

Revenue Cycle Update

Board of Health Meeting

May 24, 2017

Revenue Cycle – Proactive Sustainability

- Strategic Plan Goal is to reduce rejections and bad debt/write offs.
- Revenue Cycle was launched in September 2016 with a focused effort to analyze the current state of revenue collection activity across the health department
- Project Goals
 - Streamline revenue cycle activities across the organization to improve coordination and information sharing
 - Focus improvement towards impacting KPIs of each project team
 - Monitor impact of improvement and continue to refine revenue collection activities across the organization based on indicators

Using KPI Reporting to Drive Improvement

- Rejection Report

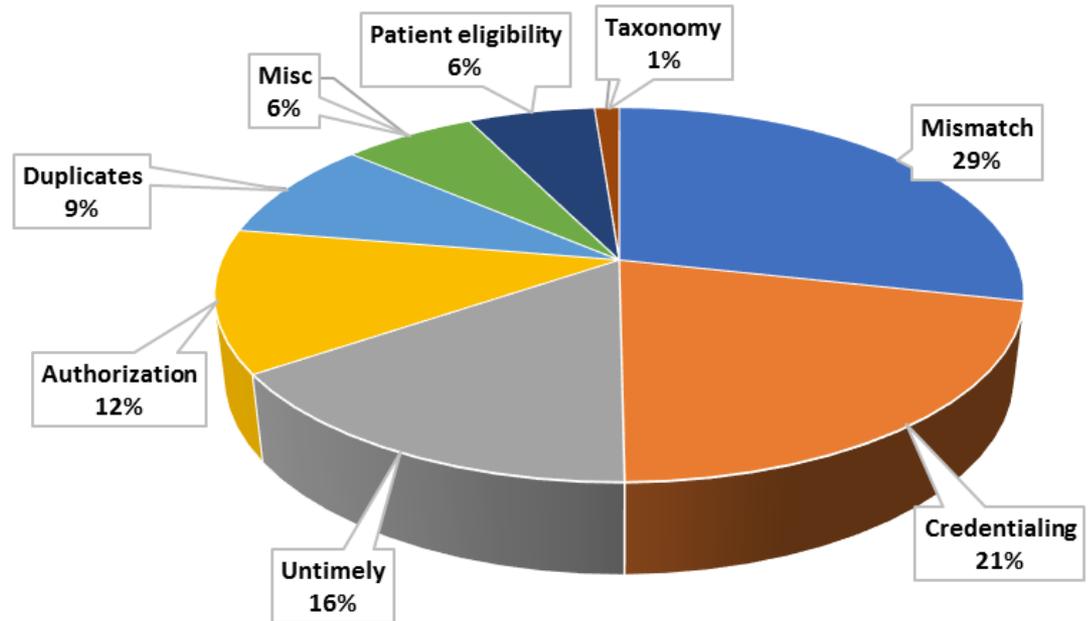
- PAQ (Provider Approval Queue)
Items > 72 Hours

Using KPIs to Drive Improvement Efforts

- Rejection Report
 - Rejection codes are provided by managed care organizations and others when payment is denied
 - Staff take the rejection notifications and compile a rejection report
 - This report identifies areas to focus improvement efforts
- PAQ Reports
 - These reports help us identify areas where our providers are not completing billing and/or documentation
 - HIM team works with providers, office managers, and EHR team to assure staff have the resources to improve timeliness and quality of billing and documentation

