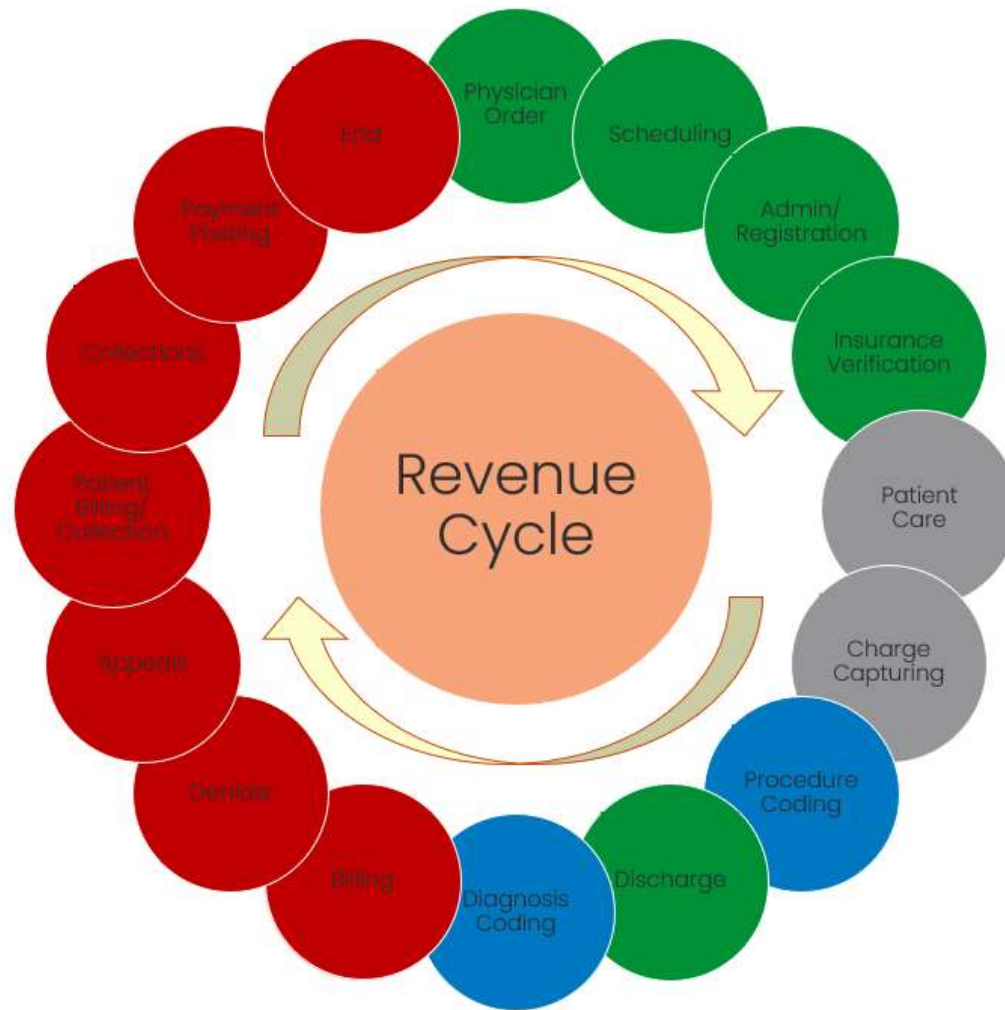
## REVENUE CYCLE MANAGEMENT DEFINED

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"All administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue."

*-The Healthcare Financial Management Association (HFMA)*

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# Institutional Claim Form

Who is responsible for completing each section of this form?

