

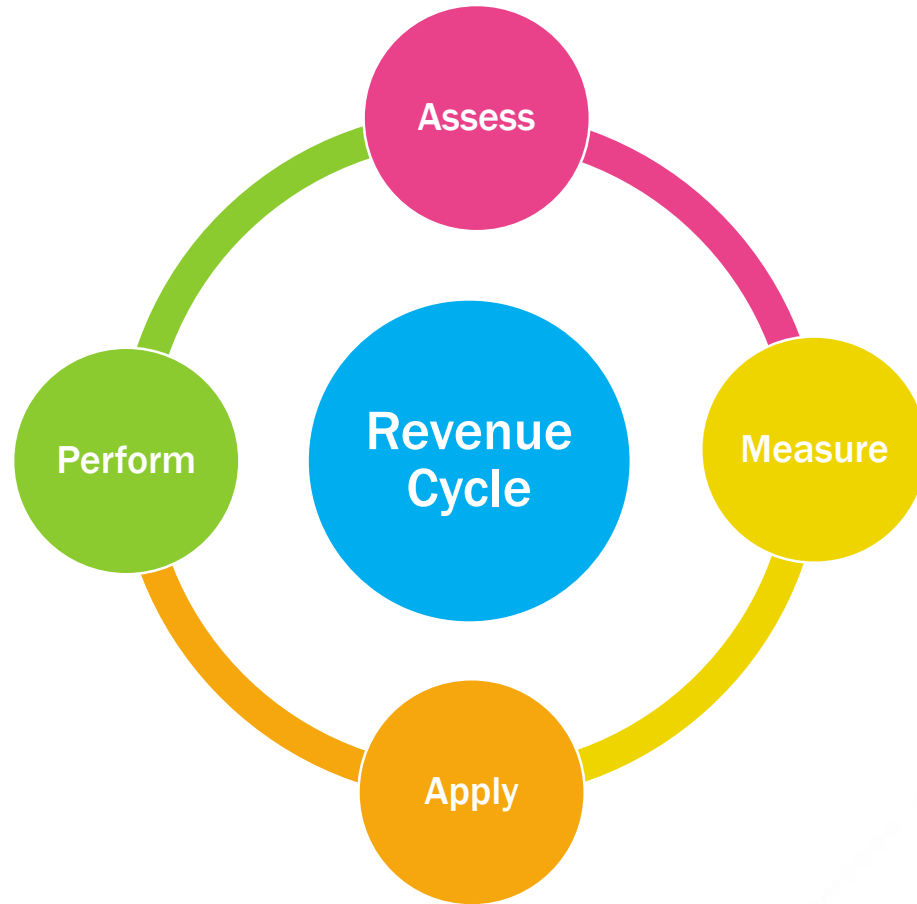
# Revenue Cycle Redesign

Columbia Basin Health Association

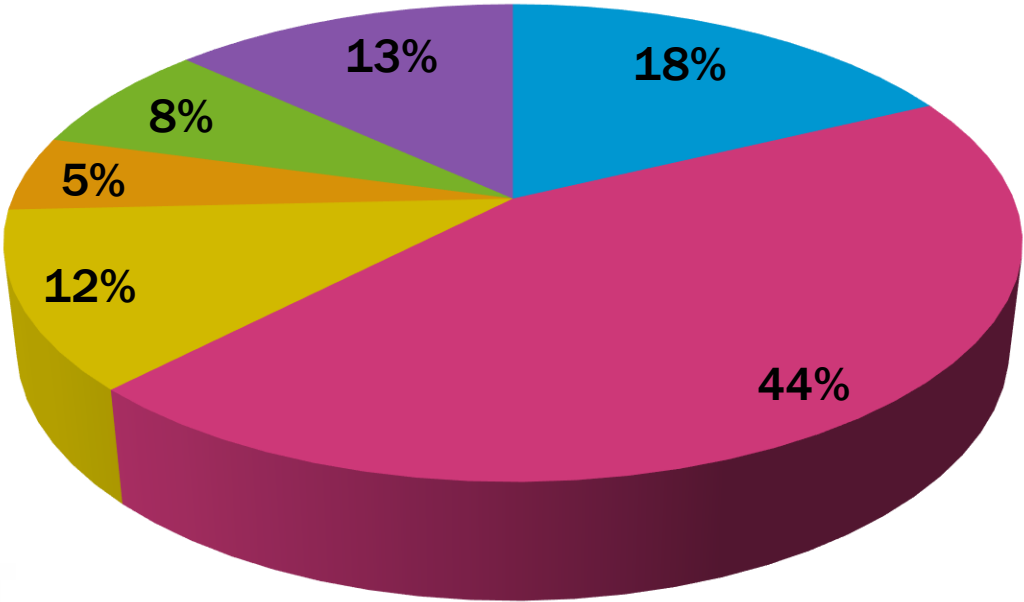
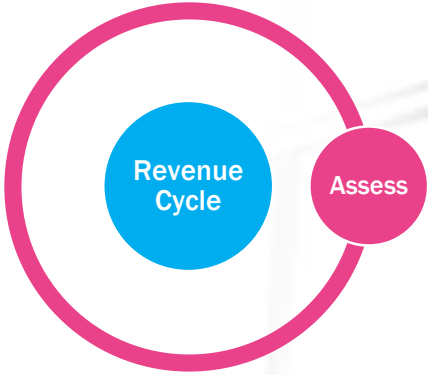
22<sup>nd</sup> Best Practices