March 2017 Rejection Summary – Reason, Total \$ and % of Total

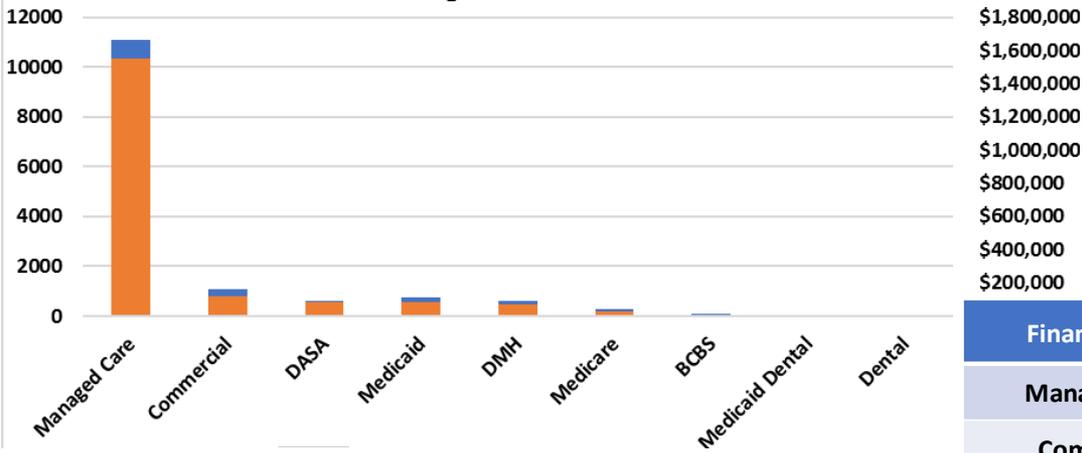
Rejection reason	Sum of Charge balance	# of rejections	% of charge balance
Mismatch	\$ 558,502	2856	29%
Credentialing	\$ 417,432	4539	21%
Untimely	\$ 305,156	1213	16%
Authorization	\$ 240,845	1693	12%
Duplicates	\$ 170,195	1902	9%
Misc	\$ 124,656	1131	6%
Patient eligibility	\$ 118,826	981	6%
Taxonomy	\$ 23,136	216	1%
Grand Total	\$ 1,958,747	14531	100%



The revenue cycle back end team along with grant staff analyze rejection reason codes to identify areas for improvement.

