HFMA MAP INITIATIVES

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Wyoming Chapter
March 16, 2017
Agenda

- Origins of the MAP Initiatives – HFMA’s Patient Friendly Billing
- MAP Deconstructed: Measure, Apply, Perform
  - MAP Keys
  - MAP Award
  - MAP Event – The Revenue Cycle Conference
  - MAP App
- Summary
HFMA’s MAP Initiative
Origins of the MAP Initiatives
Overview: Patient Friendly Billing®

Patient Friendly Billing Project
Research Report

Key Revenue Cycle Strategy: high regard for revenue cycle customer service that resulted in increased patient satisfaction and
What Holds It All Together

• Proven Tactics
  – Standard Work
  – Resources
  – Automation

• Proven Components of High Performance*
  – People
  – Culture
  – Process
  – Communications
  – Technology
  – Metrics

*Source: HFMA’s Patient Friendly Billing Research; www.hfma.org
### Standard Work Activity Sheet

<table>
<thead>
<tr>
<th>Seq. No.</th>
<th>Task Description:</th>
<th>Key Point / Image / Measure (what good looks like)</th>
<th>Who</th>
<th>Cycle Time: minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Describe task of process.</td>
<td>Define what good looks like for specific task of process.</td>
<td>List individual contributor who completes process (Example: RN)</td>
<td>If process task can be defined in time, list in minutes and seconds. Otherwise, leave blank.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Standard Work Activity Sheet

**Purpose:** Email Inbox Daily Management

<table>
<thead>
<tr>
<th>Seq. No</th>
<th>Task Description</th>
<th>Key Point / Image / Measure</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review email inbox daily:</td>
<td>Only emails with a receipt date of today in inbox.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Prior to first meeting of day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 1st 30 minute email time block</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 2nd 30 minute email time block</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Prior to leaving for day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Triage each unread email beginning with last in:</td>
<td>Less than 10 emails in inbox.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is it? Actionable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Yes – Do in less than 2 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Yes – Do it and trash or file</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No – Go to step 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- No – Go to step 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Reading? - File in @Reading and calendar if needed</td>
<td>Filed, calendared and/or categorized emails.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project? - File in @Projects or @Health Business Solutions and categorize and/or calendar, if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delegate? –</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Send or file in @Meet &amp; Discuss and categorize and/or calendar, if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- OR File in @Waiting For and categorize and/or calendar, if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Defer? –</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- File in @Action and categorize and/or calendar, if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Non-Actionable:</td>
<td>Filed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- @File</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- @Reference</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Trash</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Proven Tactics - Resources

• Required activities (standard work) x time required x volume = ?
• Right-sized and right resourced (skills and tools)
• Core education & career ladders
• Continuing education opportunities
• Know what you don’t know—but where to find it
Proven Tactics - Automation

• HIPAA Administrative Transactions Sets
• Process tools
  – Eligibility/Benefits verification
  – Price estimator tool
  – Desktop Cashiering tool
  – Real-time, dynamic work queus
  – Claim status
  – Pre-authorization
  – Financial Assistance applications and screening
Proven Components - Overview: Patient Friendly Billing®

Patient Friendly Billing Project Research Report

Key Revenue Cycle Competencies

- People
- Processes
- Technology
- Metrics
- Communication
- Culture
Proven Components – People: Successful Strategies

• Establishing high standards for hires
• Devoting significant resources to education
• Taking a career approach to revenue cycle positions
• Leveraging compensation & work arrangements for employee satisfaction
Proven Components – Processes: Successful Strategies

- Adopting formal process improvement methodologies
- Targeting improvements around revenue cycle areas affecting the consumer’s experience
- Using formal structures to obtain stakeholder input:
  - Organization
  - Consumer
  - Physician
  - Payer
Proven Components - Technology: Successful Strategies

• Selectively using technology for interactions with customers
• Managing for investment value
• Ensure solid processes are in place prior to seeking automation fixes
• Dedicating IT staff to the revenue cycle
Proven Components - Metrics: Successful Strategies

• Define multiple levels of metrics
  – Strategic
  – Operational
  – Individual
• Actionable data
• Commitment to action
• Education
• Results
Proven Components - Communications: Successful Strategies

- Supporting a positive scheduling/registration experience
- Providing estimates of financial obligation
- Publicizing financial assistance
- Supporting clear and simple billing & collections materials
Every day, healthcare professionals conduct sensitive financial discussions with patients. But there have been no accepted, consistent best practices to guide them in these discussions - until now.
Patient Financial Communications