San Francisco, California

# The CBHA Perspective

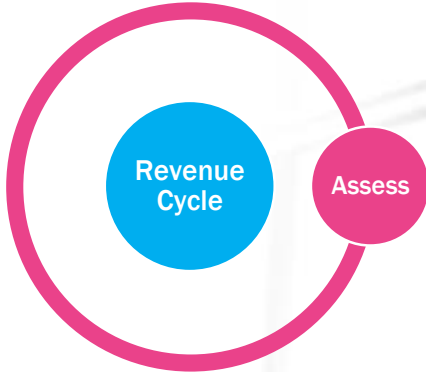


# Organization Payer Mix

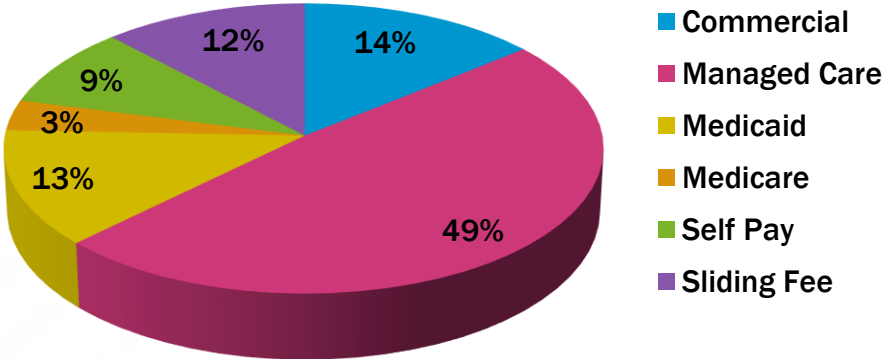


- Commercial
- Managed Care
- Medicaid
- Medicare
- Self Pay
- Sliding Fee

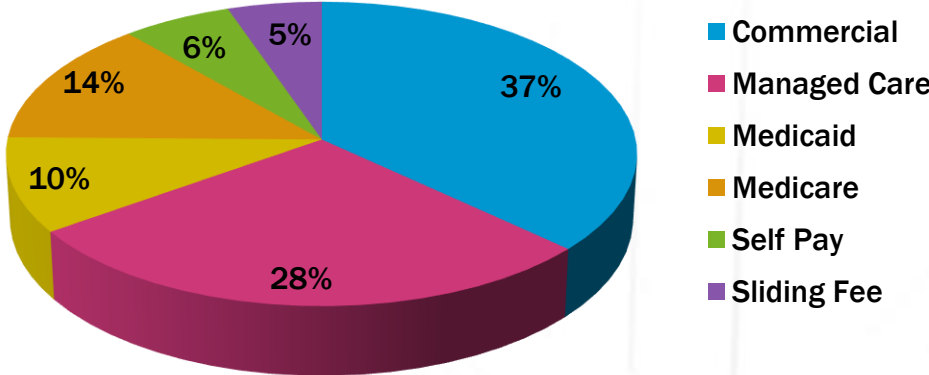
# Payer Mix Comparison



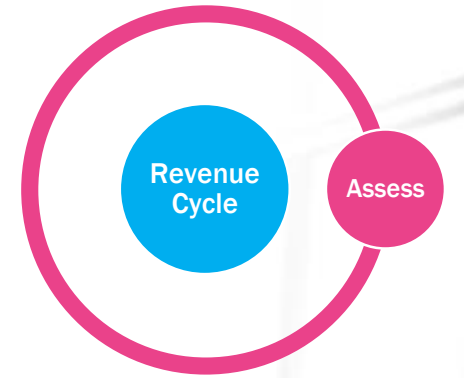
### Othello Family Clinic



### 14th Ave Medical



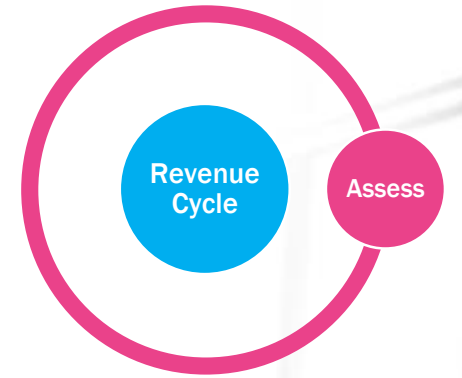
# Consultant Revenue Cycle Assessment



- Registration / Check-out / Coding
- Billing / Collections
- Compliance / Call Center

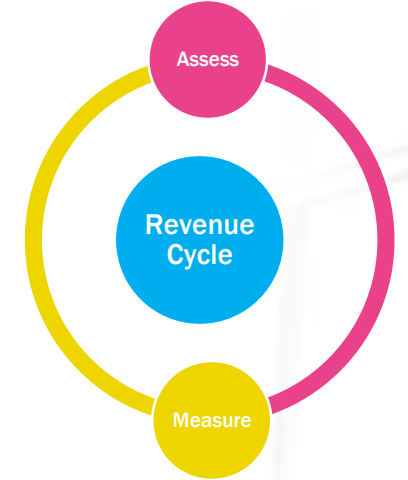
# Structure

- Billers worked a “cradle to grave” approach on claims
- Coders - dual duty
  - Coding and
  - Checkout process collecting payments
- **Organizational Structure**  
Director of Operations ← Clinic Manager ← Registrars



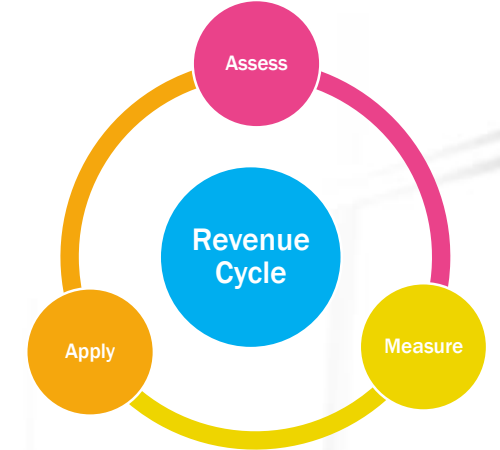
# What we measure....