March 2017 Rejections by Financial Class

Count & sum of charge balance based on financial class

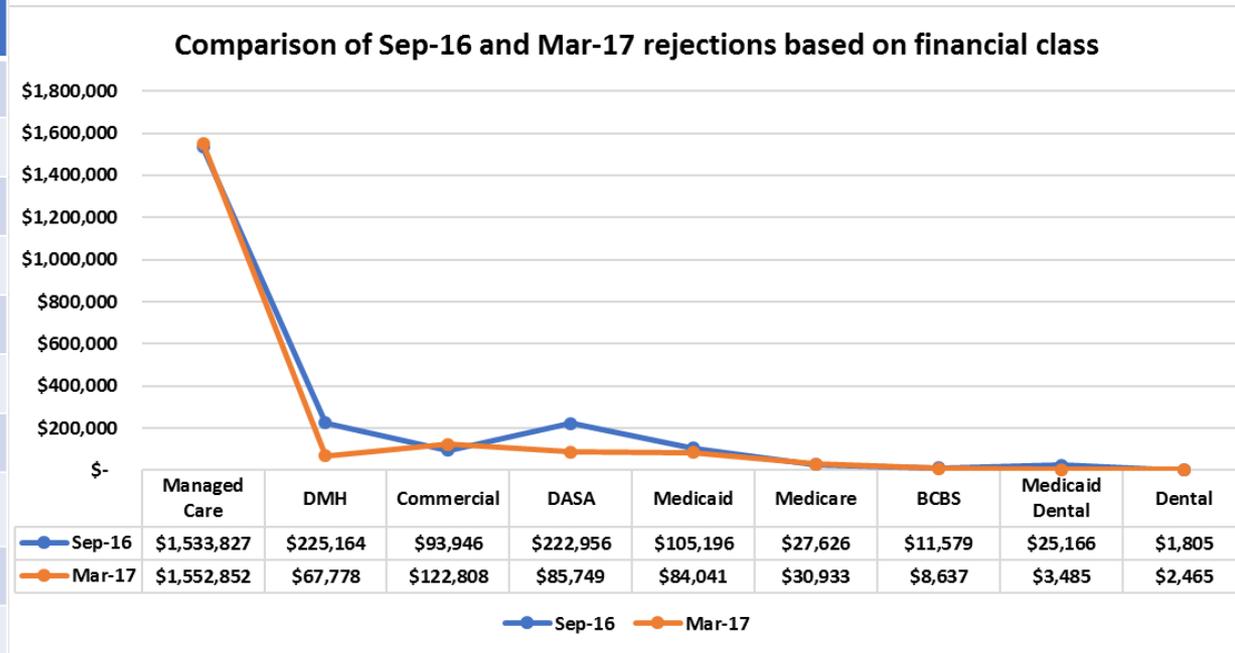


Financial class	Count of Charge Balance	Sum of Charge Balance
Managed Care	11067	\$ 1,552,852
Commercial	1074	\$ 122,808
DASA	602	\$ 85,749
Medicaid	758	\$ 84,041
DMH	614	\$ 67,778
Medicare	270	\$ 30,933
BCBS	108	\$ 8,637
Medicaid Dental	33	\$ 3,485
Dental	5	\$ 2,465
Grand Total	14531	\$ 1,958,747

Managed Care is the largest number of rejections in both count of rejections and dollar amount.

Rejection Comparison - September 16 – March 17

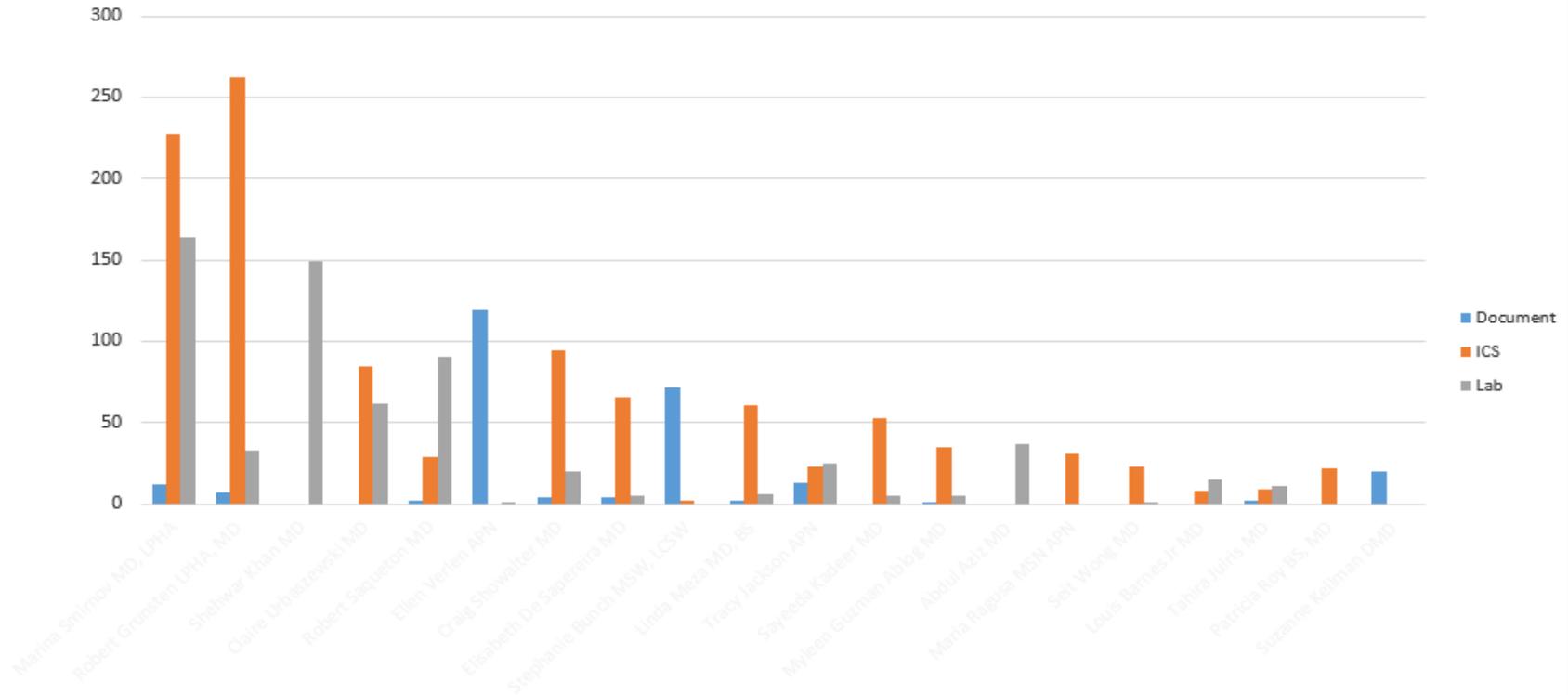
Financial class	Sep-16	Mar-17
Managed Care	\$ 1,533,827	\$ 1,552,852
DMH	\$ 225,164	\$ 67,778
Commercial	\$ 93,946	\$ 122,808
DASA	\$ 222,956	\$ 85,749
Medicaid	\$ 105,196	\$ 84,041
Medicare	\$ 27,626	\$ 30,933
BCBS	\$ 11,579	\$ 8,637
Medicaid Dental	\$ 25,166	\$ 3,485
Dental	\$ 1,805	\$ 2,465
Grand Total	\$ 2,247,265	\$ 1,958,747



