

**A Journey in Financial Improvement**  
**Developing an Efficient Revenue Cycle Meeting**  
**January 17, 2018**

**IDPH**  
Iowa Department of Public Health

**Iowa Rural Hospital Learning Opportunity Program**

**HOMETOWN HEALTH**

Provided by the Iowa Department of Public Health and HomeTown Health through the HRSA Critical Access Hospital FLEX Grant 2017-2018, Iowa Grant #5888CA04.

## Iowa Rural Hospital Learning Opportunity Program

### Webinar Etiquette

- All attendees are in “Listen Only” mode
- Questions or comments?
  - Open “Questions” pane in dashboard.
  - Type in comments or questions.
  - Comments will be monitored throughout webinar.
  - Questions will be addressed at end of the webinar.

File View Help

**Audio**

Telephone

Mic & Speakers [Settings](#)

**MUTED** 000000000

**Questions**

Bless you for joining - we will begin at 9am!

[Enter a question for staff]

Send

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**Questions**

Show Answered Questions

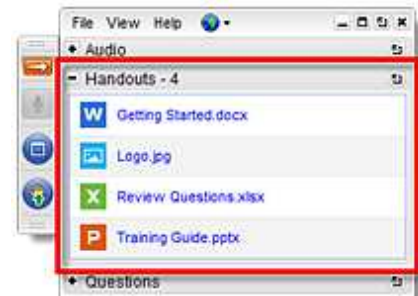
X	Question	Asker

Send Privately Send to All

## Iowa Rural Hospital Learning Opportunity Program

### Webinar Resources

- This webinar will be recorded and emailed to you to share with others on your team.
- Handouts are available for download in the Handouts pane and will be emailed out to attendees after the webinar.



## Iowa Rural Hospital Learning Opportunity Program Continuing Education

As an IACET Authorized Provider, HomeTown Health, LLC offers CEUs for its programs that qualify under the ANSI/IACET Standard. HomeTown Health, LLC is authorized by IACET to offer **0.1 CEUs** for this program.


### In order to obtain these units, you must:

- Attend webinar/view recording in its entirety
- Pass online quiz with 80% or better.
- Complete webinar evaluation.

*Following this webinar, all attendees who have viewed the recording in its entirety will receive an email with a link to the quiz and evaluation.*

*Anyone that misses the webinar can view the recording online, posted on the program Dashboard, for CEUs.*






## Iowa Rural Hospital Learning Opportunity Program Continuing Education

HTHU provides over 300 courses online, over 170 Webinars a year, and various live training conference and workshops. Accredited Education from the *International Association for Continuing Education & Training* (IACET). (Who accepts the IACET CEU? Full list at [www.iacet.org](http://www.iacet.org))

- American Association of Respiratory Therapy
- American Board of Medical Microbiology
- American Society for Clinical Laboratory Science
- American Society for Quality
- American Speech-Language-Hearing Association
- Board of Certified Safety Professionals
- The Child Care Development Associate National Credentialing Program
- Clinician's View (Occupational, Speech, and Physical Therapy)
- Federal Emergency Management Agency
- Georgia, Massachusetts and Ohio Board of Nursing
- Georgia Professional Standards Commission
- Human Resources Certification Institute (for their Professional in Human Resource Designation)
- National Association of Rehabilitation Professionals in the Private Sector
- National Association of Social Workers
- National Board for Certification in Occupational Therapy, Inc. (NBCOT)
- National Council for Therapeutic Recreation Certification
- National Registry of Emergency Medical Technology (EMT)
- National Registry of Microbiologists
- National Society of Professional Engineers
- Society for Human Resources Management
- State of Georgia, FL and Iowa Board of Professional Engineers
- The American Association of Integrative Medicine
- The American College of Forensic Examiners Institute
- The American Council on Pharmaceutical Education
- The American Psychotherapy Association
- The International College of The Behavioral Sciences
- The National Board for the Accreditation of Occupational Therapy (NBCOT)



## Iowa Rural Hospital Learning Opportunity Program Group Participation

Are you on this webinar with a group?

