Charlie Hammel, MHA, CRCR
Revenue Cycle Director
Henry County Health Center

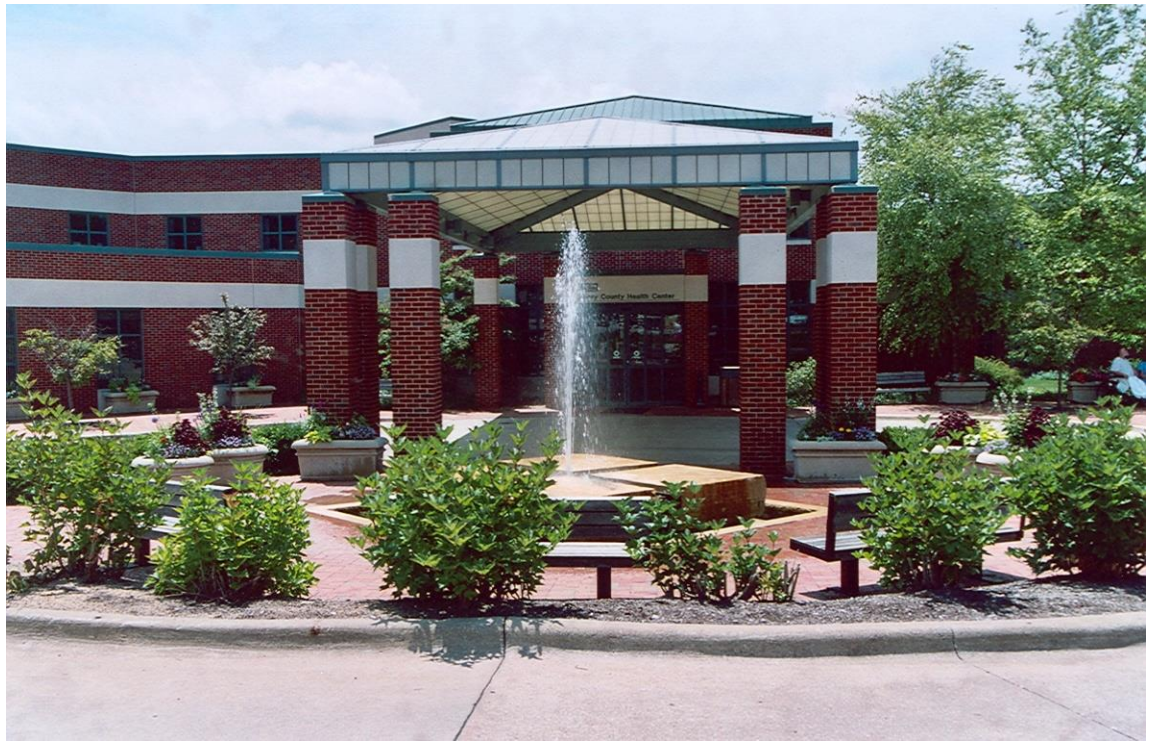
Cindy Petty, CRHCP
Revenue Cycle Director
Cass Health

Jessica Hoepker, AVP client delivery
Ensemble Health Partners

What Keeps a Revenue Cycle Leader Up at Night? Ps a bit of crazy fun!

What keeps this Revenue Cycle Director up at night?

Henry County Health Center
Mt Pleasant Iowa



It’s All About the TEAM

- Change the way you interview
- How to hire and retain the correct staff
- Hire for attitude and aptitude will follow
- Give them the tools to succeed
- Succession planning-Grow our own

Change the way you interview

- Interview questions
  - What is an EOB, Co-Pay, Co-Insurance
  - What is Medicare, Medicaid
  - Can you ask our customers for money?
- Peer interviews
- Don’t just take a “body”, Wait for the right fit
- Tell them the training schedule, set the expectation

Hiring for ATTITUDE

- Peer Interviews
  - Team would rather work short than get the wrong person
- Training schedule
  - Everyone starts out in registration
  - Get the basics down before going to home department
  - Be flexible with training schedule, not everyone learns the same
  - Make sure they utilize the tools given to them
- Are they on the right bus, or the right seat on the bus?
  - Coders doing registration with Medical Necessity
  - Department clerks to Scheduling
  - Do they have a job they want to transfer to?