When comparing rejections observed in September 2016 to March 2017, some improvement has occurred but challenges with Managed Care payors persist.

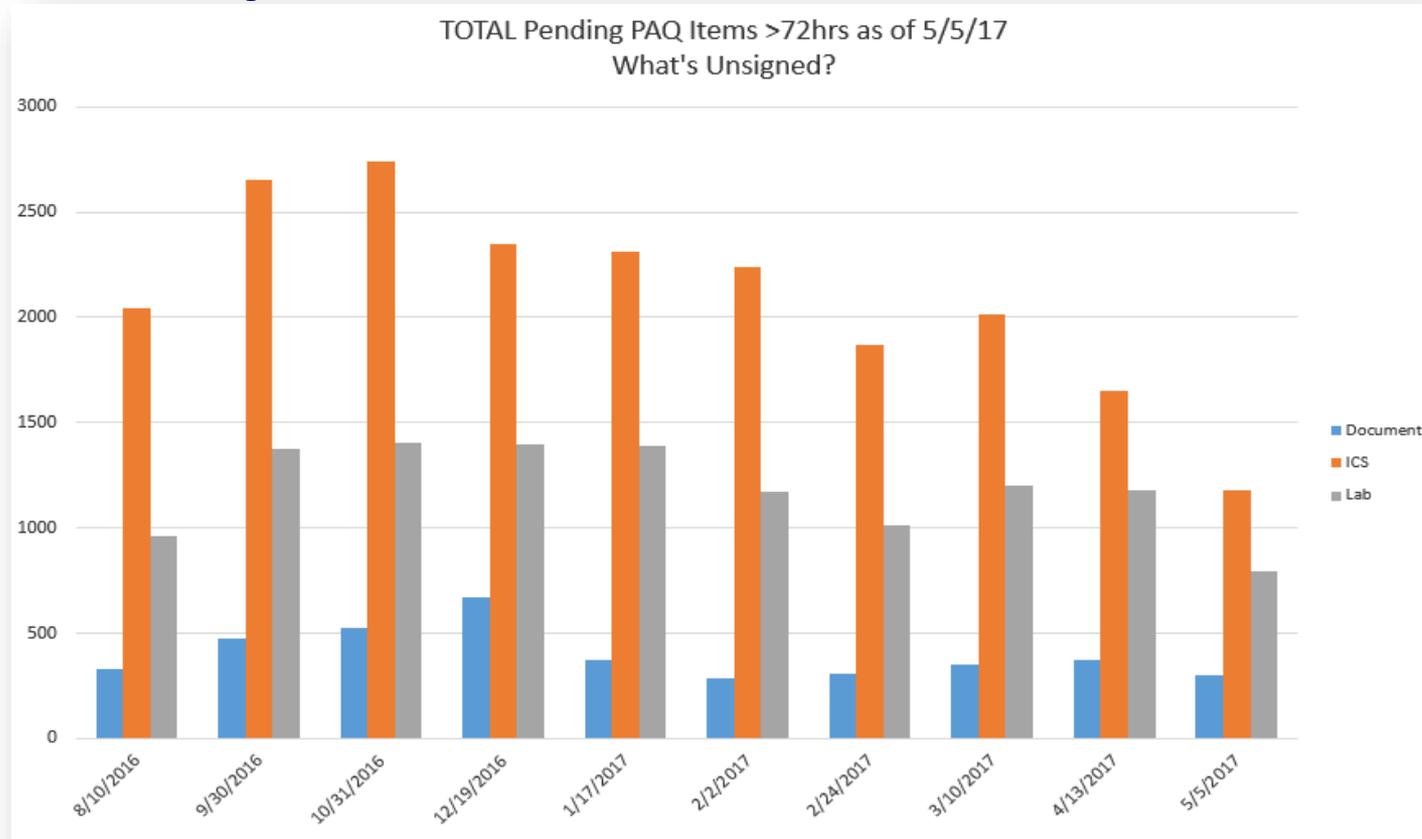
PAQ (Provider Approval Queue) Items >72 Hours Report

