SUSTAINING REVENUE INTEGRITY WITH EMR IMPLEMENTATION

Caroline Rader Znaniec, Owner

Luna Healthcare Advisors LLC

Luna Healthcare Advisors LLC

TODAY'S SESSION

Health care providers of various size, capabilities and means are implementing healthcare technologies, such as EMR systems at a growing rate. Implementing such a system is a large effort and often the communication not only between the information technology, but also the human stakeholders can be the greatest barrier to a successful implementation; and most especially when it comes time to connect the clinical processes to those that result in revenue.

This session will describe the responsibilities of each revenue cycle stakeholder as it relates to sustaining revenue integrity during EMR implementation from planning to post-implementation monitoring.

Participants will be provided with an implementation timeline & checklist, example metric reports and troubleshooting guide.

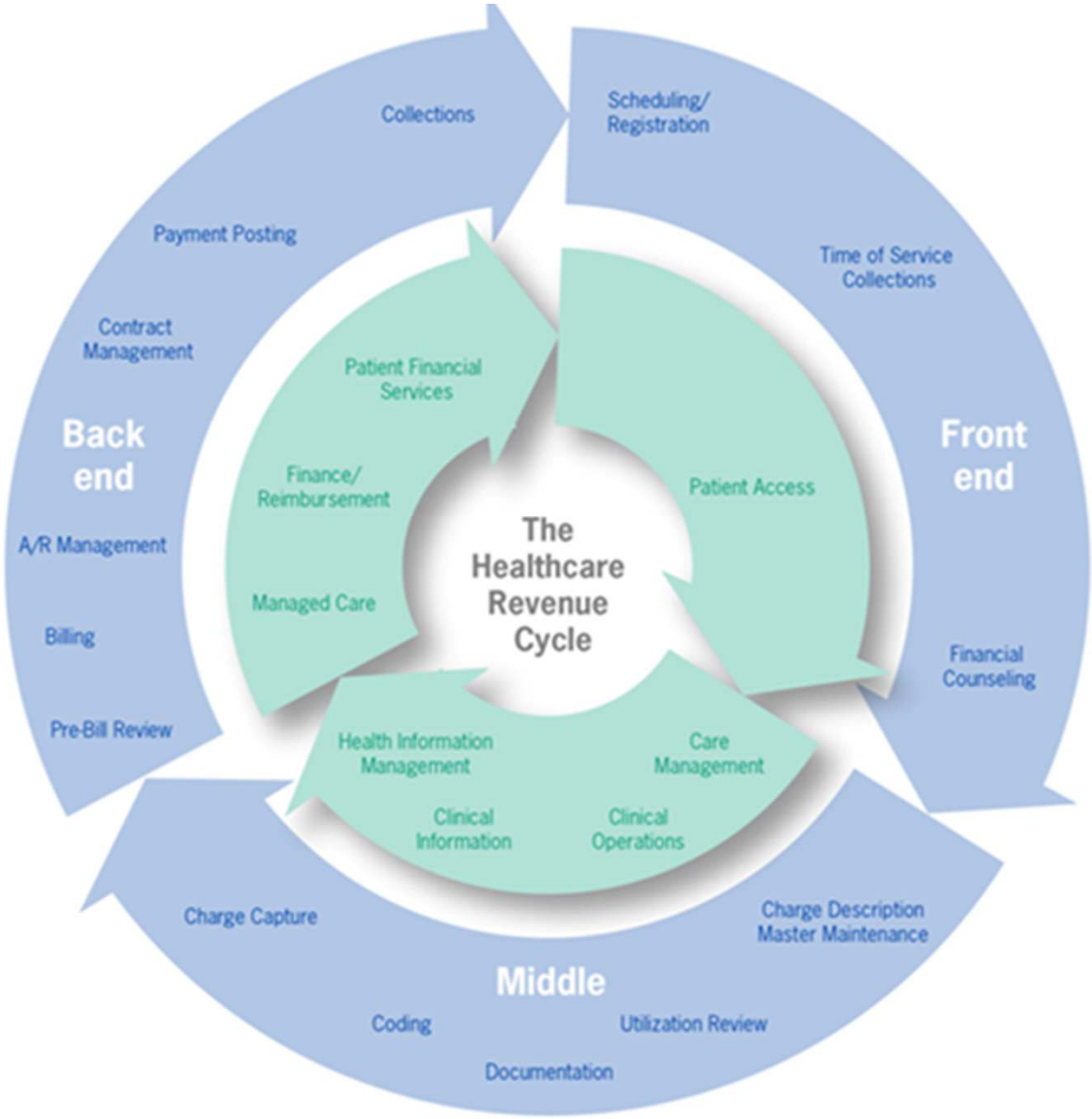
What is Revenue Integrity?

Revenue integrity activities focus on process improvement and include those processes most closely involved in the front-end, middle and back-end revenue cycle processes.