Green

Patient Access

Blue

HIM/Coding

Orange

Charge Master/Department

Yellow

System Generated

Pink

Billing

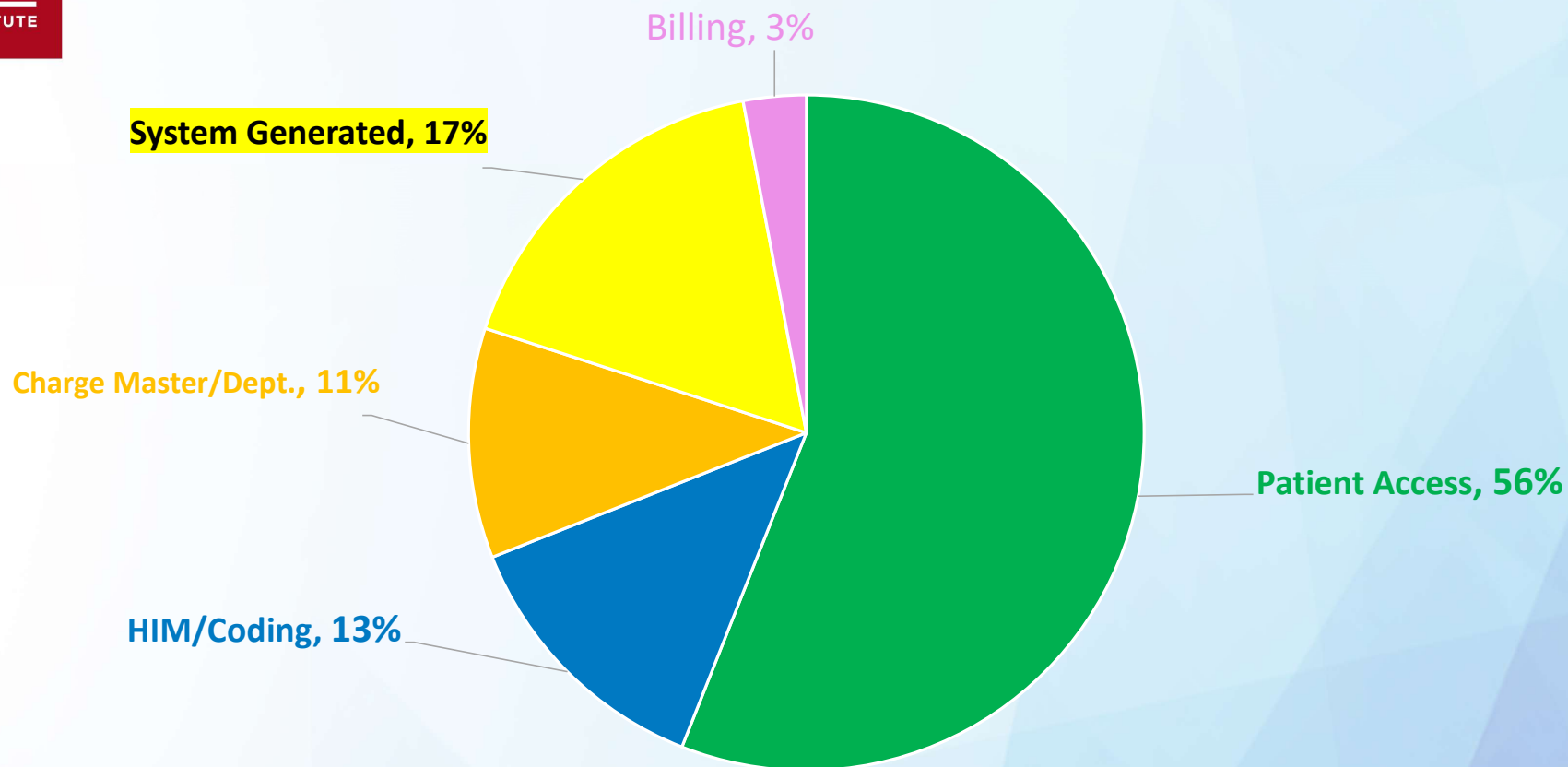
The form is a standard UB-04 Institutional Claim Form. It is divided into several sections, each color-coded to match the responsibility key:

- Green (Patient Access):** Includes patient name, address, birth date, sex, admission date, and other patient identification fields.
- Blue (HIM/Coding):** Includes ICD-9-CM diagnosis and procedure codes, and CPT codes.
- Orange (Charge Master/Department):** Includes the procedure description, HCPCS codes, and charges.
- Yellow (System Generated):** Includes the patient's insurance information, including the health plan ID, group name, and insurance group ID.
- Pink (Billing):** Includes the provider information, including the provider name, NPI, and the billing entity.

The form also includes a section for remarks and a section for the provider's signature and date.

