Henry County Health Center

Karoleen (Charlie) Hammel
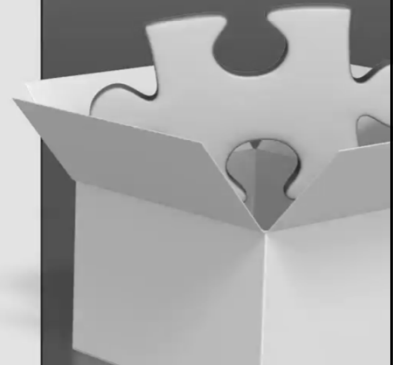Revenue Cycle Director

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Best Practice – Revenue Cycle

2018 HFMA MAP Award recipient

Only CAH in the nation to win twice!

- M - Measure Revenue Cycle Performance
- A - Apply strategies for improvement
- P – Perform to the highest standards

Where Did We Start?

- HCHC won the first MAP award in 2009
- Second time in 2013
- Applied 2013, 2014, 2015
- 2017 set Revenue Cycle goals to meet MAP Keys

HFMA MAP Keys

- Net Days in A/R
- Aged A/R as % of Total Billed A/R > 90 Days
- Point-of-Service (POS) Cash Collections
- Cost-to-Collect
- Cash Collections as a % of Net Patient Services Revenue
- Bad Debt
- Charity Care
- Days in Discharged Not Final Billed (DNFB)
- Days in Final Billed Not Submitted to Payer (FBNS)
- Days in Total Discharged Not Submitted to Payer (DNSP)
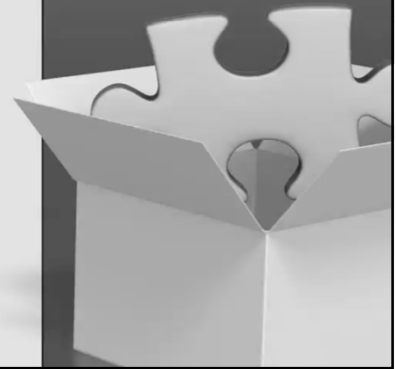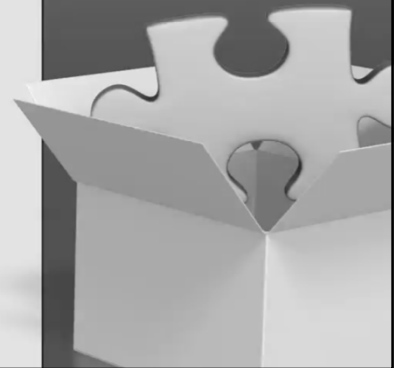
What We Monitor

My LEM Included:

- Net Days in Accounts Receivable
- Aged A/R as a Percentage of Total Billed A/R > 90 Days
- Point-Of-Service Cash Collection

Billers Goals Included:

- Net Days in A/R
- Aged A/R > 90 Days
- Days in Final Billed Not Submitted (FBNS)

Patient Access Goals Included:

- MSP Errors < 12/year
- Average QA Report Card of "A" per team

Key Positions

Revenue Cycle Director

Has responsibility for the whole revenue cycle

- Patient Access (central & ED)
- HIS/Coding
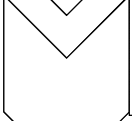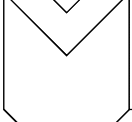- Central Scheduling
- Patient Financial Services

CEO and CFO

Support organizational goals and policies

Support the RC Director and staff

Back decisions made related to patient finance

- Insurance Verification

- **Relay Clearance Plus –** software that runs in the background and checks eligibility on ALL patients

- Set **goals for accuracy** in the registration department and **created report cards.**

- **Report Cards** track percent of errors by staff member.

Patient Access

Getting information right on the front end is key to clean claims on the back end.

Ensuring accuracy can be a difficult process.

