



Maximizing Revenue Cycle Performance Through Communication Management Technology

The ultimate effectiveness of the hospital revenue cycle in maximizing collections and preventing lost revenue depends upon a myriad of factors, including the people, the processes, and the policies in place at each facility. In addition, with the developments in healthcare IT, more and more providers have begun to evaluate advancements in technology that not only improve overall performance but also eliminate cumbersome, inefficient manual processes that may prevent both staff members and the organization from reaching their optimum productivity.

To gain insight into some of the technologies contributing to revenue cycle enhancement, The Academy recently spoke with several organizations that have historically faced increasing denials and rising administrative costs—challenges providers nationwide are undoubtedly facing. Leadership at these organizations invested in communication management technology to integrate existing operational processes for improved data-sharing and workflow across the revenue cycle. Voice, fax, and electronic records are captured electronically and indexed through a web-based tracking system for efficient retrieval, sorting, and processing. By leveraging the technology across the revenue cycle continuum, the providers achieved improvement in several key areas—including increasing process efficiency, minimizing claim errors, and reducing denials.

Streamlining Front-End Processes to Boost Productivity and Prevent Denials

On the front-end of patient care, manual and paper-driven processes place a strain on throughput, productivity, and storage. In scheduling, physician order management presents one of the greatest operational challenges. Without a central intake area, orders are easily misplaced or sent to the wrong locations. Rockledge, Florida-based Health First, Inc. implemented TRACE to capture and route all faxes through a central, web-based tracking system. Staff indexes orders by patient and notifies appropriate clinical areas for service. By electronically routing faxes, Health First eliminated the need to request re-faxes of missing orders, improving physician satisfaction, and streamlining patient throughput. Spending less time on paperwork, staff improved productivity by 20 patient calls per day. Staff also records and indexes calls to confirm appropriate scheduling for requested procedures.

In addition to scheduling activities, front-end staff also spent countless hours working to notify and secure authorizations from varying payer organizations, each with its own set of processes and criteria. Manual authorization processes have historically relied on decentralized tools including internet lookups, phone, fax and email requests to ensure the identified payer will, in fact, pay for the service. Yet if these functions are not completed and documented prior to care, hospitals are at risk of being unable to bill for patient care.

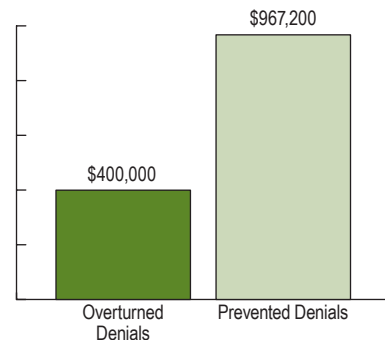
University of Arkansas for Medical Sciences (UAMS) Medical Center in Little Rock, Arkansas, has employed TRACE applications to document activities surrounding authorization. Holly Hiryak, Director of Hospital Admissions/Access Services, explains that staff in the facility's insurance office have historically been responsible for obtaining authorizations, certifications, and referrals. Staff

use TRACE voice applications to record inbound and outbound calls with payers, providing evidence to defend against denials. "We always use it for those calls where the payer says, 'No you didn't call it in.' We can go back and [listen to] the recording and validate that 'Yes, we did indeed' or if we didn't, then we have [that archived] information as well," says Hiryak. As a result of this technology, UAMS recouped approximately \$134,000 in revenue within one year of implementation.

Both Health First and UAMS also use TRACE to document online eligibility through a tool that captures benefits and eligibility from payer web sites at the time of service. This application eliminates the need to print screens or look up information multiple times. Faxes and transmission data are also captured for evidence of timely notification. Records are centralized in a web database, searchable by patient, date of service, or other hospital-defined criteria.

As the accompanying chart illustrates, within one year of implementation, Health First was able to overturn approximately \$400,000 in denials and prevent denials in excess of \$900,000 by using TRACE applications. Citing the voice tool as an example, Michelle Fox, Director of Patient Access states, "[Payers] will deny and say, 'You didn't have an authorization for Hospital A, you had it for Hospital B.' [We will say,] 'No, let us go back and listen to the recorded phone call; we had it for Hospital A and you gave it to us for Hospital A.'" In this way the organization has objective proof that services were authorized and must be covered.

Savings Achieved at Health First, Inc. One Year After Event Communication System Implementation



Improving Efficiency and Denial Management in Case Coordination

In addition to providing quality service, hospitals continue striving for ways to streamline coordination of care and enhance revenue capture, yet often struggle with both the time and resources needed to prevent and overturn denials. For instance, manually collecting patient charts and faxing clinical detail to payers—only in some cases to receive a busy signal—can be a cumbersome task for case coordination staff. In response, some providers have sought automated support to improve the time-consuming process of communicating patients' clinical detail—and medical necessity—to payers in order to ensure reimbursement and to better staff's productivity.

At Duarte, California-based cancer research center City of Hope, TRACE has enabled the facility—including staff in case management—to better overturn and prevent denials. “We can prove that we attempted the communication because the minute you hang up, your computer screen will print a tracking number which is documented in our electronic documentation system. So in the event that a payer says, ‘denied due to lack of clinical detail or lack of timely review,’ you can request a printed transcript of everything you said, with the date and time stamped, and send it to the payer. That is a wake-up call they cannot ignore,” said Anne Tanner, Director of Case Management at City of Hope.