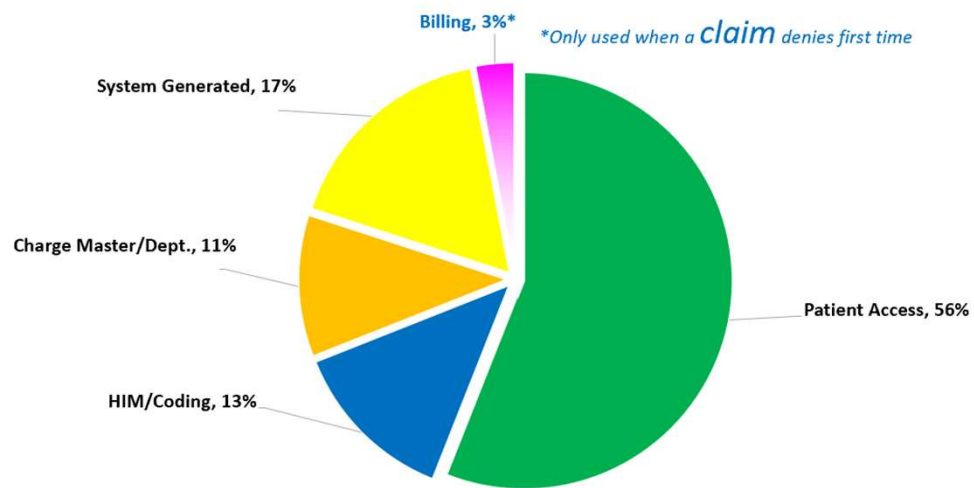
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## Responsibility for Billing & Timely Collection of Revenue