Sound activities can provide for the

- Identification and correction to the processes and systems that lead to lost revenue opportunities through the creation of processes to ensure the accurate capture and reporting, translation and use of data to support strategic initiatives, and
- Assurance that every chargeable procedure, item or service is coded, documented, captured, billed and paid according to the terms of government guidelines and payer contracts

WHO ARE THE STAKEHOLDERS?



Luna Healthcare Advisors LLC

Key Strategies to a Successful EMR Implementation:

- Identification of stakeholders
- Ownership by stakeholders
- Proactive participation of stakeholders
- Designation of a liaison between IT and Revenue Cycle
- Establishing a culture of revenue integrity
- Establish standard key indicators for monitoring
- Actively monitoring change and opportunities
- Prompt response to issues and opportunities

Timing	Implementation Item
18+ months (Preparation)	✓ Understand current revenue cycle processes and where there is opportunity to optimize. ✓ Document key processes and outline/establish organization-wide revenue cycle practices. ✓ Develop a project charter for the conversion/implementation to an EMR. This should include a communication plan. ✓ Understand existing vendor tools. Determine which tools will be essential for support throughout the conversion. ✓ Document existing tools and the plan for the tools post-conversion (will they remain?).
12 -18 months (Design)	✓ Establish and define roles, responsibilities and accountability between clinical and support departments to ensure the right individuals are included in the design meetings ✓ Start to implement new vendor tools in support of outlined/established organization-wide revenue cycle ✓ practices. ✓ Start to identify areas for temporary increase in revenue cycle staff to ensure a smooth transition to the new system. ✓ Start to identify areas, roles and responsibilities that will be impacted by change in workflow and prepare new staffing and support transition plans.
6 – 12 months (Testing)	✓ Complete implementation of vendor tools to facilitate use by staff. ✓ Start implementation of increased staff levels in the support of A/R conversion and in minimizing impact on productivity at GO-LIVE. ✓ Start integrated and parallel testing procedures to ensure design will meet revenue cycle needs. ✓ Start efforts with external vendor tools for necessary data feeds or customizations.

Timing		Implementation Item
3 - 6 months (Additional Testing)	✓	Start to frame the GO-LIVE work plan, clearly define roles and responsibilities for “command center", staffing plans in revenue cycle areas, and a clear process for troubleshooting and resolving new issues that arise.
	✓	Continue integrated and parallel testing process.
	✓	Make certain external vendor tools are included in ongoing testing.
1 - 3 months (Implementation Strategy)	✓	Complete staffing strategy for revenue cycle areas.
	✓	Complete “command center” plan, roles and responsibilities.
	✓	Initiate meeting schedule for daily leadership meetings.
	✓	Establish key metrics to be reviewed daily to monitor the status of the revenue cycle.
	✓	Communicate expectations of revenue cycle staff.

Timing		Key Steps
Post GO LIVE	✓	Leverage existing and new reporting to confirm metrics are consistent between old and new systems.
	✓	Monitor key metrics and identify potential areas for improvement.
	✓	Proactively look for improvements to the revenue cycle that can be easily monitored, improved upon and is sustainable.
	✓	Communicate regularly with revenue cycle leadership.
	✓	Maintain focus on the fundamentals of strong revenue cycle management: high-dollar risk mitigation techniques, consistent feedback to staff, root-cause analysis, and maintaining a culture of accountability.

FRONT END

Eligibility Verification	Benchmark	Monitoring
Scheduled Services	98% verified prior to service	System generated report
ED Services	90% verified prior to discharge	System generated report

Insurance Verification	Benchmark	Monitoring
OP Scheduled Services	95% verified prior to service	System generated report
Inpatient Services	100% of patients verified	System generated report

Financial Counseling	Benchmark	Monitoring
Inpatients (uninsured/underinsured)	>95% cleared prior to discharge	System generated report
Inpatient Services	100% of patients verified	System generated report

Registration	Benchmark	Monitoring
Registration errors	<3% error rate	System generated report

*Benchmarks published by HFMA, available for Revenue Cycle Forums members at hfma.org

FRONT END

Core Metrics	Week 1	Week 2	Week 3	Week 4
Eligibility Verification	95%	93%	90%	93%
Pre – Registration Rate	90%	85%	80%	85%
Registration Errors Rate	4%	8%	12%	8%

Metric Goals:

Eligibility	*98%*
Pre-Reg	*95%*
Reg Errors	*<3%*

MIDDLE

Interface Reporting	Benchmark	Monitoring
Error Reports/Ques	<10% of encounters	System Generated Report
Documentation Quality	**Benchmark**	**Monitoring**
Coding Queries	30% concurrent 10% retrospective	System Generated Report
Query Response Rate	86 – 90%	System Generated Report
Coding Backlog	**Benchmark**	**Monitoring**
Transcription Turnaround	<24 hours H&P, OP <2 days Discharge Summary	System Generated Report
Coder Productivity	Inpatient 24/day Outpatient/Amb Surg 40/day Emergency 120/day Ancillaries 240/day	System Generated Report
Late Charges	**Benchmark**	**Monitoring**
Late Charge Report	< = 2% of total gross charges	System Generated Report