- Days in A/R
- % of A/R >60 and % >90 days
- Copay Collection
- Denials
- Days to File a claim
- # of times a claim is filed
- Individual performance by Business Office and Registrar staff
- Claims Audit different from a Chart Audit



# Apply Changes – Business Office

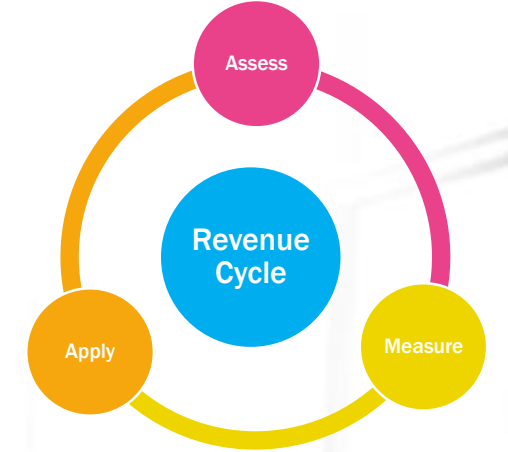
- Re-wrote Billing staff job descriptions
- Added 3 FTE
  - Reimbursement Recovery Specialist – Trainer
    - Trainer for Business Office / Denial Training plan with Front Office
  - Reimbursement Coding Specialist
    - Lead Coder / Electronic Charge Capture / Claims Auditing
  - Payment Poster
    - Processes claims and payments – 90% done electronically
- Process Flow changes
  - Billers work denials by assigned payer
  - Collections Counselors work all patient account collections





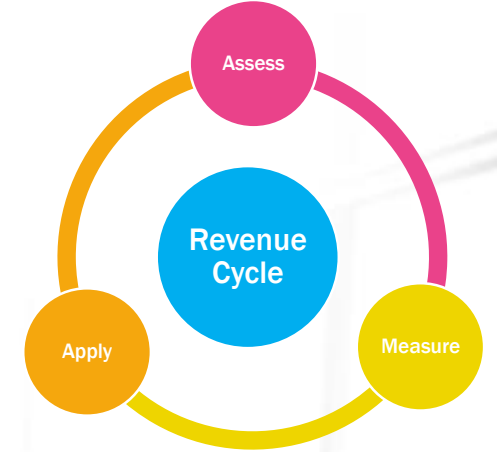
# Apply Changes – Business Office (Continued)

- Coders
  - Moved from the “floor” to the Back Office
  - Focus on Coding
  - Improve Patient and Staff satisfaction
    - Attentive to patients
    - Improved efficiency by eliminating interruptions to Coding staff

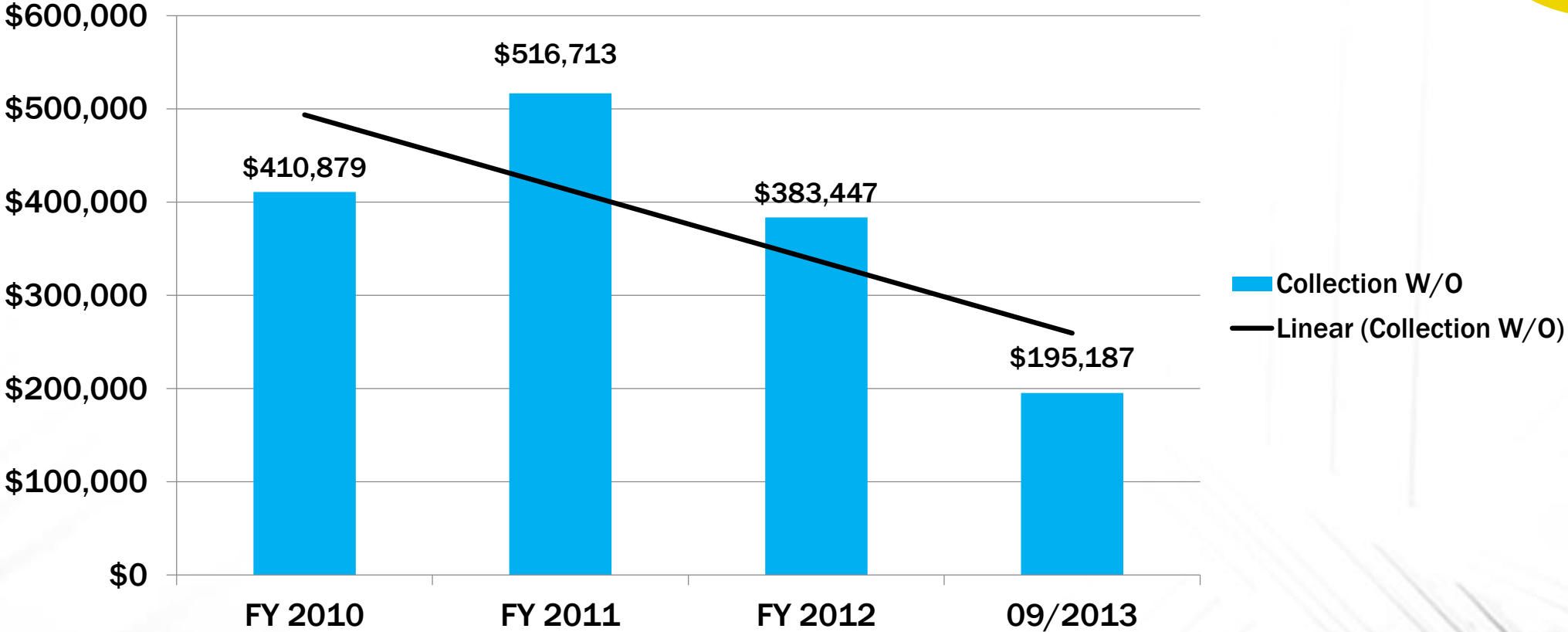
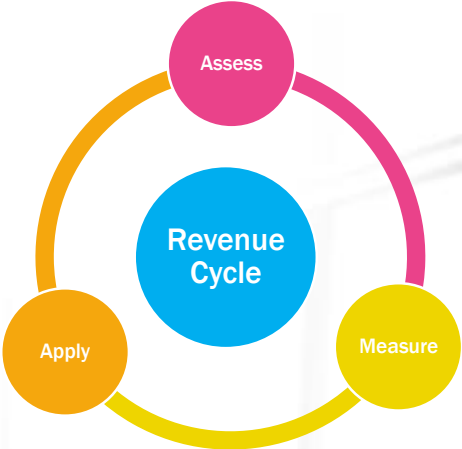