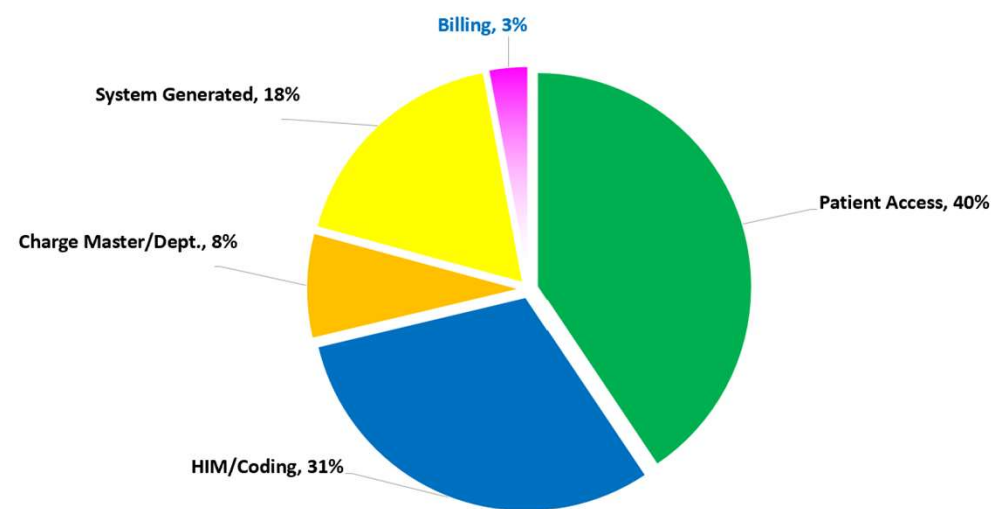


# Billing Requirements v. Denials

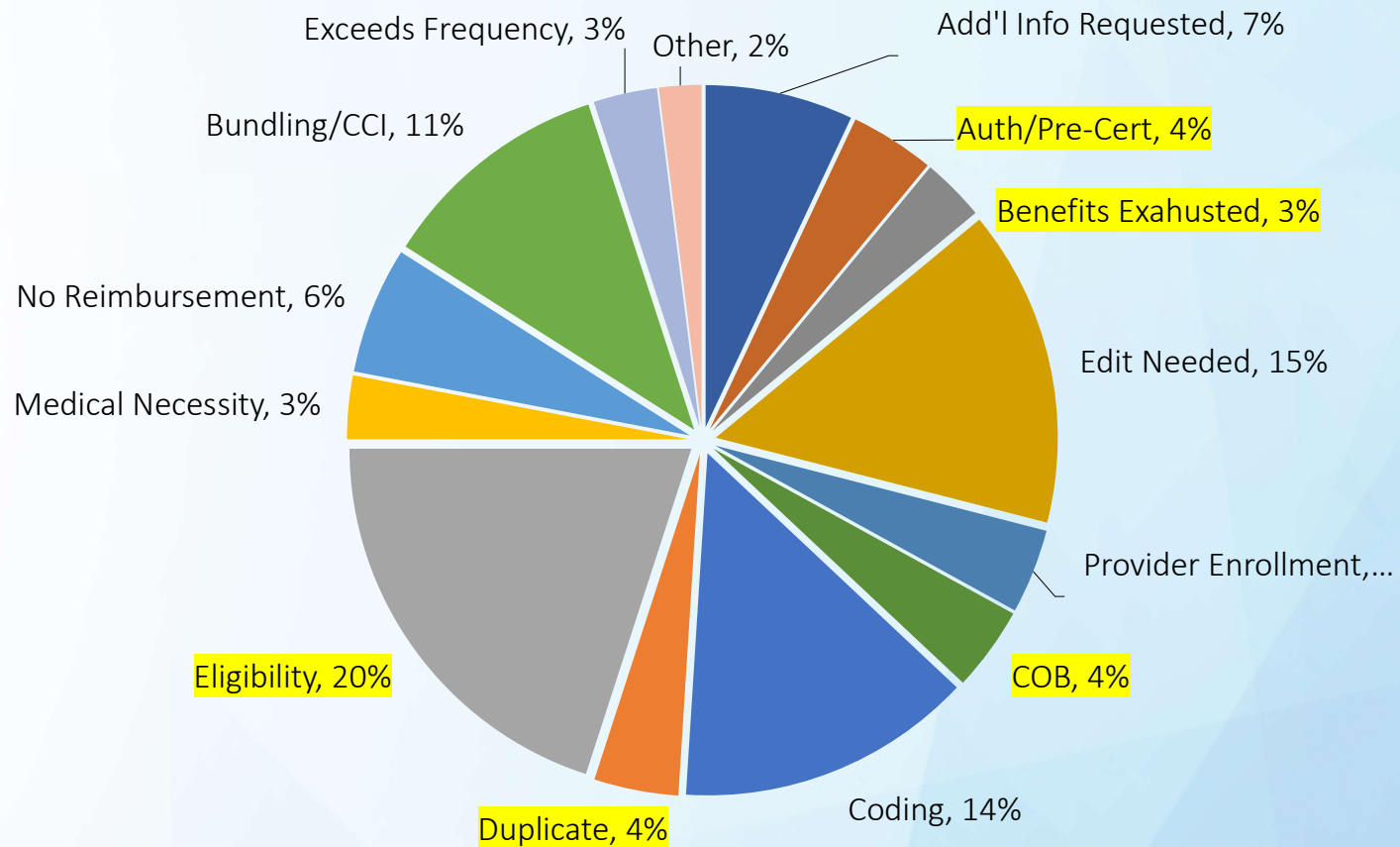
UB Fields by Department



Denials by Department



# Denials by Category – First Pass Denials



# Patient Access

## Engagement in Denial Prevention



### Identify Issues

- Reporting of denials by root cause and individual
- Assessment of eligibility tools and process
- Financial pre-clearance workflow and procedures
- POS Collection process
- Authorization workflow



### Training

- Insurance basics & denial prevention
- Eligibility systems
- Frequency?
- Reference tools & procedures
- Shadowing/Job share
- Collection techniques



### Redesign

- Onboarding process
- Engagement in denial prevention
- Effective workflow to eliminate touches
- Financial pre-clearance procedures
- Pay structure