Use tools to assist staff

Report Cards

- Goal is a grade of A
- Goals and results are tied to evaluations
- Names and report cards are published and discussed at monthly staff meetings
- Has created a competitive atmosphere
- Friendly competition can improve accuracy
- **Initial scores were an average "C" grade**
- **Current average scores are "A" grade**

Sample Report Card

Import Date	AHI Report Card Summary		From Jun 01, 2017 to Jun 30, 2017	
ID #	**Name**		**QA Grade**	**Total Grade**
Hospital	HenryCounty			
u01603	Hammel Karoleen			
u00299	Berner, Dan		1	A
u01301	Blythe, Tracy		1	A
u00665	Fear, Rachelle		2	B
u00662	Hutchinson, Laurie		1	A
u00996	Kahler, Leslie		1	A
u00016	Klossing, Kelly		5	F
u00664	Lisa McCabe		5	F
u00012	McGehearty, Angie		1	A
u00274	Perron, Tenley		1	A
u01302	Wendel, Rayann		1	A
Supervisor Total			4	D
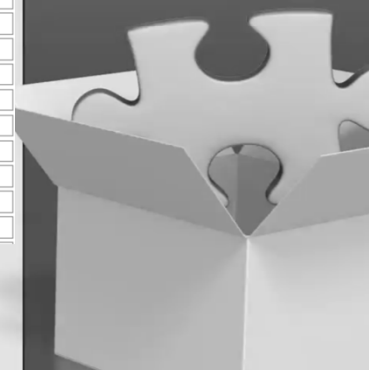
# Sample Report Card-Current

Import Date, Registrations only	AHI Report Card Summary		From Jun 01, 2018 to Jun 30, 2018	
ID #	**Name**		**QA Grade**	**Total Grade**
Hospital	HenryCounty			
u01603	Hammel Karoleen			
u01609	Batley, Brooke		1	A
u00299	Berner, Dan		1	A
u01301	Blythe, Tracy		1	A
u01610	Body, Janae		1	A
u00943	Brecht, Susan		1	A
u00665	Fear, Rachelle		2	B
u00757	Fricke, Diana		1	A
u00996	Kahler, Leslie		1	A
u00016	Klossing, Kelly		3	C
u00664	Lisa McCabe		1	A
u00012	McGehearty, Angie		1	A
u00274	Perron, Tenley		5	F
u00035	Steffen, Julie		1	A
u01302	Wendel, Rayann		1	A
Supervisor Total			1	A

Pricing Transparency

- Require estimated payments up front for all elective procedures & "high dollar" services
- Use a price estimator software
- HFMA's PFC Adopter
- Staff has had input into discount strategies
- Collection policy is reviewed and approved annually by the C-suite and Hospital Board
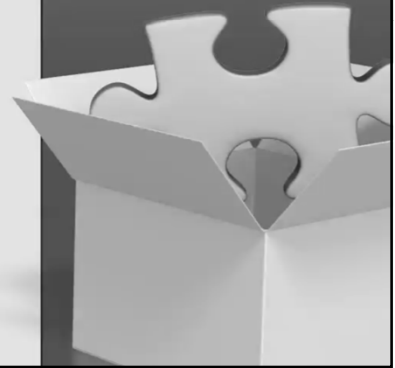
Point of Service Collection

- Determined collection goals for the group
- Financial Counselor is the champion and pushes staff to collect
- Started ED Co-Pay collections
- Centralized scheduling estimating amount due or down payment

Point of Service Collections

POS Cash Collections			
Month	Total POS Collected	Total Cash Collected	Percentage Collected
April	9,192	326,975	2.8%
May	15,468	330,812	4.7%
June	14,379	312,943	4.6%
Average			**4.0%**
July	16,294	281,672	5.8%
August	10,877	310,753	3.5%
Sept	10,743	273,953	3.9%
Oct	21,835	335,886	6.5%
Nov	16,523	288,636	5.7%
Dec	11,466	273,840	4.2%
Jan	28,191	280,568	10.0%
Feb	26,793	284,396	9.4%
Mar	21,558	328,649	6.6%
April	26,748	319,186	8.4%
May	15,004	366,897	4.1%
June	25,620	305,993	8.4%
2017/18 FY Average			6.4%

Patient Access Improvements

- Hire Right! Hire staff that are not afraid to collect money.
- Iowa Hospital Association "Secret Shopper"
- Centralized Scheduling
- Pre-Registration over phone