*Benchmarks published by HFMA, available for Revenue Cycle Forums members at hfma.org
**Benchmarks published by ACDIS, available for members at acdis.org
***Benchmarks published by AHIMA, available to members at ahima.org

MIDDLE

Core Metrics	Week 1	Week 2	Week 3	Week 4
Pharmacy Error Work Que	20%	15%	15%	10%
Query Response Rate	50%	50%	60%	65%
Retrospective Query	25%	25%	23%	23%
Coder Productivity				
- Inpatient	17/day	17/day	19/day	19/day
- Amb. Surgery	28/day	30/day	30/day	30/day
Late Charges	15%	20%	20%	15%

Metric Goals:

Work Que	*<10%*
Query Response	*86-90%*
Retro Query	*10%*
Productivity	*24 IP/40 Amb*
Late Charges	*<=2%*

Luna Healthcare Advisors LLC

BACK END

Claim Editing	Benchmark	Monitoring
Electronic claim scrubbing	> 95% clean claim submission	Daily claims edit report
Claims requiring editing	Worked within 24 hours	Daily claims edit report

Follow-up	Benchmark	Monitoring
Large balance unit	Account inventory <1000 Productivity > 50 accts per day	System generated work lists
Small balance unit	Account inventory <3000 Productivity > 90 accounts per day	System generated work lists

Discharged Not Final Billed	Benchmark	Monitoring
Outpatient	6 hold days	System generated report
Inpatient	4 hold days	System generated report

*Benchmarks published by HFMA, available for Revenue Cycle Forums members at hfma.org

BACK END

Core Metrics	Week 1	Week 2	Week 3	Week 4
Clean Claim %	95%	90%	85%	90%
Claim backlog (days)	1	3	5	3
Large Balance Unit Outstanding Volume	1000	1500	1750	1500
Small Balance Unit Outstanding Volume	3000	3500	3750	3500
OP DNFB	6 Days	8 Days	10 Days	8 Days
IP DNFB	4 Days	6 Days	8 Days	6 Days

Metric Goals:

Clean Claim	*>95%*
Backlog	*1-2 days*
LBU	*<1000*
SBU	*<3000*
DNFB	6 OP/4IP

Troubleshooting Revenue Integrity Metrics

Problem	Potential Cause(s)
Decrease in Coder Productivity	• Lack of training on system use by the clinicians and/or coding staff • Lack of access to required documentation for coding • Poor documentation quality • Poor coder workflow design • Increase in system downtime • Inadequate staffing levels
Increase in DNFB	• Ignored work ques; lack or misunderstanding of roles & responsibilities • Increase in pre-bill edits • Duplicate accounts • Lack of training on system use by billing staff • Poor billing staff workflow design • Increase in system downtime • Inadequate staffing levels
Decrease in Average Gross Charge (per visit, encounter, etc.)	• Ignored work ques; lack or misunderstanding of roles & responsibilities • Incorrect mapping of items, services and procedures to billing system • Inaccuracies in design to trigger chargeable items, services and procedure
Increase in Late Charges	• Ignored work ques; lack or misunderstanding of roles & responsibilities • Incorrect mapping of items, services and procedures to billing system • Inaccuracies in design to trigger chargeable items, services and procedure • Remaining workarounds and manual charge entry processes • Increase in system downtime • Duplicate registrations
Increase in Payer Denials	• Lack of qualified coding staff • Increased automation of charges on documentation • Poor documentation quality • Lack of access to required documentation to fulfill Additional Data Requests (ADR)

- Not evaluating all revenue cycle processing vendor relationships
- Not involving the appropriate stakeholders at the optimal time, task and activity
- Not utilizing a liaison resource
- Not reconciling data files from legacy systems (e.g. CDM, OE)
- Not taking advantage of automation to optimize processes for financial and operational improvements
- Not developing processes to sustain improvements
- Over reacting to immediate KPI deterioration
- Minimal claims testing in both systems
- Not defining and outlining measurement tools, methodologies and expectations

Preparing for Implementation

- Establish a revenue cycle command center
- Daily revenue cycle meetings
- Overstaff high volume areas
- Dedicated liaison between IT and revenue cycle departments
- Risk mitigation activities
- Show staff as many visuals as possible, make them comfortable for implementation

TODAYS PRESENTER

Caroline Rader Znaniec

Owner

Luna Healthcare Advisors LLC

D +1 410 463 9867

E caroline@lunahealthcareadvisors.com

W lunahealthcareadvisors.com

Luna Healthcare Advisors LLC *is a specialized consulting group with a focus on healthcare provider integrity consulting. Our core services address healthcare documentation, coding and billing compliance. Additional services expand into other compliance hot areas including privacy and security, transaction due diligence, and compliance program effectiveness, as well as related operational processes including electronic medical record (EMR) assessment, design, interface, testing and implementation assistance.*

Luna Healthcare Advisors LLC