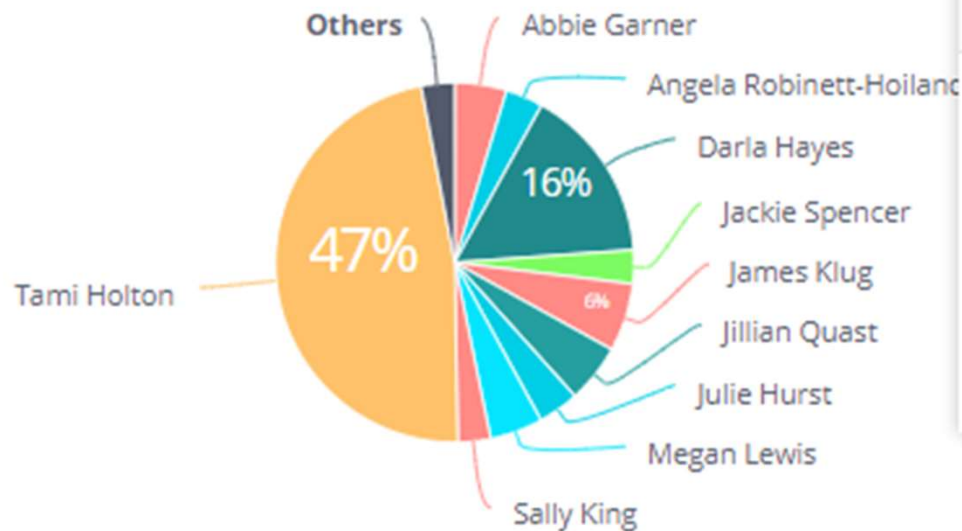


### Reporting and Feedback

- Collections based on a percent of opportunities
- Registration related denials by registrar
- Authorization by department
- **Write offs root cause**
- Department and individual scorecards

# Denial Rate Alignment to Team Members

Denials by Registrar



## Widget Details

Mar 9, 2021 1:45:02 AM

### Categories to Include:

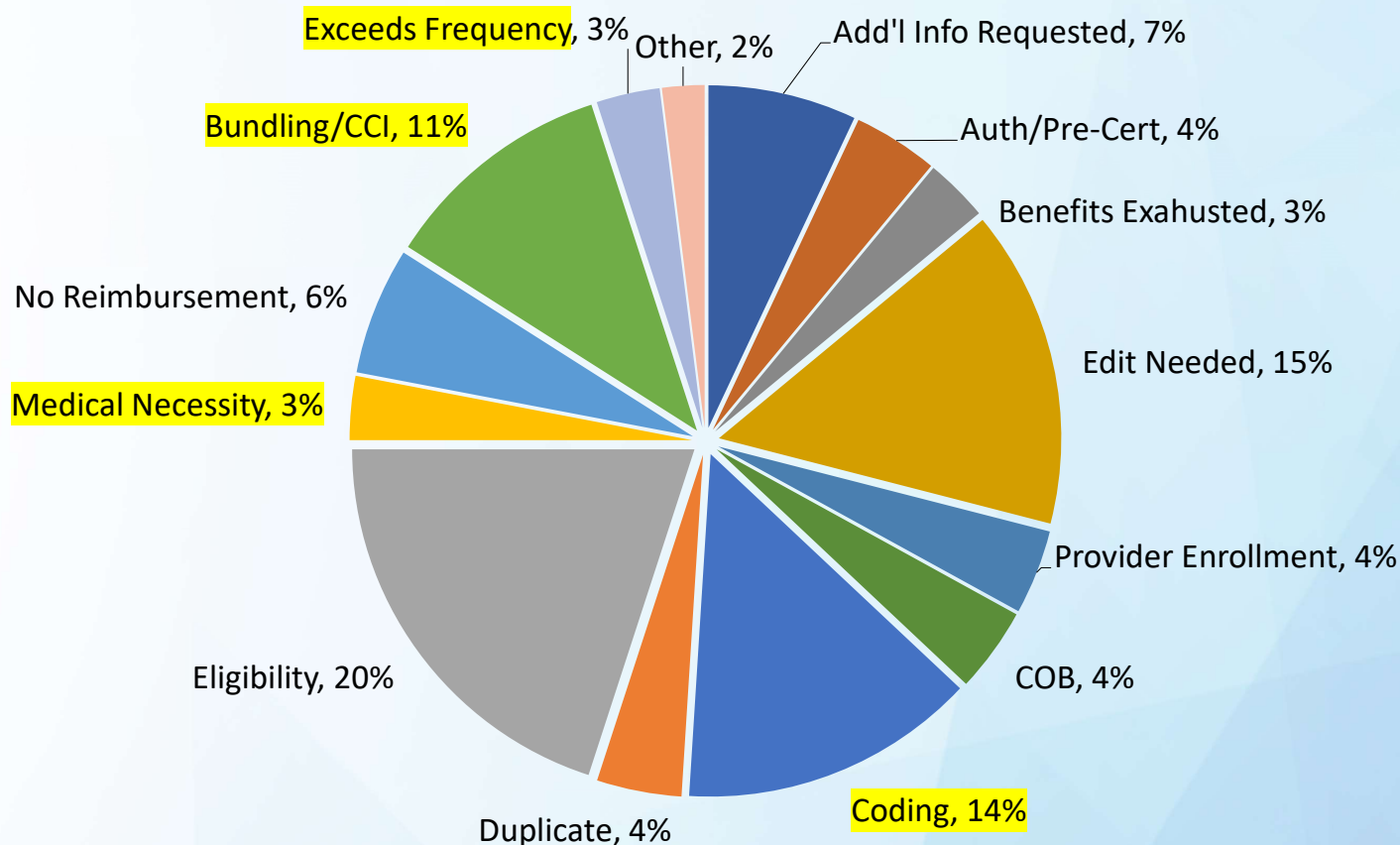
- Authorization/Pre-Cert
- Benefits Exhausted
- COB Issue
- Eligibility/Coverage
- Other Facility Overlap