• Best practices for healthcare providers:
  – Emergency Department
  – Time of Service (Outside the ED)
  – In Advance of Service
  – Patient Financial Communications – All Settings
  – Measurement Criteria Framework
    • Training
    • Process compliance evaluation
    • Technology evaluation
    • Feedback and response evaluation
    • Executive level metrics reporting
Topics Addressed in Patient Financial Discussions

- Patient Share
- Prior balances (if applicable)
- Balance resolution

Value = \begin{array}{c}
\text{Quality} \\
\hline
\text{Payment}
\end{array}
Parameters for Patient Financial Discussions

• Compassion
• Patient advocacy
• Education
Ensure That Conversations with Patients Are Done Right

- Discuss specifics about each patient’s financial responsibility
- Provide information on financial assistance & application process
- Offer help applying for Medicaid or coverage through the ACA public exchanges
- Discuss payment plans & options
- Give information on how a prior balance does (or does not) affect current care
• Supporting revenue cycle at the highest level
• Garnering appreciation from non-financial staff
• Finding purpose through the patient
• Demanding high performance
• Celebrating success
• Making innovation a priority
MAP Keys®
Defining the Industry’s Standards
Task Force Purpose

- Leading industry representatives
- Supported by HFMA staff
- Charged to identify a common set of revenue cycle performance indicators that will allow hospitals to measure in a consistent way for the purpose of peer to peer comparison
Task Force Charge

• Review current KPIs and other industry definition sources for completeness, validity and relevancy
• Identify and prioritize the top KPIs
• Finalize and approve KPI definitions
• Review work product with NACs
• Prepare recommendations for HFMA Board approval
Process Steps – Then and Now

• Original process still in place for revisions and recommendations for new keys
• Research and internal review
• Results submitted to KPI Task Forces (Hospital/Physician)
• Definitions and measure drafted or updated
  – Initial determination of most relevant KPIs
  – Draft concise definition statement and measurement for each KPI
  – Task force consensus
• Recommendations submitted to the NAC
• NAC comments considered and definitions finalized
• Final work product submitted to HFMA Board for approval
• Implementation!
And the Results Are …

- Objective industry-standard metrics
- Clear, consistent and unbiased terms to define the essentials of revenue cycle performance
- Gateway to valid peer comparisons through HFMA’s MAP App tool
- Tool for identifying high performing and improving revenue cycles across a standardized set of KPIs
<table>
<thead>
<tr>
<th>Section</th>
<th>ID Number</th>
<th>Key Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Access</td>
<td>PA-1</td>
<td>Pre-registration Rate</td>
</tr>
<tr>
<td></td>
<td>PA-2</td>
<td>Insurance Verification Rate</td>
</tr>
<tr>
<td></td>
<td>PA-3</td>
<td>Service Authorization Rate-Inpatient &amp; Observation</td>
</tr>
<tr>
<td></td>
<td>PA-4</td>
<td>Service Authorization Rate-Outpatient</td>
</tr>
<tr>
<td></td>
<td>PA-5</td>
<td>Conversion Rate of Uninsured Patient to Payer Source</td>
</tr>
<tr>
<td></td>
<td>PA-6</td>
<td>Point of Service Cash Collections</td>
</tr>
<tr>
<td>Pre-Billing</td>
<td>PB-1</td>
<td>Days in Discharged Not Final Billed</td>
</tr>
<tr>
<td></td>
<td>PB-2</td>
<td>Days in Final Billed Not Submitted to Payer</td>
</tr>
<tr>
<td></td>
<td>PB-3</td>
<td>Days in Total Discharged Not submitted to Payer</td>
</tr>
<tr>
<td>Claims</td>
<td>CL-1</td>
<td>UB04 (837-i) Clean Claim Rate</td>
</tr>
<tr>
<td></td>
<td>CL-2</td>
<td>Late Charges as Percentage of Total Charges</td>
</tr>
<tr>
<td>Account Resolution</td>
<td>AR-1</td>
<td>Aged A/R as Percentage of Billed A/R</td>
</tr>
<tr>
<td></td>
<td>AR-2</td>
<td>Aged A/R as Percentage of Billed A/R by Payer Group</td>
</tr>
<tr>
<td></td>
<td>AR-3</td>
<td>Denial Rate (Zero Pay and Partial Pay Denials)</td>
</tr>
<tr>
<td></td>
<td>AR-4</td>
<td>Denial Write-offs as Percentage of Net Patient Service Revenue</td>
</tr>
<tr>
<td></td>
<td>AR-5</td>
<td>Bad Debt</td>
</tr>
<tr>
<td></td>
<td>AR-6</td>
<td>Charity Care</td>
</tr>
<tr>
<td></td>
<td>AR-7</td>
<td>Net Days in Credit Balances</td>
</tr>
<tr>
<td>Financial Management</td>
<td>FM-1</td>
<td>Net Days in Accounts Receivable</td>
</tr>
<tr>
<td></td>
<td>FM-2</td>
<td>Cash Collected as Percentage of Net Patient Service Revenue</td>
</tr>
<tr>
<td></td>
<td>FM-3</td>
<td>Uninsured Discount</td>
</tr>
<tr>
<td></td>
<td>FM-4</td>
<td>Uncompensated Care</td>
</tr>
<tr>
<td></td>
<td>FM-5</td>
<td>Case Mix Index</td>
</tr>
<tr>
<td></td>
<td>FM-6</td>
<td>Cost to Collect</td>
</tr>
<tr>
<td></td>
<td>FM-7</td>
<td>Cost to Collect by Functional Area</td>
</tr>
</tbody>
</table>
Patient Access Key: Insurance Verification

