Optimizing Revenue via Automating Patient Services

Top Healthcare Revenue Cycle Front-End Challenges

November 8, 2024

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Terry Russell
Vice President, Revenue Cycle - Implementation and Optimization

Terry Russell assumed leadership of Conifer Health Solutions' Implementation and Product Line Management organization as Vice President. In this role, Terry is responsible for developing the strategy that elevates patient experience, enhances market presence, and optimizes reimbursement for our hospital and health system clients. He also leads our ConiferCore enterprise application portfolio as well as optimizes workflow that enhance and improve performance across the enterprise.

First joining Conifer in April 2010, Terry has successfully served in several roles including Senior Director of Implementation and Optimization – Patient Services, Process Director and Manager of Operations. Prior to Conifer, the bulk of Terry's experience was serving as Patient Access Director and Compliance Officer for multiple health systems.

Learning Objectives

Strategies to enhance automation, expanded capacity, and improved efficiency to drive healthcare cost reduction!

- Standardized work listing by streamlining processes within patient services to ensure consistency and accuracy.
- Explore how automating eligibility, estimates, and authorizations enhance the patient experiences and accelerates revenue realization.
- Examine strategies to uphold service quality, minimize claim denials and optimize revenue flow through effective patient service management.
- Understand the impact of regulatory compliance within patient services and the importance of aligning operations with industry standards.
- Explore how integration strategies and change management practices directly influence patient services in contributing to a seamless revenue cycle.

HOW TO MANAGE INVENTORY TO REDUCE FINANIAL RISK AND IMPROVE PATIENT INTERACTION

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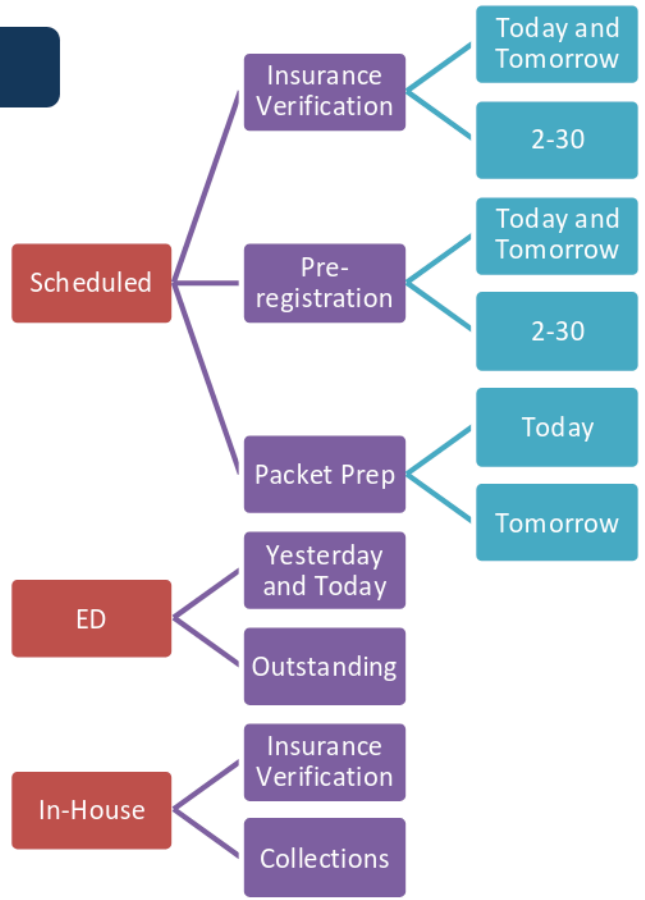
Work Listing: **Standardization and Flexibility**

As a hospital leader, how do you know what's at risk?

FINANCIAL **OPERATIONAL** **REGULATORY**

- Standard (ER / IP / OP / RCR)
- Exception Based
- Real Time Self Service
- Focus on Compliance
- Task Management
- Transparency of Work Effort



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Poll Question 1:

How much has your organization automated patient services to enhance efficiency and patient experience?