If so, please enter:  
first/last names and email addresses  
of those in attendance with you in the Questions Pane.







## Iowa Rural Hospital Learning Opportunity Program Agenda December 20, 2017

Welcome & Introductions	Jennie Price
<b>Developing an Effective Revenue Cycle Meeting</b>	Sandy Sage, RN
Upcoming Events & Resources	Jennie Price



**PURPOSE:**  
The Rural Hospital Learning Opportunities Program (RHLOP) exists to support Iowa's CAHs in activities that will improve their financial and operational outcomes.

**Three Focus Areas:**

- Personnel
- Days Cash On Hand
- Days in Net Patient AR

## Iowa Rural Hospital Learning Opportunity Program Program Goals

## Disclosure of Proprietary Interest

HomeTown Health does not have any proprietary interest in any product, instrument, device, service, or material discussed during this learning event.

The education offered by HomeTown Health in this program is compensated by the HRSA Small Hospital Improvement Program (SHIP) grant.

## Sandy Sage, Revenue Analyst

- Sandy joined the HTHU team in 2009 as an instructor and has developed many of the courses related to the revenue cycle. She has been a Registered Nurse for over 25 years, having begun her career as a clinical manager and in 2000 transitioned to the position of Revenue Cycle Analyst. Sandy has worked as a consultant for rural hospitals helping them with revenue cycle process development and chargemaster compliance.
- She became a member of the HTH team in November of 2016. Sandy has been the Team Lead for the Small Hospital Improvement Program in Georgia and Florida and developed the *Rev Up Your Revenue Cycle* program for our hospitals. Her responsibilities include revenue cycle education, grant implementation and she will be working closely with our hospitals to help them succeed in this complex healthcare environment.
- A native of California, she moved to Georgia with her family at age 12 and now considers herself a Georgia girl. She has two grown daughters, Amber and Mallory and lives in Cochran, Georgia.



## Learning Outcomes

- Identify qualities of your Revenue Cycle meeting leader
- Describe how your meeting should be structured
- Identify what impact successful meetings can have in your hospital
- Identify how you can measure success
- Describe an effective way to work your AR



## **POLL QUESTION**

### **What's included?**

- Defining the Objective
- Creating accountability – Departments must own their own processes
- Create an atmosphere of ownership and pride

## Who's included?

- People
  - Facilitator
    - CFO, Revenue Cycle Director, Compliance Officer, etc.
    - Leader with influence
    - Revenue Cycle Knowledge



## Other leader requirements



- Familiarity with:
  - Coding
  - Charging
  - Billing
  - Collections
  - All things revenue cycle



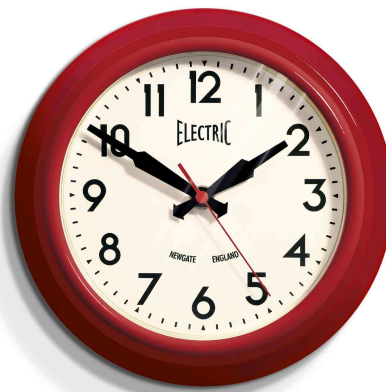
## The Team



- Health Information Management (HIM)
- Patient Access
- Coding
- Case Management
- Collections
- Billing

## How Often?

- Weekly?
- Bi-weekly?
- Monthly
- Morning?
- Afternoon?