The Right Tools

- Insurance Verification
  - Monitor Quality
  - Share Report Card with all staff
- Financial Transparency
  - Needs to figure average bill based on historical data
  - Tied to the insurance verification system
  - Collecting transparency is EVERYONE'S job
- Claims Scrubber
  - Should have clean claims if everyone is doing their job
- Team Huddles-Discuss issues-All participate

- Do we have the right staff
  That have a sense of **ownership,**
  That are **committed** to those we serve,
  So we can continue to provide the services that our patients and community needs?

That's What Keeps Me Up At Night

Cass Health

Revenue Cycle

Key Performance Indicators

Cindy Petty, Revenue Cycle Director

Presenter

Cindy Petty is the Revenue Cycle Director for Cass Health. With over 30 years of experience working in health care driven by her passion for learning and supporting her community.

She has served in her current role for the past five years providing leadership to her team in the areas of Medical Records, Registration, Patient Financial Services, Prior Authorization, and the Business Office. Having oversight of the RCM allows her to focus end-to end, looking at patient contact from the time of the patient's first entry to the health system through placement for early out and collections, keeping focused on patient experience and working to provide education and tools for patient financial needs. Using key performance indicators, working to identify opportunities, and best practices allowed Cindy and her team to achieve HFMA Map Award status in 2021. Cindy holds a Bachelor of Arts degree in Accounting from Buena Vista University and is a member of the Iowa Chapter of HFMA.

What keeps me up at night?

- How to maintain strategic focus and adjusting our sails with purpose amongst our daily challenges.

Key Performance Indicators

What are the HFMA MAP Keys?

MAP Keys are **industry-standard metrics or KPIs used to track your organization's revenue cycle performance using objective, consistent calculations**.

https://www.hfma.org/tools/map-initiative.html

Why Use KPIs?

- Illustrating trends
- Draw attention to opportunities
- Set goals
- Benchmark against your goals and industry best practices
- Tell your story, historical and to drive your future

Implementing KPIs

- Focus on what matters and what you can control
- Use relative values to compare current value to your baseline
- Use to drive progress towards goals adjusting action plans as needed
- Work towards “stretch goal” approach
- Share your findings

Tracking and Reporting KPIs

- Scorecards
- Dashboards

	Revenue Cycle Score Card																
	Denial Write Off % of Gross Rev	Denial (Prior Auth) Write Off % of Gross Rev	Untimely Denials	Denial % *Denied Claims/Total Claims*	Charity Expense as % of Gross Rev	BD Expense as % of Gross Rev	POS/Cash Collection	Copay Collection Rate	Press Ganey Med Practice Staff Worked Together	Press Ganey Outpatient Staff Worked Together	Gross A/R Days	Net A/R Days	% A/R Days > 90	Clean Claim Rate	DNFB	Uncoded Days *(HB) as reported by Epic Financial Pulse*	MyChart Registrations
Rolling 6 Months	*YTD*			*YTD*	*YTD*	*YTD*	*YTD*	*Admission Goal YTD % as of 7/1/2022*	*Admission Goal YTD*	*YTD*							*Current*
			NEW				NEW 01.2021										NEW
FY2022 Metrics	< .6% Update < .6% Green < 1% Yellow Over 1 Red	Decrease from Baseline Baseline - .39%	Decrease from Baseline Baseline - .24%	< 4% Note - data includes only payer data receieved back to Relay (excludes ITC specifically) Updated per NARHC benchmark data 5-10% Moderate Preformance	< 3.4% HFMA 10th Percentile 3.4% HFMA 90th Percentile .5%	< 1.8% HFMA 10th Percentile 1.8%	> 25% HFMA 50th Percentile 32.9%	> 94% Update > 94% Green 90-94% Yellow < 90% Red	Baseline - 81.7	Baseline - 80.51	< 45	< 53 HFMA 10th Days 45.3	< 25% HMFA 10th Percentile 28.1%	> 95%	Fin Pulse Trend - below median	Fin Pulse Trend - below median	Target increase to 48% Baseline 26%

"If you can't measure it, you can't improve it."