# Apply Changes - Other

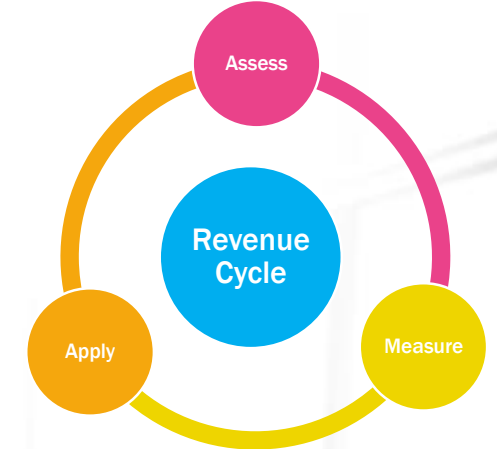
- Eligibility Verification
  - Call Center nightly process
- Scripting
  - “... Ms.\_\_\_\_ your copay for today’s visit is \$30. We accept cash, check, debit or credit card.....(pause and make eye contact).....”
- Collection Policy
  - 2 statements by 30 days
  - Letter requesting payment is mailed at 60 days
  - Collection Counselors make phone calls at 75 days
  - Collection letters are sent at 90 days allowing 5 days for payment or agreement
  - Accounts are reviewed and sent to the Collection Agency



# Collection Write-Offs



# Apply – Business Intelligence



Welcome [kentm@cbha.org](mailto:kentm@cbha.org)  
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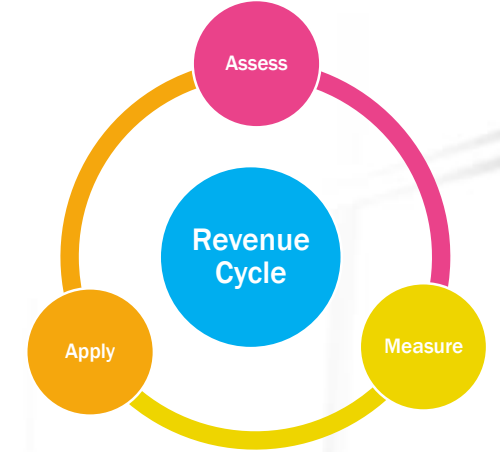
[Home](#) | [Dashboards](#) | [Reports](#) | [Measures](#) | [Help](#)

Dashboard Period:  Default period  Select period

[Exec](#) | [Admin](#) | [Billing](#) | [Clinic Mgr](#) | [Financial](#) | [Productivity](#) | [Pharmacy](#) | [Scrns / Imms](#) | [Clinical Dental](#) | [UDS Tbl 6b](#) | [UDS Tbl 7](#) | [MU Core](#) | [MU Menu Set](#)

<b>Claims per Billing FTE</b> Period: September 2013 	<b>Days in AR</b> Period: September 2013 	<b>Number of Re-Filed Claims</b> Period: September 2013 
<b>Days to File Claim</b> Period: September 2013 	<b>Percentage of Denials</b> Period: September 2013 	<b>Payer Lag Time</b> Period: September 2013 

