

Innovation in the Revenue Cycle

Tamara Hidalgo & Jerald Archibeque

OCTOBER 28, 2022





Presbyterian Healthcare Services

A PRESBYTERIAN

Healthcare Services

Integrated delivery and financing system with

\$4.9B in annual revenue.

New Mexico's most preferred healthcare system, serving

900k New Mexicans



🕸 PRESBYTERIAN

Delivery System

1,100+

physicians and advanced practice clinicians in more than 30 clinic locations.

9 hospitals across New Mexico.



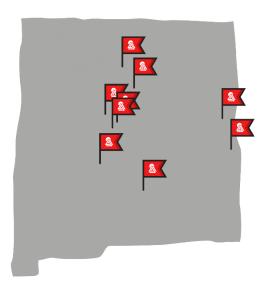
A PRESBYTERIAN

Health Plan, Inc.

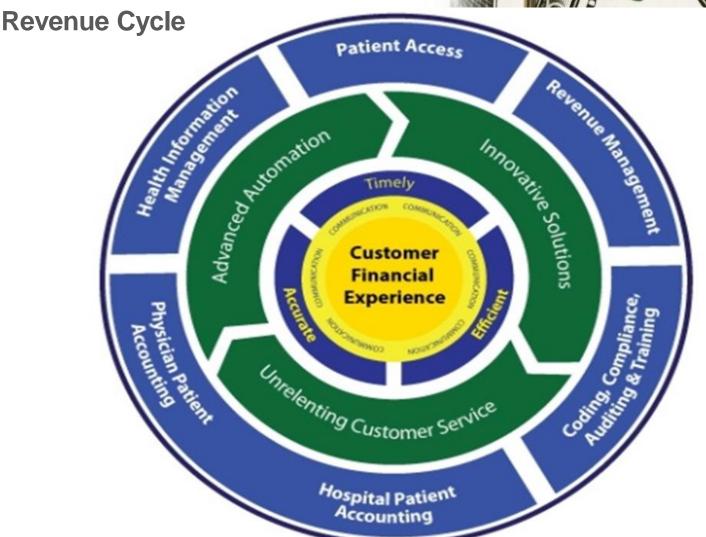
30+

years of providerled, managed care experience. 615,000

members statewide in commercial, Medicare Advantage and Medicaid.



Presbyterian Healthcare Services &





FOR ALL DEBTS, PUBLICAL



Patient Access

Registration, Financial Counselors, Insurance Verification, & Financial Clearance Center

Registration:

- 1. QR code to download a copy of the inpatient or outpatient admission booklets.
- 2. Online Register: patients can pre-register for any hospital service in MyChart up to 30 days in advance and can pay their copay or deductible.
- 3. OB pre-registration: Labor and delivery patients can pre-register 7 months in advance of due date.
- 4. Good Faith Estimates: templates have been built in EPIC to help with Self Pay estimates and preparing for insurance estimate automation in 2023.
- 5. Automation (Bot) for insurance verification and benefits pulled into EPIC.
- 6. Financial Assistance Module in EPIC: patients can now apply for financial assistance in MyChart and upload all documents.





Revenue Integrity

Revenue Cycle Informatics & Revenue Management and Compliance

Revenue Cycle Informatics:

- Facilitate Rev Cycle Testing for new services,
 departments and upgrade across the enterprise to Claims
- Partner with Clinical IT, Interoperability and Revenue IT on all charge capture related build, configuration and testing to Claim
- Create and maintain the Chargemaster and Fee Schedules.
- Sub-pricing team that reviews contract and fee schedule related reimbursement to support pricing decisions
- Maintain strategic relationship with partner vendor to evaluate any potential missing charges
- Pricing Transparency Initiative including No Surprises Act (NSA) and Good Faith Estimate (GFE)

Revenue Integrity

Revenue Cycle Informatics & Revenue Management and Compliance

Revenue Management and Compliance:

- Monthly/Quarterly Revenue, Usage and Reconciliation reviews with Operational Leaders including Provider Charge Capture to ensure charges are captured and revenue flows to the appropriate department
- Dashboard for timely review of missing charges and open encounters
- Ongoing audits to identify any revenue leakage, monitor Revenue Guardian and implement opportunities for improvement (30 day audit on new lines of business, department moves for revenue routing and volume, chart to charge audits)
- Routinely review and update downtime operational charge tickets
- Provide educational sessions for Operational Leaders on reporting tools specific to Revenue Usage and Reconciliation



HIM (areas of support):

- 1. Transcription
- 2. Record processing, scanning, indexing
- 3. Record completion/Medical record analysis
- 4. Birth Registration
- 5. Release of Information
- Coding (Hospital, Home Health, Hospice, ED, Hospital profees & HCC)
- 7. Enterprise Master Patient Index (EMPI) (duplicate patient management) & Chart Correction
- 8. HIM Automation (Informatics support for HIM applications)
- 9. Coding & Documentation Quality Assurance