-Peter Drucker

recognition for revenue cycle excellence

mapaward℠

2021 high performance winner

Contact Information

Cindy Petty, CRHCP

Cass Health

Revenue Cycle Director

712-250-8119

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Located in Atlantic and serving southwest Iowa, Cass Health is a Critical Access Hospital with services that include:

- **Emergency department**
- **Inpatient, surgical and rehabilitation services**
- **Respiratory care**
- **Hospital pharmacy**
- **Wound, ostomy and continence care**
- **Diagnostic imaging and in-house MRI suite**
- **Obstetrics and gynecology clinic**
- **Family medicine**
- **Public Health services**

What Keeps a Revenue Cycle Leader Up at Night?

HFMA Mid-America Summer Institute

August 2022

Presented by: Jessica Hoepker, MBA, CCA, CRCR, CCT; AVP Client Delivery

ENSEMBLE HEALTH PARTNERS

Panelist Introduction

Jessica Hoepker
AVP Client Delivery

Who am I. . . .

- Supports VCU Health, academic hospital and physician health system
- 17 years of experience in hospital leadership, rural critical access hospitals, and specialty physician services
- Former Critical Access Hospital CFO & Hospital AR Operations Market Director in Iowa
- Master of Business Administration (MBA) from Western Governor's University and a Bachelor of Arts (BA) from Metropolitan State University of Denver
- Certified Revenue Cycle Representative (CRCR) with HFMA, Certified Coding Associate (CCA) with AHIMA, Certified Compliance Technician (CCT) with AAHAM, and a member of the American College of Healthcare Executives

Ensemble Health Partners

Redefining the possible in healthcare by empowering people to be the difference.

- Transforming Revenue Cycle Management.
- Adapt emerging technologies to practical uses – cutting through tech hype to deliver concrete solutions that bring maximum impact to providers' bottom line.
- 7,200+ associates, 4,000+ specialty certifications, $21B client Net Patient Revenue (NPR) managed, 6+ tech patents

What keeps a Revenue Cycle Leader Up at Night..

- Reimagined reimbursement / cost of healthcare
- Reduced reimbursement
- Denials & prevention
- Aging accounts receivable
- Payor performance & accountability
- Payor contract negotiations

Denials & Prevention

High Impact Insights

- Documentation / Information Requests
- Authorization Requirements
- Medical Necessity / Patient Status
- Coordination of Benefits / Benefits capture accuracy

Challenges

- More and more information being requested by payors
- Multiple avenues to send/receive information – adding complexities (i.e. Payer portals, HIS system portals, etc.)
- Increases in authorization requirements, lack of consistency, complexities in operationalizing with physician/provider partners, legalities of partnerships, dependencies (i.e. accuracy of patient status, availability of technology, etc.)
- Changing and inconsistency by payer/type for medical necessity, and use of clinical decision making tools, changes to Inpatient Only list. . . Added confusion to clinical teams working to provide effective, efficient, quality care
- Entry level associates capturing benefits, high turnover in current state of staffing, technology barriers (i.e. benefits capture builds, real-time reporting)

Strategies

- Keeping Score
- Denial Prevention Engagement
- Leverage the power of the whole
- Payer monthly relationships
- Contract language
- Revenue Integrity Committee
- Payer Policies / Updates

Contract Negotiations

Key Areas to Cover

- Plans & Products
- Physician, Hospital, ASC, CAH, etc.; including assignment and change of control
- Credentialing requirements
- Payment provisions – timelines, interest, methodology, etc.
- Prior authorization, concurrent & retrospective reviews
- Utilization and Quality Reviews
- Audits
- Dispute Resolution
- Term & Termination

Strategies

- Payor historical performance data
- JOC Meeting Documentation
- Benchmarking
- Contract language

Payor Performance Data

- Claims submission trends
- Time to pay
- Number and method of requests
- Request for information, authorization, eligibility/COB, coding & charge related, & medical necessity denials
- Locations, volume, patient type, DRG, facility and professional
- Policy changes
- Procedure changes

Strategies

- Historical trending
- Top payor performance
- Industry standards and benchmarking
- Market & regional performance
- Policy & guideline adherance

Contract Language

Key Areas to Consider

- Claims submission & corrected claims
- Record requests & reimbursement
- Appeals process & guidelines
- Readmission denials
- New-technology, new drug/implant/biologics, Newly approved diagnostic or operative procedures, newly approved methods of administration for a drug or device
- Offsets
- Lessor of Language
- Transplants
- Bad debt specific to MA plans
- High cost drugs

Strategies

- Leverage data
- Recommended legal language
- Checklist
- Addition or expansion of terms & limiting language