# Apply – Recognition



**D.I.M.E Award**  
**Driven Individual Modeling Excellence**

- Staff nominations
- Supervisory selection

**Newsletter recognition**  
**Traveling Trophy**

**Congratulations**  
**Jessica Garcia**  
**AUGUST DIME Award Recipient**

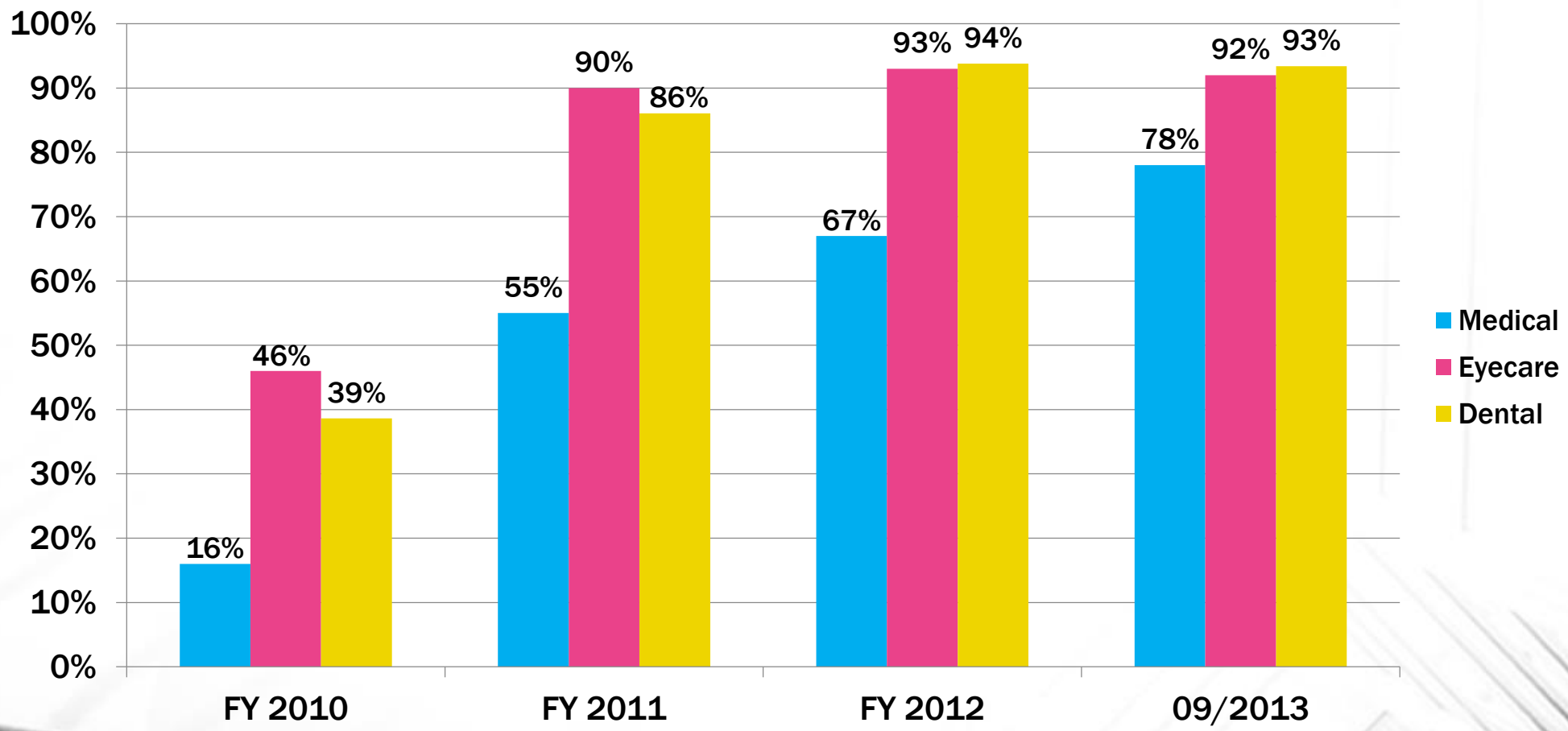
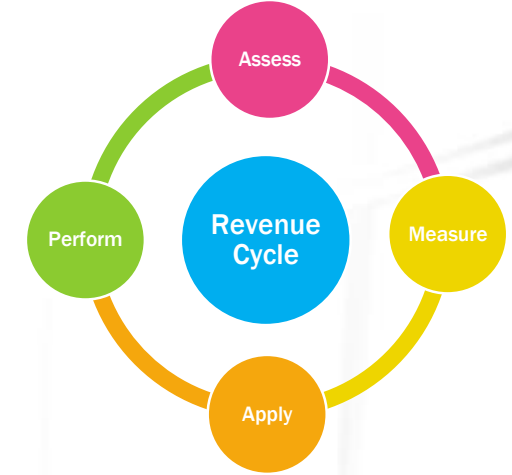
The DIME award is a staff nominated recognition award for the Finance Department. DIME stands for Driven Individual Modeling Excellence.