Our research of West Jefferson Medical Center, University of Arkansas for Medical Sciences, and City of Hope reveals that they all utilize the TRACE fax tool in case management to overturn and prevent denials. “Whenever we send a patient’s clinical detail to what we call the next level of care provider or a payer, we FaxCert it,” states Tanner from City of Hope. As a paperless fax submission delivering patients’ information to the dialed numbers, “the system is capturing not only the image, but it’s date and time stamping it. And it’s proving that you sent it to a certain number. If you call somebody up and say, ‘I sent you the clinical detail for this patient, where is my authorization?’ and they say, ‘You never sent it to us [and] we don’t have it,’ we can prove that we sent it,” she says. In addition to eliminating paper-based costs, Tanner notes, City of Hope has used voice and fax records to overturn several denied cases, one of which represented \$1.165 million in revenue.

The fax solution also streamlines case coordination activities such as discharge planning. At West Jefferson Medical Center in Marrero, Louisiana, case managers use TRACE to coordinate the hand-off of care to skilled nursing facilities, outpatient therapists, and others. Case managers complete forms by computer, electronically attach supporting documents, and broadcast fax the records from their desktops. This replaces manual processes that required faxing hard copies to each individual facility. To resend or forward a fax, case managers retrieve records through the tracking system and resend with the click of a button. Since implementing the process, West Jefferson has noted improvements in discharge time that have reduced both length of stay and medical necessity denials.

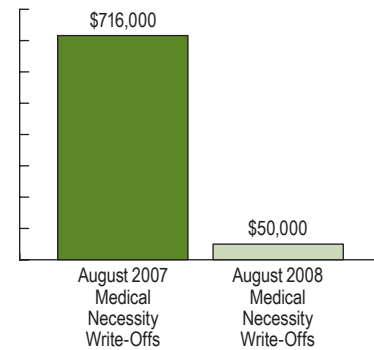
Enhancing Customer Service and Workflow in the Business Office

Like case management, staff in the business office may frequently spend large amounts of time struggling to supply necessary evidence to overturn denied claims. All too often, the challenge of doing so can delay or even prevent attempts at overturning the denials, causing organizations to frequently lose revenue for the care that they provide.

Darlene Gondrella, Director of Case Management at West Jefferson Medical Center, states that the applications have streamlined workflow and eliminated re-work between the business office and case management. “We don’t have all those pieces and parts. If the payer doesn’t pay correctly, the business office can research in the system to see what was said and what was sent ... and they can [settle] it right there without [incorporating] case management.” As the accompanying graph illustrates, West Jefferson achieved a \$650,000 reduction in medical necessity denials within one year of implementation.

At Health First, Inc., an off-site business center uses TRACE to record pre-registration calls with patients scheduling services at the system’s three hospitals. Call records document out-of-pocket and procedure instructions given to patients prior to service. Should information later be disputed, staff reference records for service recovery with both patients and physicians. Leaders also monitor records for performance improvement and training activities.

Savings Achieved by Reducing Medical Necessity Denials at West Jefferson Medical Center



The business office at City of Hope also utilizes voice applications for customer service and quality assurance. “When [a former patient] calls the hospital and says, ‘I got this bill and it’s just not right’ ... You can record that entire phone call whether you are making the call, receiving the call, or just picking up your voice messages and want to record that,” notes Tanner.

Obtaining Buy-In and Leveraging Technology Adoption to Optimize Performance

When posed the question of the challenges faced during implementation, The Academy’s interviewees unanimously responded with user acceptance. “It was very hard for the staff to get used to it at first because of their comfort zone ... they couldn’t imagine their life without having that piece of paper in hand. [But] they love [the technology support] now and don’t know what they would do without it,” says Fox.

To obtain buy-in, leadership at each organization stated that once they were able to prove to staff members that one of the applications would ease their everyday operational processes, staff were more willing to accept additional applications. The Ambulatory Business Center at UAMS uses TRACE applications to streamline appointment scheduling with outpatient clinics. Staff reconcile faxed appointment requests online, electronically attach patient records and then notify the appropriate outpatient clinics. Phone calls are also recorded to confirm scheduling instructions. Nikki Gray, Assistant Manager of the Ambulatory Business Center, notes that with the new system in place, “[The staff] could see they were going from a couple reams of paper a day down to nothing.”

At City of Hope, one-on-one education became an important facet to ensure the new system’s adoption. “We did what I call a more formalized training. We presented the system to the case managers and we created test scenarios and let them play. [But] the best way for the staff to learn is to support their individual learning style and be right there with them at their workstation,” says Tanner.

Revenue cycle leaders know that in healthcare, parties adhere to an age-old accounting philosophy: if something is not documented—e.g. authorizations—it did not happen. By leveraging communication technology, providers can ensure each event along the revenue cycle is documented and archived, proving their compliance with payer contracts and securing reimbursement for the organization. From a training perspective, this documentation also allows for very detailed auditing of each account activity, enabling leaders to target specific training efforts based on their findings. As a final lesson learned, the structure of the case studies above reflects the phase-in approach each organization used to implement the event communication system, ensuring its success by emphasizing its integration with existing processes and adoption by revenue cycle team members. ■