Projects & Best Practices

- 1. Coding Days averaging 2.1 days
 - Use of computer assisted coding
 - Outsourcing of certain portions for cost effectiveness
- One touch approach to all coding related billing/claim edits at time of coding
- 3. Concurrent chart analysis and hourly/daily provider suspension for Joint Commission and CMS Compliance
- Scanning turnaround time of <12 hours from time received for all paper documents
 - Use of AI software to assist with document indexing process
 - Outsourcing certain portions for cost effectiveness
- 5. Duplicate patient rate 0.8% out of over 2.4 million patients in the database. Epic best practice is 2% or less
- 6. Coding (Hospital, Home Health, Hospice, ED, Hospital pro fees & HCC)
- 7. Direct release of records to SSA for disability claims allows approval for patients within 24-48 hours (previous practice was 2-4 weeks for approval)
- 8. Electronic release of records to patient portal
- 9. Compliance with Information Blocking regulations



Coding & Documentation Quality Assurance (CDQA)

What is CDQA?

CDQA is an integral part of the revenue cycle to prevent compliance risk to the entire PHS organization. The OIG states in order to be compliant an organization needs to have strong internal audit standards, education, training, intervention and mitigation of compliance issues.

CDQA does so by:

- Defining: Assess risks and audit those areas that may pose a problem
- Preventing: Educate, review processes and work flows for changes and communicate to those affected by the issues discovered
- Detecting: Audit and re-audit to monitor for compliance and communicate if the issue continues to be out of compliance and praise if they continue to stay in compliance
- Evaluating: Continue ongoing risk reviews, provide education, monitor systems, and update policies/processes for improvement



CDQA

How CDQA Contributes to the Revenue Cycle

Preventing risk to the organization through:

- Provider audits based on risk analysis
- Coder audits
- Coder and physician education and training
- Hospital medical necessity reviews
- Risk assessment reviews
- Denial Reviews
- Reviewing patient complaints on coding and charging issues/concerns
- Manages quarterly ICD-10 code updates
- Validates accuracy of internal coding edits (CCI, LCD, MUE, etc)

From compliance to commitment

Taking pride in operational excellence





- <u>Billing</u>: currently we bill 9,900 claims per day for our Physician Group, and 2,900 claims per day for our hospitals.
 - 1. Claim Edits built in EPIC, including payor & contract specific edits, work queues built to hold accounts/claims prior to release.
 - 2. Claim Attachments- automated the process to pull medical records into work queue and submitted. Eliminated manual intervention and reduced process by more than a day.
 - 3. CLIA automation- was able to auto populate the CLIA numbers to the claim which previously was a manual process.
 - 4. Automation (Bot) was created to update insurance coverage information.
 - 5. Auto adjustment of non-billable charges at the time of billing (i.e. vaccine charges for rural health clinics).



- Insurance Collections & Denials: Analysis is key. Using CARC and RARC payor data to pin point areas of opportunity not only by volumes but also by overturn probability rate (RAEAA score-Risk Adjusted Expected Allowed Amount).
 - 1. Monthly denial meeting with regional facilities (specific focus on those denials that they can directly impact such as eligibility and authorization denials).
 - 2. Monthly denial meeting with specific departments (such as Infusion, Radiology, and Care Coordination)
 - 3. Monthly payor meetings
 - 4. Automation (EPIC) for adjustments if account paid according to contract
 - 5. Automation (EPIC) to bill patient for Registration denials
 - 6. Automation (Bot) to take the information from the payor portals and bring the claim information back into our system.
 - 7. Automation (EPIC) for claim resubmissions
 - 8. Automation (Bot) for medical record submission for information denials

- Patient Collections: Patient Debt Collection Act and No Surprise Billing Act requirements and compliance.
 - 1. Automation (Bot) Medicaid coverage discovery
 - 2. Charity/Financial Assistance module built in EPIC, used to track cases
 - 3. MyChart innovation
 - 4. Automation (Bot) to adjust ambulance balances for charity
- <u>Cash Management</u>: 92% of all payments received are electronic and auto posted (including the PLB segment).
 - 1. Automation (Bot) to post statement payments
 - 2. Credit Balance automation (Bot) to locate over contractualized accounts.
 - 3. Patient Refund automation (EPIC) to look for other open accounts & distribute if balances owed.

- Revenue Recovery: After adjudication this team evaluates if the claim was paid according to contract (Underpayments and Overpayments). Contracts are loaded into EPIC and the system calculates if we were paid correctly. If not paid according to contract a record is recreated and the account flows to a work queue for the team to work.
- <u>Vendor Management</u>: We utilize partnerships for certain areas of the business that we are not as proficient in. We work with companies that specialize in...
 - 1. Self Pay Collections
 - 2. Auto Liability
 - 3. Workers Comp
 - 4. Out of State Medicaid
 - 5. Bad Debt Collections