## Your goals - Avoid

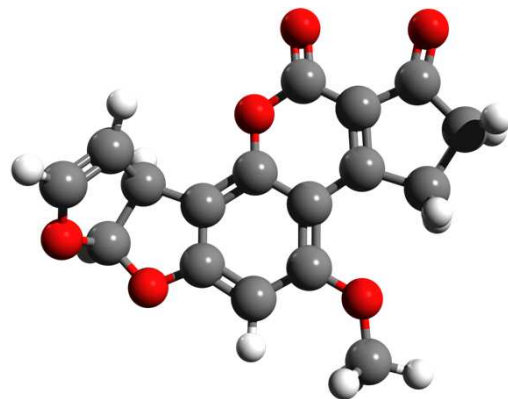
- ↑ Collections
- ↑ Cash Flow
- ↑ Customer Service
- ↑ Efficient and Effective Revenue Cycle

- ↑ A/R Days
- ↑ Denied Claims
- ↓ Cash
- ↑ Complaints
- ↑ Bad Debt
- ↓ Productivity

## Structure

### AGENDA

- 
- 
- 



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## Topics to discuss

- Discharged Not Final Billed (DNFB)
- Final Billed, Not Transmitted (Bills on Hold)
- Accounts Receivable (A/R)
- Significant Denials or Denial Trends
- Key Performance Indicators (KPI) or Special Projects

## Key Performance Indicators



## Parameters

- What are your bill hold days?
- How much time do you have before a claim drops into the billing system?
- Average is 3-5 days

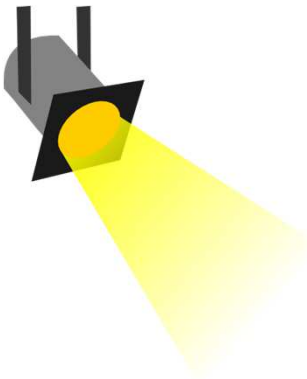


## DNFB

- Review every account
  - Discuss why they have not been final billed
  - Assign responsibility for resolution
  - Watch for trends
- Coding?
  - Physician?
  - Charging?
  - Take notes
  - Hold people accountable
  - Invite other departments



## Report spotlight



### DNFB Report includes:

- Deficiencies by provider and by type
- Service type, Patient Acct Number, name
- Discharge date
- Primary Payer
- Assigned internal edit (reason for hold)

## Final billed not transmitted



- Payer specific edits – Eligibility, ID numbers, demographic information
- Credentialing issues
- Missing information
- National Correct Coding Edits - NCCI edits – Invalid CPT codes – Incompatible code pairs – modifiers

# Credentialing

- Don't bill before physicians are licensed and credentialed with the insurance companies.
- Check with whoever is responsible to determine where they are in the process.
- Be patient, the process is long and frustrating!



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# Edits, Edits, Edits

- NCCI edits – coding? charging?
- Discuss processes and work to find ways to improve!
- Patient Access
- Missing information? Eligibility?
- Discuss before the meeting to be prepared!

**CLEAN CLAIMS !!**

## DDE Claims

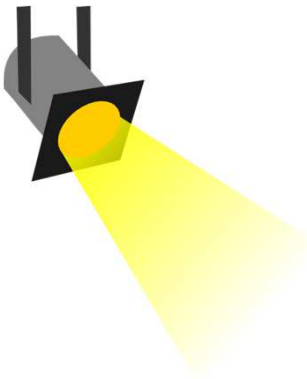
- Have a list of your claims in the DDE that need correction
- If you need more information, be ready to discuss with your team
- Who is responsible for working the claims in the DDE?
- How long have the claims been in S or T status?

**CLEAN CLAIMS !!**

## Accounts receivable (A/R)

- 31-60 days
- 61-90 days
- 91-120 days
- > 120 days
- >120 days are difficult to collect. (70% uncollectable)
- 61-90 days may be secondary issues
- The older the claim the less likely it will pay.
- Assign specific staff to work A/R
- Discuss using outside resources
- Develop a plan to efficiently work A/R

## Report spotlight



### AR Metrics – Weekly Report

- Gross Patient Revenue
- Gross AR Balance
- Unbilled AR, DNFB AR, Term AR,
- Avg. Daily Revenue
- Days Revenue in Gross AR 90 days and net unbilled
- Days Revenue in unbilled gross revenue
- Days revenue in unbilled DNFB gross revenue

## Credit Balances

- Payment posted incorrectly
- Duplicate payments
- Patient and Insurance paid
- Late charges
- Other errors