Top 20 Providers
TOTAL Pending PAQ Items >72hrs as of 5/5/17
By Item Type



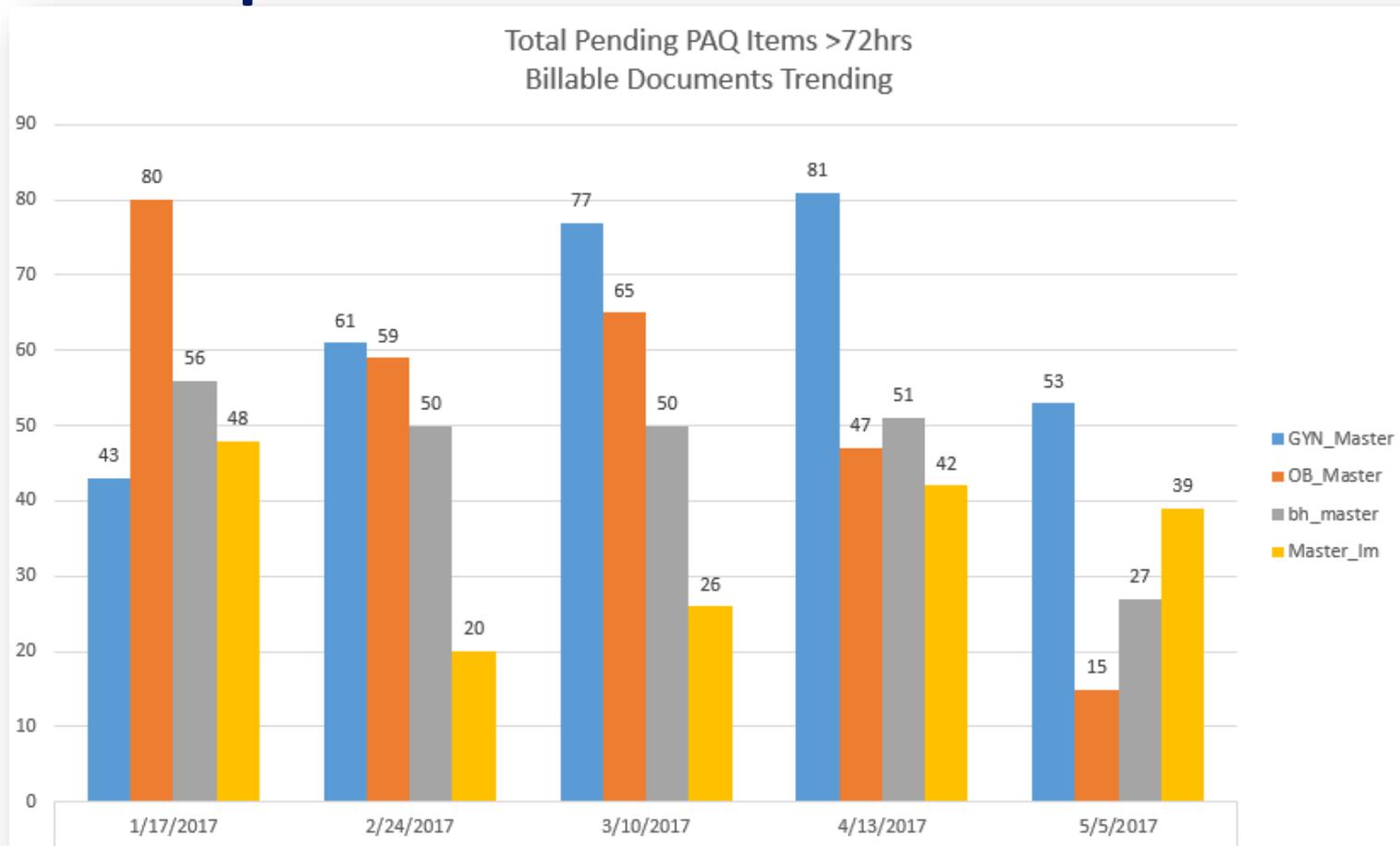
Pending PAQ items > 72 hours by our top 20 providers identifies users that may be struggling with using our EHR system appropriately.