A. Not at all
B. Partially automated
C. Mostly automated
D. Fully automated

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HOW TO THINK ABOUT THE AUTOMATION PATHWAY AND ITS IMPACT TO PATIENT ACCESS

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TOP 3 PATHWAYS FOR AUTOMATION IN PATIENT ACCESS

- How to continually improve your eligibility automation and maximize payer access
- How estimate automation must evolve to meet accuracy and regulatory requirements
- How authorizations must be automated to supplement a new work force in a highly complex environment

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Poll Question 2:

To what extent has standardizing work listing processes improved consistency and accuracy in your patient services?

A. Significantly improved
B. Moderately improved
C. Slightly improved
D. No improvement
E. Have not standardized work listing

Automation Pathway: **Eligibility**

Eligibility has largely been commoditized for years, so what should patient access be looking for to improve?

- Metrics: Automation Rate
- Mapping and Re-mapping
- Service Type Codes
- Cascading
- Data Mining
- Audience

Depending on payer mix, 85-95% of your total patient inventory should be screened and fully automated.

Automation Pathway: **Estimation**

If you do not have estimate automation, patient access is losing out on improved accuracy, patient satisfaction, and compliance with the challenging regulatory pressures.

- Every Patient, Every Time
- No Surprises Act
- Timing is everything
- Metrics: Accuracy and Automation
- What about those shoppers?

Automation should range between 55-75% depending on your payer mix.

Automation Pathway: **Authorization Automation**

Authorization management is the #1 pain point for patient access, how are you leveraging technology to build capacity and support patient access team members?

- Rules Management
- API or RPA
- Broad Payer Coverage
- Financial Risk Management
- Denial Improvement
- Ongoing Maintenance

Authorization automation should penetrate 60-75% of your authorization required based on payer mix.

Poll Question 3:
Have automated eligibility, estimates, and authorizations accelerated your revenue realization?

A. Greatly accelerated
B. Somewhat accelerated
C. Barely accelerated
D. Not accelerated
E. Have not automated any of these functions

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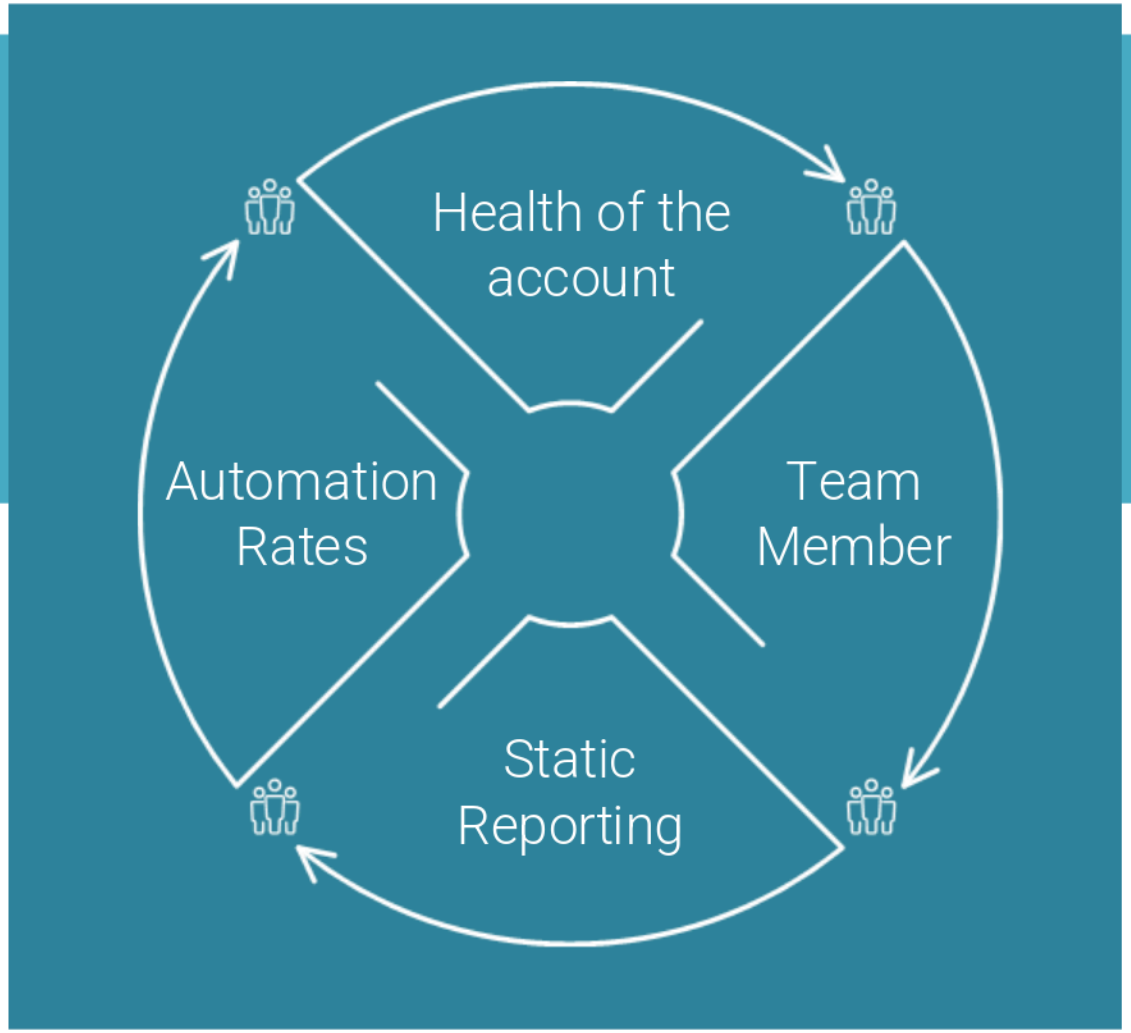
HOW SHOULD WE THINK ABOUT REPORTING FOR PATIENT ACCESS AND AUTOMATION