**CMS.gov**  
Centers for Medicare & Medicaid Services





## Late Charges

- Charges after bill hold days
- Creates extra work
- Causes underpayments
- Develop improved processes
- Involve department managers



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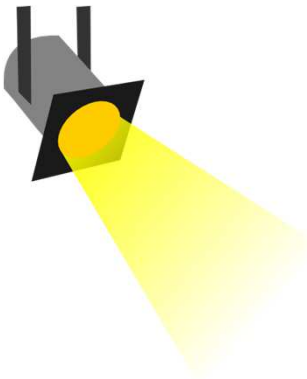
## Going Forward

- Add more reporting
- Delve deeper
- Add departments and invite them to the meetings
- Work as a team
- Stay positive!



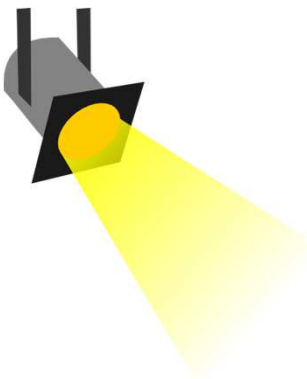
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# REPORTS



- ATB by payer class – by aging category
- Held claims report – by reason code
- Denials – by provider, type
- Late Charge report – reconciliation compliance
- Interface error report (Posting errors)
- Pending nursing – Infusion documentation, E/M
- Credentialing reports
- Missing orders report

# REPORTS



- Scheduling – Throughput wait times
- Census – Outliers, extended stays, Self-pay stays
- Observation vs. Inpatient
- Any other issues that arise

## Revenue Cycle Challenges

- Lack of skilled resources can be the #1 issue!
- Are staff wearing too many hats?
- Are they overwhelmed?
- Do they need education?
- How can your team help?



## Communication



- Communication is your key to success
- Share what you discuss with other staff and departments
- Get everyone invested in a well functioning revenue cycle
- Be open and transparent



# Measure of Success

- Employee Satisfaction
- Customer Satisfaction
- Key Performance Indicators
- Increased Cash on Hand
- Decreased Days in A/R



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# QUESTIONS?



# Effectively working your AR

## Causes of High AR Days

- Lack of communication between departments
- Changing insurance rules and requirements
- IT issues in your EHR
- Untrained staff
- Registration errors
- No follow through on rejected claims

## Be Proactive

- Accuracy in Patient Access
- Upfront collections
- Compliant and accurate Chargemaster
- Integrated EHR
- Clinical Documentation Improvement program
- Coding accuracy

## ATB Report

- Aged Trial Balance Report
  - Provides detailed tracking of outstanding and insurance balances that will allow you to get a clear picture of your AR.
  - Payer level or detailed patient level
  - Use to determine where your weaknesses in collections are

## ATB Report - Uses

- Identifies opportunities to improve cash flow
- Allows you to monitor claims for timeliness
- Helps identify payer trends
- Allows you to collect data for benchmarking and Performance Improvement indicators

## ATB – Working AR

- Download your ATB report into an Excel report
- Sort by payer then by age of account then by \$\$
- Create a tab for each payer list
- Add columns to include:
  - Last date worked
  - Comments

## ATB – Working AR

- Assign tabs to employees to work
- Work from the oldest date and the highest \$\$
- Give daily goals for number of accounts to work
- Meet with staff weekly to review progress
- Once you see progress being made, extend time between meetings

## ATB – Working AR

- Watch for trends that will allow you to batch corrections
- Watch for trends by payer that may need C-suite intervention for contract enforcement
- Evaluate all identified trends at weekly meetings
- Report to RC committee
- Include all departments affecting cash flow

## Learning Outcomes

- Identify qualities of your Revenue Cycle meeting leader
- Describe how your meeting should be structured
- Identify what impact successful meetings can have in your hospital
- Identify how you can measure success
- Describe an effective way to work your AR