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## Sample Collection Report

|                        | July       | August     | September  | October    | November   | December   | January    | February   |
|------------------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Opportunity to Collect | \$ 131,985 | \$ 117,929 | \$ 106,545 | \$ 106,937 | \$ 109,693 | \$ 114,487 | \$ 133,926 | \$ 123,980 |
| Collections            | \$ 15,838  | \$21,227   | \$ 15,982  | \$ 17,110  | \$ 21,939  | \$ 26,332  | \$ 24,107  | \$ 26,036  |
| Percent of Opportunity | 12%        | 18%        | 15%        | 16%        | 20%        | 23%        | 18%        | 21%        |

# Denials by Category – First Pass Denials



# HIM/Medical Records Department

## Engagement in Denial Prevention



### Identify Issues

- Reporting of denials by root cause and individual
- Assessment of coding tools and process
- Coding division of responsibility and workflow



### Training

- Insurance basics & denial prevention
- Coding systems
- Frequency?
- Reference tools & procedures
- Shadowing/Job share



### Redesign

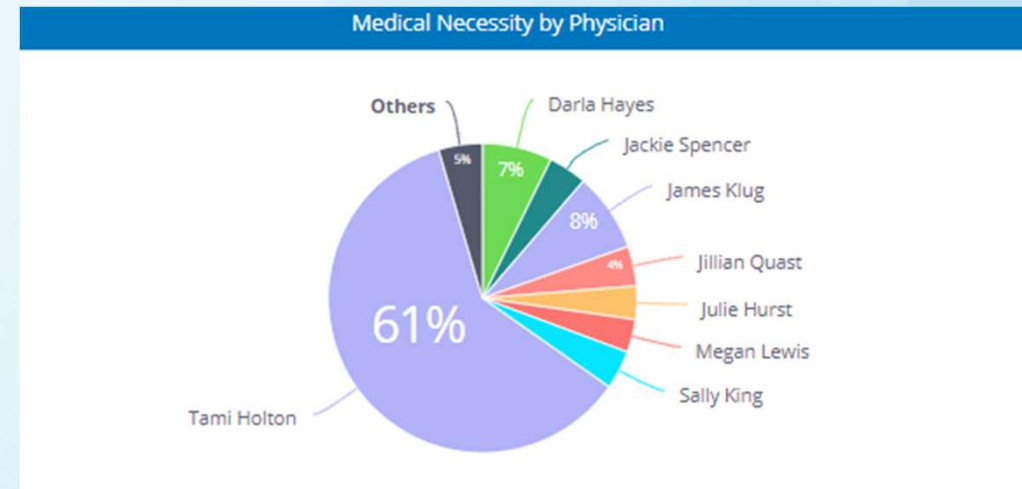
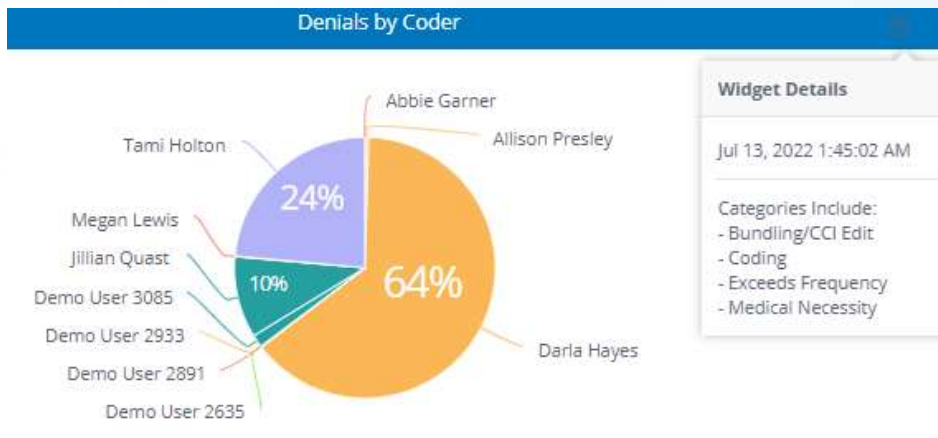
- Onboarding process
- Engagement in denial prevention
- Effective workflow to eliminate touches
- Coding denials and appeals
- Record requests