PAQ (Provider Approval Queue) Items >72 Hours Report



Our PAQ report helps our middle revenue cycle team identify areas to help train providers and staff on how to complete PAQ items in NextGen.

PAQ (Provider Approval Queue) Items >72 Hours Report



This breakdown of pending PAQ items highlights the types of documentation for billable services. This helps focus training and auditing efforts to ensure compliance with coding and billing.

Current Areas of Focus and Key Upcoming Deliverables

Revenue Cycle Identified Areas for Improvement

- Front End
 - Standardization of Tools/Resources Available for Staff
 - Development of reminders/scripts/process flows to assist staff
 - Improved training focused on standardizing activities across programs
- Middle
 - Leverage Missing Encounter Report and PAQ Report to drive improvement efforts
 - Develop and launch workflow efficiency training aimed at improving documentation practices in behavioral health and medical
- Back End
 - Rejection report used to highlight areas for improvement:
 - Authorizations
 - Credentialing
 - Mismatch Coding/Documentation
- Improved Approach to Training
 - Improve training of front line staff and providers across the organization

Revenue Cycle Current Areas of Focus

- Front End Team
 - Improvements being made to reduce Behavioral Health authorization denials (specifically Grayslake ACT)
 - Quick Guide updated to be developed and implemented by August 2017
 - Impact to be observed by September 2017
 - Credentialing Assessment underway to identify gaps in new provider credentialing process; impacted by state MCO RFP
 - Once RFPs are finalized, credentialing rules will be determined by MCOs selected to lead state plans
- Middle Team
 - Leveraging pending PAQ>72 hour report and Missing Encounter report to focus training/education for providers not using NextGen appropriately
 - **Launched February 2017**
 - Develop and Launch Workflow Efficiency Training
 - **Due Date 10/1/2017**

Revenue Cycle Current Areas of Focus

- Agency Wide Training Assessment
 - **Due Date: 9/1/2017**
 - Front End Training Activities
 - Middle Training
 - Documentation
 - Coding
 - NextGen Training and Maximizing Use of Tool
 - Assessment of templates, workflows, and reports
 - Provider Orientation and Onboarding
- Launch New Orientation, Onboarding, and Training
 - **Due Date: 1/1/2018**

Revenue Cycle Upcoming Deliverables and Due Dates

- Front End Training and Guide Development
 - **Due Date: 6/1/2017**
 - Trainings focused on reducing the number of rejection codes for authorizations and eligibility
 - Payor Overview
 - Payor Verification
 - Sliding Fee
 - Guides to assist front desk staff in managing multiple systems to enter patient/client information
 - Medical; Dental; Behavioral Health; Prevention
 - Front Desk New Hire Training
 - Improved training to enhance new hire ability after onboarding