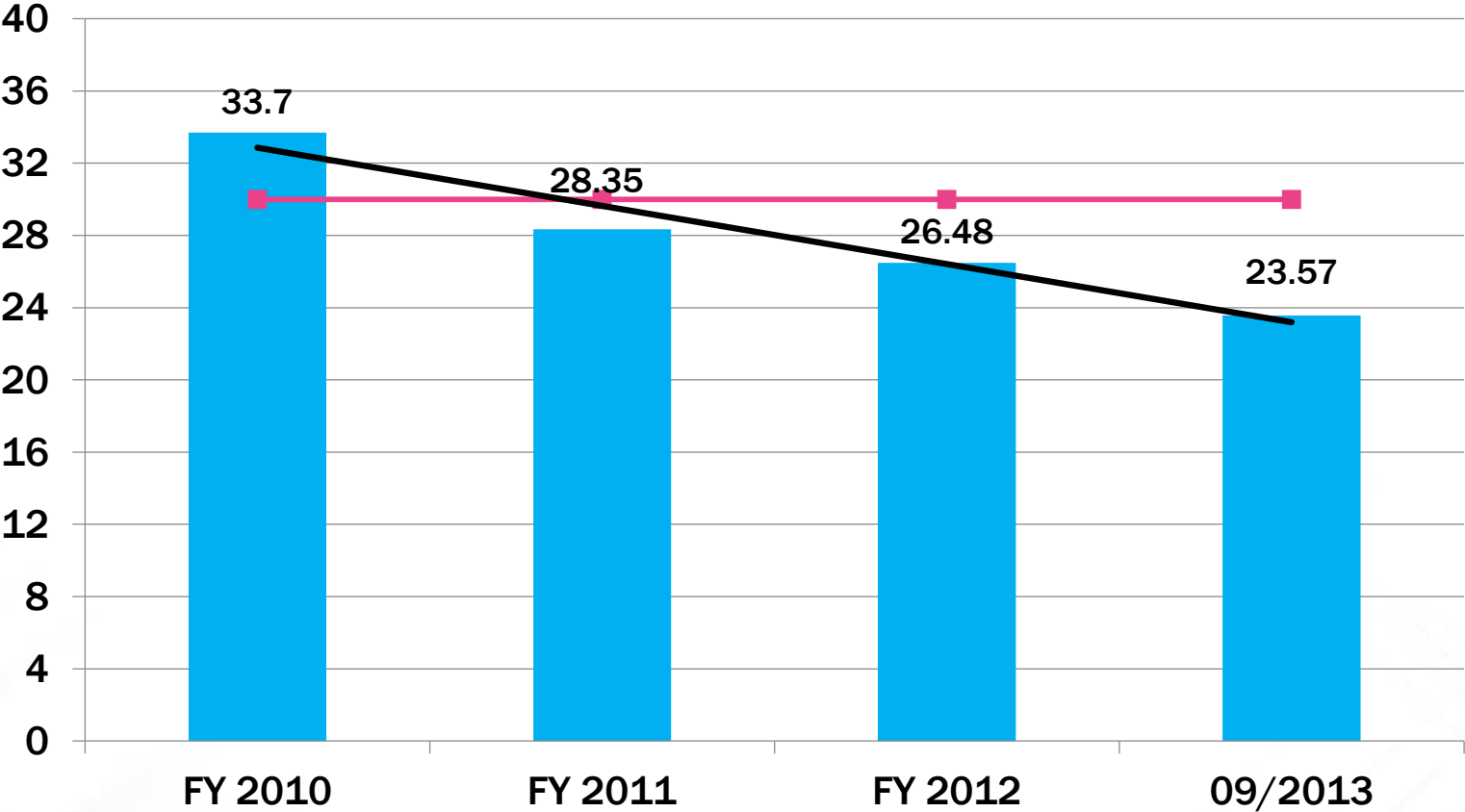
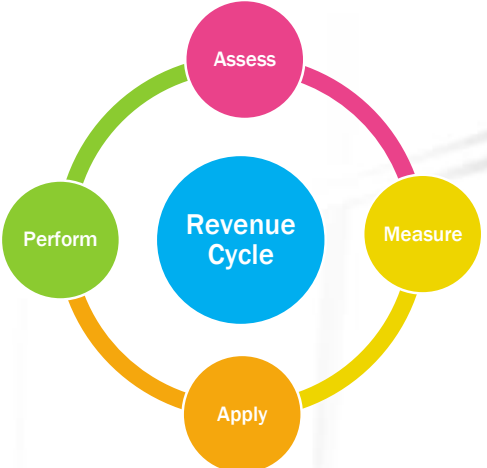
# Perform