## Questions?



Contact Sandy Sage, RN

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or email

[hthtech@hometownhealthonline.com](mailto:hthtech@hometownhealthonline.com)

## References

<https://www.linkedin.com/pulse/how-decrease-hospital-accounts-receivable-days-jim-yarsinsky/>

<http://scribeamerica.com/blog/revenue-cycle-1-minimizing-days-in-accounts-receivable/>

<https://www.hfma.org/ContainingDaysinAccountsReceivable/>



**Iowa Rural Hospital Learning Opportunity Program**

## Announcements & Upcoming Events



## Iowa Rural Hospital Learning Opportunity Program "A Journey in Financial Improvement"

**Stop #1 - Using Performance Improvement Strategies to Improve Financial Indicators**  
December 20, 2017

**Stop #2 - Developing an Efficient Revenue Cycle Committee**  
January 17, 2018 at 1:00pm Central

**Stop #3 - Understanding the Roadblocks to Clean Claims Processing**  
February 21, 2018 1:00 pm CST



## Quarterly Medicaid MCO Webinar

For SHIP Grant Consortium Participants

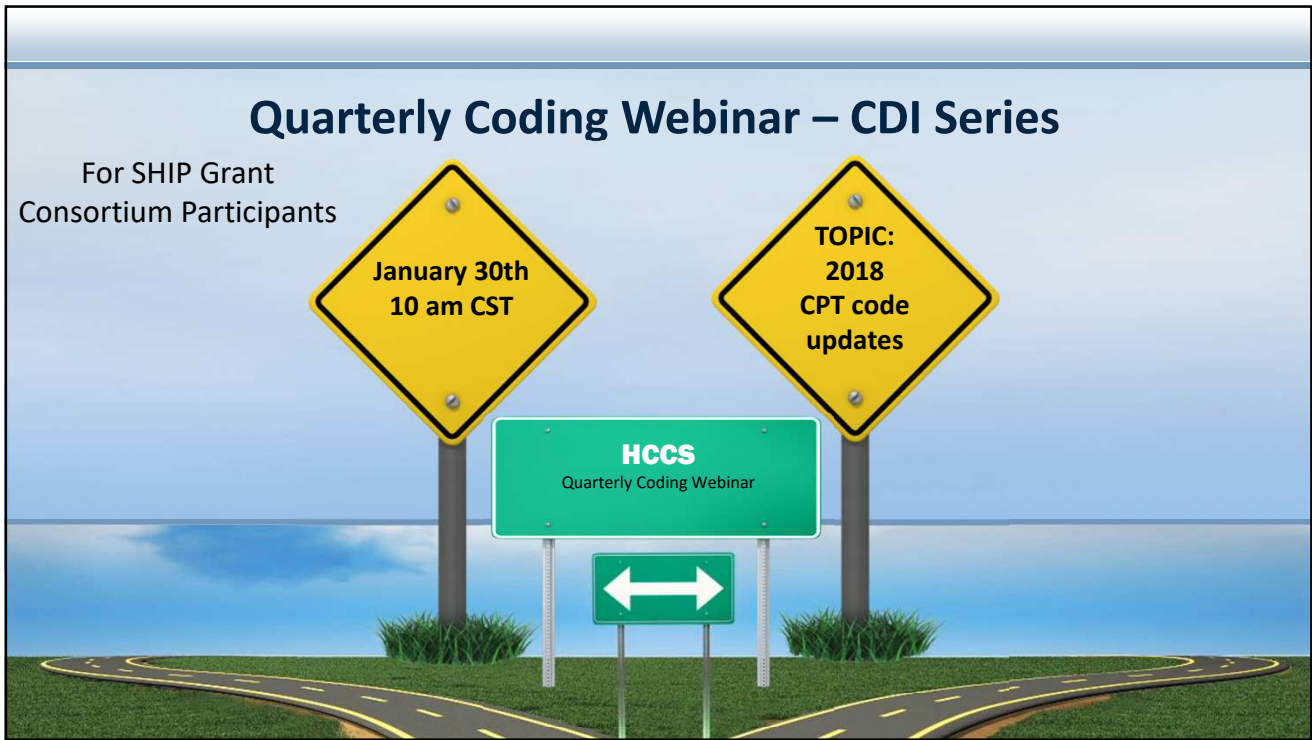
**January 23<sup>rd</sup>  
10 am CST**

**TOPIC:  
Contract Management**

**Updates on Iowa Medicaid and MCOs**









**Dashboard & Resources**

A recording of today's webinar, handouts & resources, and future webinars dates can be found on the Program Dashboard located at:  
[www.hthu.net/iowarhlop18](http://www.hthu.net/iowarhlop18)



The graphic features a white background with a blue header and footer. On the right side, there is a circular logo for Hometown Health University (HTHU) with the text 'HOMETOWN HEALTH UNIVERSITY' and 'HTHU .NET'. Below the logo is a 3D map graphic with three green location pins. The text 'Dashboard & Resources' is in a large, bold, blue font. Below it, the text 'A recording of today's webinar, handouts & resources, and future webinars dates can be found on the Program Dashboard located at:' is in a smaller, grey font. The URL 'www.hthu.net/iowarhlop18' is in a green font and underlined.

THE HOMETOWN HEALTH 2018  
**IOWA RURAL & CRITICAL ACCESS HOSPITAL CONFERENCE**  
 MARCH 14 & 15, 2018 \* COURTYARD BY MARRIOTT DES MOINES/ANKENY