### Reporting and Feedback

- Coding related denials by coder
- Medical Necessity by department and physician
- Write offs by root cause
- Department and individual scorecards

# Denial Rate Alignment to Team Members



# System Impact on Denials and Cash Flow

## Engagement in Denial Prevention



### Identify

- Eligibility tools
- Patient estimator
- Coding systems
- Claim scrubber
- Denial reporting
- Appeal tracking
- Chargemaster Issues



### Redesign

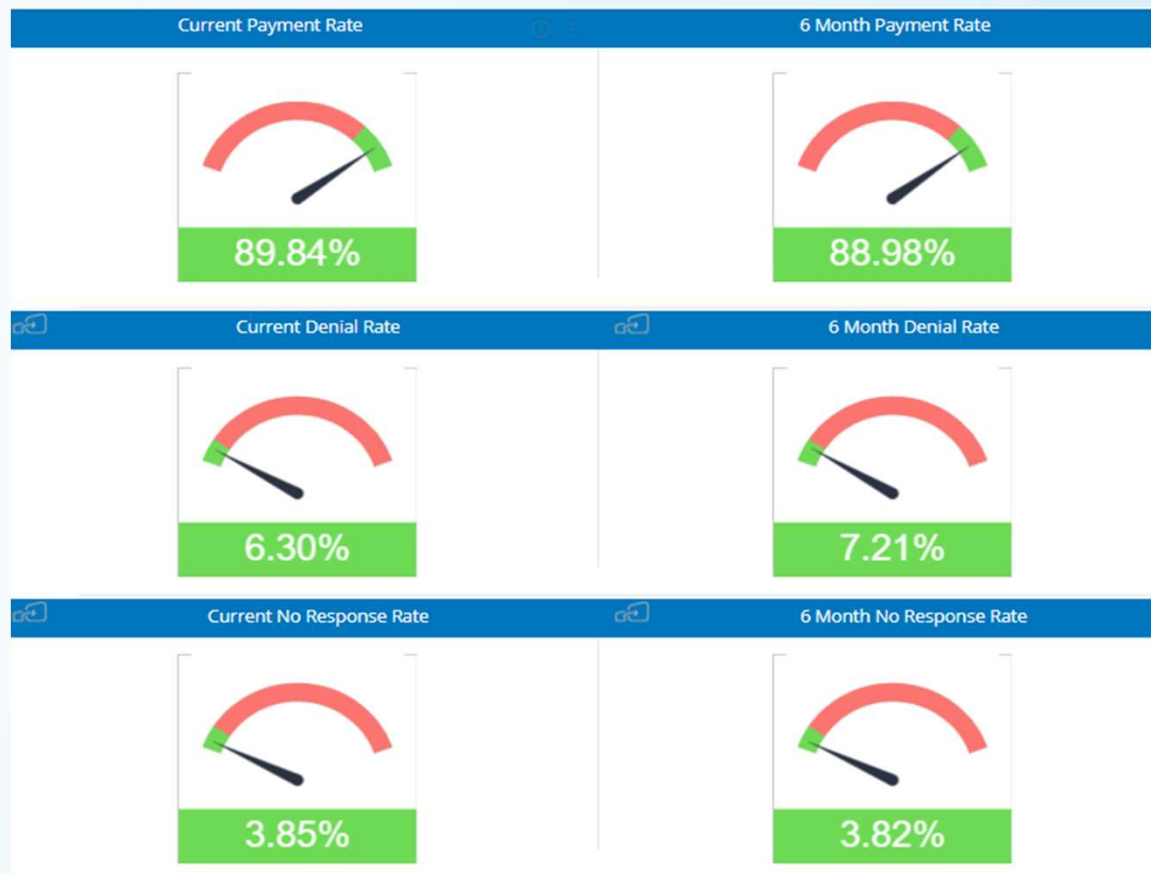
- Pre-service financial workflows using effective eligibility and patient estimator tools
- Active learning claim scrubber based on provider-specific denials
- System contracts to include deliverables based on results