# POS Copay Collections



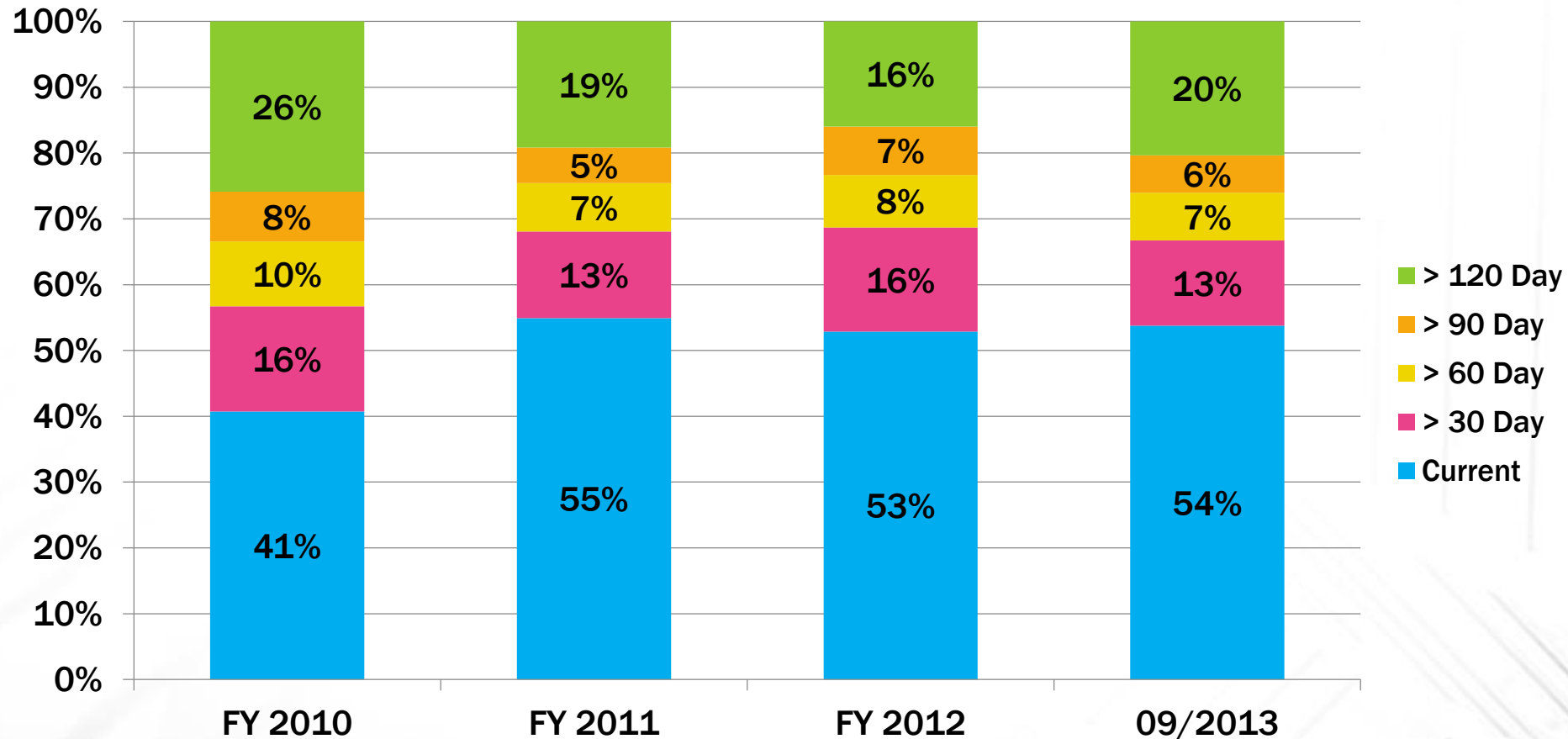
# Days in A/R



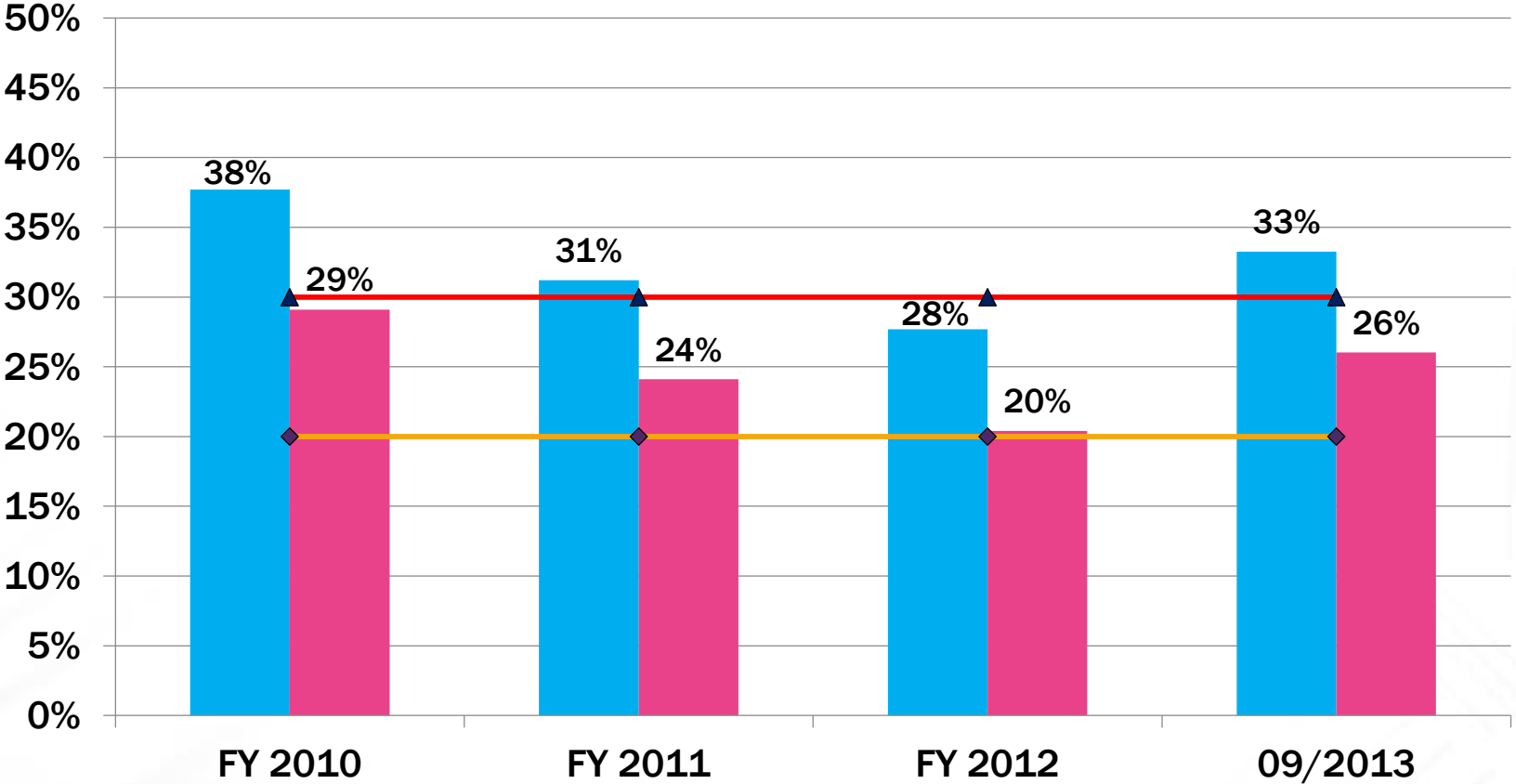
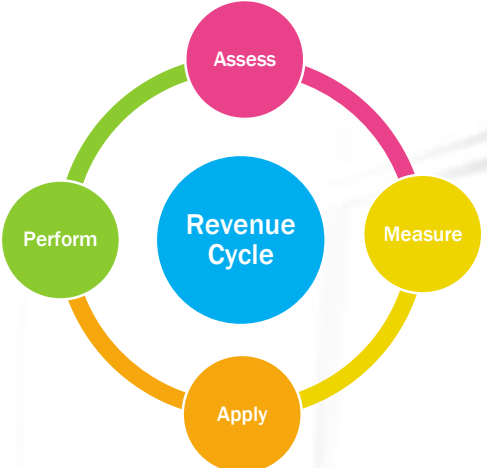
- Days in A/R
- Goal
- Linear (Days in A/R)