Business Office Changes

- Staff are each assigned to work a financial class, no alpha splits.
- Includes claims processing and denial management
- This makes them the expert with the payer
- One person moved to payment posting
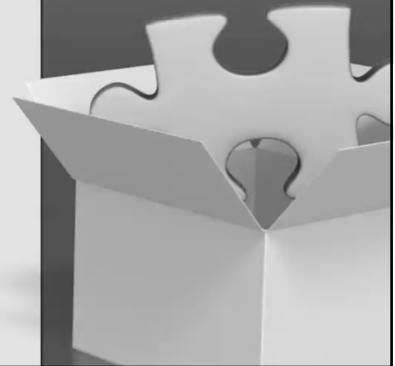
Business Office Changes

- Use ANSI codes to create reports to watch for trends in rejections/denials
- Reports are helpful with the MCOs
- Track denials for MCO in some form
- Helps identify when claims are rejecting for the same reason over and over
- **Identified UHC payment issue before they even knew it was happening**
- **Took 6 months but money was recovered!**
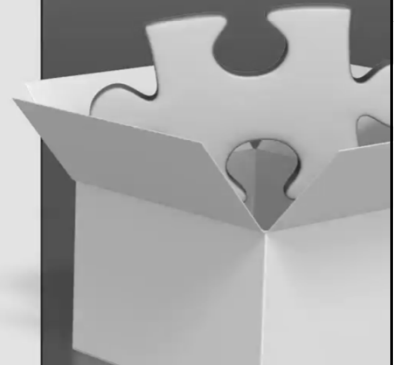
Accounts Receivable

- Denial/Rejection posting changes increased A/R

- Increased our >90 days A/R

- Highest ever A/R
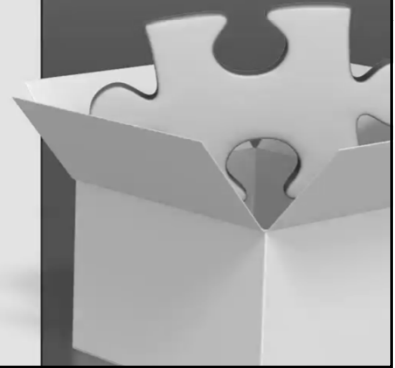
Overtime Project

- Had some issues with AR recently

- Everyone was required to do mandatory overtime, 4 hours per pay period

- They couldn't work on "daily work", they had to work on denials and aged accounts

- Allowed staff to choose when extra hours were worked

- **After 10 weeks AR dropped 7 days!**
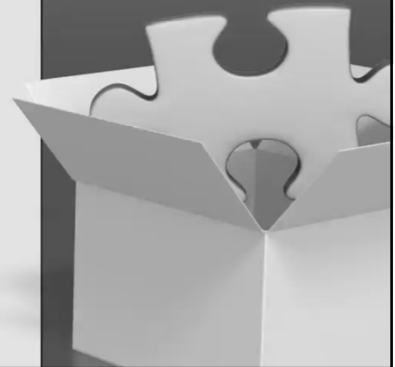
Staying Connected

- Joint monthly staff meetings
- Once a week huddles
- Rotate staff so all can attend
- Create a team atmosphere
- Helps to avoid finger pointing
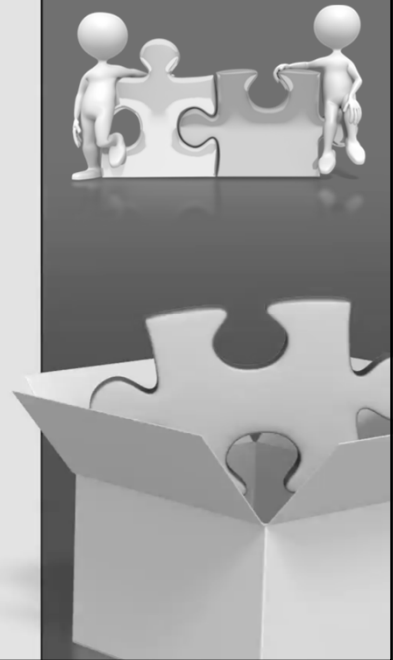
Motivation

Find what motivates your staff!

You may have to have tough conversations. If they are on the wrong bus, help them find the right bus.

Questions? Comments?