### Reporting and Feedback

- Denial reporting by root cause
- Write offs based on root cause
- Appeal success rate
- Contract deliverables/Quarterly reviews
- Monitor First Pass Payment Rates

# First Pass Payment Rates



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## Conclusion

Engaging all Revenue Cycle  
Departments in Denial Prevention

- 1 Revenue cycle is not revenue unless collected
- 2 Each department within the Revenue Cycle has responsibility for collection of revenue
- 3 All departments must be engaged in denial prevention
- 4 Engagement includes regular reporting and feedback on performance



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## Contact Us

- Lori Zindl
  - [lori.zindl@inovalon.com](mailto:lori.zindl@inovalon.com)
- efficientC
  - [efficientC.net](http://efficientC.net)
- OS Healthcare
  - [OS-Healthcare.com](http://OS-Healthcare.com)



# Contact Me

## Existing Customer



**Lori Zindl**

Founder

[lori.zindl@inovalon.com](mailto:lori.zindl@inovalon.com)

(262) 544-4442

Inovalon

## New Customer



**Patrick Warren**

AVP, Sales

[patrick.warren@inovalon.com](mailto:patrick.warren@inovalon.com)

(952) 457-6614

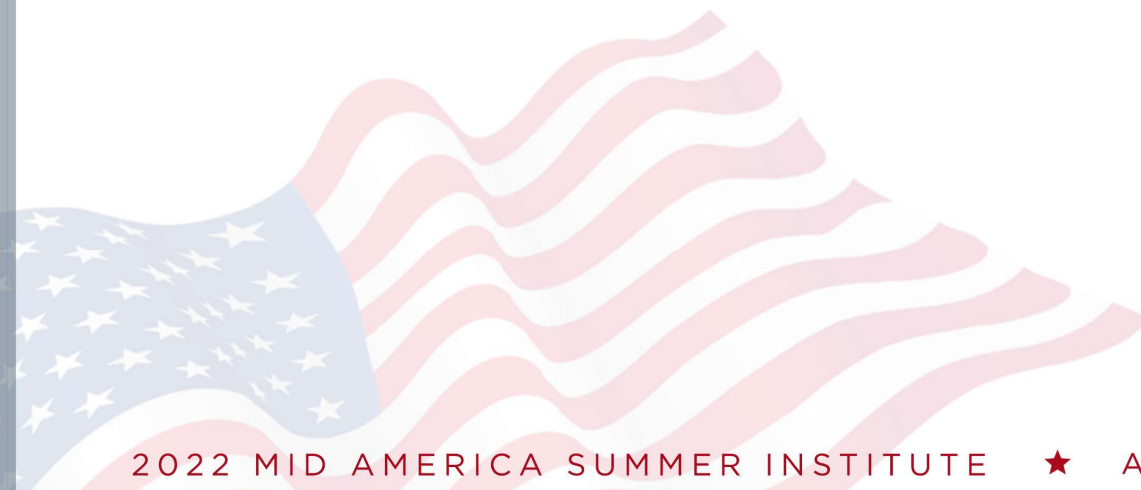
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# Questions or Comments?



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