# Aged A/R as % of Total

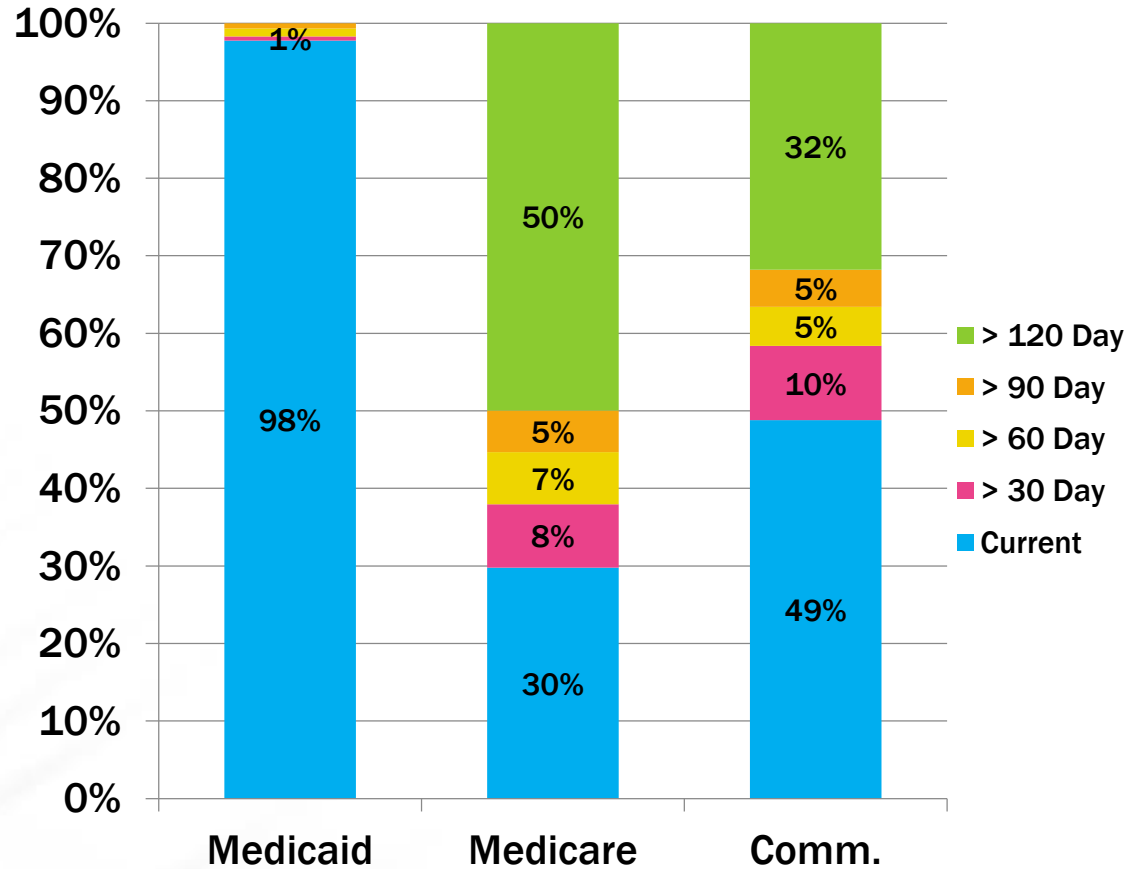


# % A/R >60 & 90 Day Benchmarks



- A/R > 60 days < 30%
- A/R > 90 Days < 20%
- ▲ 60 day Goal
- ◆ 90 day Goal

# Aged A/R as % of Total by Payer



Aging Group	Medicaid	Medicare	Comm.
Current	243,747	44,003	119,361
> 30 Day	1,380	12,069	23,423
> 60 Day	2,523	9,908	12,307
> 90 Day	1,723	7,937	11,705
> 120 Day	-23	73,754	77,830

# Perform – MAP Improvement Award