Automation Pathway: **Key Metrics**

Reporting can often have an A/R centric view and lacks an understanding of data maturity over time to help address root cause.

- Automation rates for eligibility, estimation, and authorization
- Understand your adoption for each
- Measure by employee, by day, by time
- Quality split for automated and non-automated
- Don’t forget the exceptions to improve your API and RPA possibilities



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Poll Question 4:

What strategy has been most effective in minimizing claim denials in your organization?

A. Enhancing service quality
B. Streamlining patient service management
C. Implementing regulatory compliance
D. Integration and change management practices
E. Building payer relationships

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ADDITIONAL GUIDANCE FOR INTEGRATION AND CHANGE MANAGEMENT

Development Plan: **Sample Playbook**

				Change Management	Product Implementation
Motivate & Inform	**Staff Engagement** • Provides education and expectations • Demonstrations of workflow product **CFO Review** • Review workflows with the CFO • Explain benefits and impact • Explain go-live process and needs	PRE GO LIVE	**12 Wks. Prior**	• Operations Leadership Engagement	• Process & System Due Diligence • HL7 Gap Analysis • Solution Design
			9 Wks. Prior	• Staff Engagement • CFO Engagement	• System Build & Configuration • Testing • Go / No-Go Tollgate
Train	**Training and Desk side Support** • On site conducting training one week prior to go-live • Desk side support • Ongoing weekly	GO LIVE	**1 Wk. Prior**	• Review of Final Go-Live Plan	• Technical Go Live
			Week Zero	• On Site Management & User Training	• User Go Live • Issue Log Starts
			Week 1-2	• On Site Desk Side Support • Weekly Ops Call Starts	• Issue Log & Resolution • QA Module Transitions to Workflow Tool
			Week 3-8	• Weekly Ops Call Continues • Management Coaching	• Issue Log & Resolution Continues
Monitor	**Score Card / Metrics** • Metrics explained • Score card established	POST GO LIVE	**Week 9 – 12**	• Scorecard Implementation • New MIP Plan Communicated & Tested	• Vendor Performance Management Starts
			Week 13+	• New MIP Plan Starts • Benefit Realization / Headcount Adjustment Starts	• Vendor Performance Mgmt. • Issue Resolution Continues
			On Going	• Scorecard Publishing • QA Results Publishing	• Vendor Performance Mgmt. • System Enhancements

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