**IOWA HOSPITALS**

**DAY ONE:**



**"A TEAM APPROACH:  
PROFITABILITY IN THE REVENUE  
CYCLE"**

Intended for Financial Leaders, Revenue Cycle  
Directors, & Business Office leaders  
(offering 0.3 IACE CEUs)

**"A DAY IN THE LIFE OF A  
QUALITY DIRECTOR...  
AND HOW TO PREVENT  
BURNOUT"**

Intended for Quality Directors, nurse leaders, or  
"up-and-coming" leaders (offering 0.3 IACET  
CEUs)



**POPULATION HEALTH FORUM:  
ASSESSING YOUR HOSPITAL'S  
PREPAREDNESS**

Intended for CAH or rural hospital  
Administrators/CEOs, and other leaders

**DAY TWO:**

**SMALL HOSPITAL IMPROVEMENT PROGRAM  
CONFERENCE:  
"LESSONS LEARNED FROM THE  
HOSPITAL TRANSFORMATION CONSORTIUM"**

**REGISTRATION IS OPEN!**

**Recommended Participants:**

- CAH or Rural Hospital Administrators, CEOs, and other executive representative (backup if one cannot attend: hospital's grant coordinator)
- Financial Leaders, Revenue Cycle Directors, & Business Office Managers
- Quality Directors, nurse leaders, or "up-and-coming" leaders

**Cost to attend:**  
SHIP Grant Hospital Transformation Consortium Hospitals: 3 registrations and two hotel room accommodations for the evening of March 14 th included under the grant/sponsored by HomeTown Health Business Partners.

Registration Link is on your Program Dashboard at [www.hthu.net/iahtc](http://www.hthu.net/iahtc)

## FEEDBACK: Live Training Location

We will be offering another regional live meeting option for the RHLOP Financial Workshop: "A Team Approach: Profitability in the Revenue Cycle"


This is for hospitals attendees that cannot attend the March 14th meeting in Ankeny.

We are looking at locations more convenient for Northern Iowa hospitals to be held on June 4th.

**Help us with a location!**

Please provide your feedback on suggested cities in "northern" Iowa (Mason City? Another area? Do you have a meeting place at your hospital to offer?)

**Please enter those in chat pane!**





***Tell us how we did!***  
**A Journey in Financial Improvement**  
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**HOMETOWN  
HEALTH**

WORKING TOGETHER FOR THE SURVIVAL OF RURAL HOSPITALS