• Measure: Insurance verification rate
• Purpose: Trending indicator that patient access functions are timely, accurate and efficient
• Value: Indicates revenue cycle process efficiency and effectiveness

Metric Calculation:

\[
\frac{\text{Total number of verified encounters}}{\text{Total number of registered encounters}}
\]

Variable Notes:

**Numerator:** Includes all scheduled visits/services (encounters) prior to service and non-scheduled accounts verified within one day of service or date of admission

**Denominator:** Total registered IP and OP encounters in same reporting period as numerator
Claims Key: Late Charges

• Measure: Late charges as % of total charges
• Purpose: Measure of revenue capture efficiency
• Value: Identify opportunities to improve revenue capture, reduce unnecessary cost, enhance compliance, and accelerate cash flow

Metric Calculation:

\[
\text{Charges with post date >3 days from DOS} \div \text{Total gross charges}
\]

Variable Notes:

**Numerator:** charges must come from the same reporting period monthly; based on last posting date of month; transaction level detail; debits + credits reported as absolute value

**Denominator:** No note
Pre-Billing Key: Days in FBNS

- Measure: Days in final billed not submitted to the payer
- Purpose: Trending indicator of claims impacted by payer/regulatory edits within claims processing system
- Value: Track impact of internal/external requirements to clean claim production which impacts positive cash flow

Metric Calculation:

\[
\frac{\text{Gross dollars in FBNS}}{\text{Average Daily Gross Revenue}}
\]

Variable Notes:

- **Numerator**: Excludes In-house and DNFB; Excludes rebills and late charge bills
- **Denominator**: No notes
Account Resolution: Denial Rate

- **Measure:** Percentage of denied claims remitted
- **Purpose:** Trending indicator of % of claims denied
- **Value:** Indicates provider’s ability to comply with payer requirements and payers’ ability to accurately pay claims; efficiency and quality indicator

**Metric Calculation:**

\[
\frac{\text{Total # of Claims Denied}}{\text{Total # of Claims Remitted}}
\]

**Variable Notes:**

- **Numerator:** Total claims adjudicated monthly at the Claim level; denials defined as “actionable denials” - those denials that may be addressed and corrected within the organization and result in increased reimbursement
- **Denominator:** Monthly remitted claims from 835 or paper remits; claim level, not line level counted
Financial Management Key: Net Days in A/R

- **Measure:** Net Days in Accounts Receivable (A/R)
- **Purpose:** Trending indicator of overall A/R performance
- **Value:** Indicates revenue cycle efficiency

**Metric Calculation:**

\[
\frac{\text{Net A/R}}{\text{Net Patient Service Revenue}}
\]

**Variable Notes:**

- **Numerator:** Excludes credit balances, non-patient A/R related 3rd party settlements & non-patient A/R
- **Denominator:** most recent three month daily average
Example: How Net A/R Days Cascades Down

MAP Key Strategic Objective…

Teams set **Objectives** based on it…

Set **Objectives** across responsible areas…

Set **area-specific** performance goals…

Set **team member-specific** performance goals…

Based on goals, set specific tasks in **Action Plan**…

![Diagram showing the cascade of objectives and measures related to Net A/R Days, including specific performance goals for different regions and team members.](image-url)
HFMA's Revenue Cycle Score calculates your total revenue cycle score—see if your organization meets the benchmarks of historical MAP Award applicants. What did this score tell you about your revenue cycle?

url: http://www.hfma.org/MAP/MapAwards/
Revenue Cycle Score

HFMA’s Revenue Cycle Score

Definitions: http://www.hfma.org/MAP/MapKeys/
Select 2-3 revenue cycle performance metrics that are utilized across non-revenue cycle departments within your organization and discuss the manner in which departments have collaborated to impact the metrics.

Select 2-3 metrics and describe processes and interventions implemented to affect performance on each respective metric. (e.g. increased percentage of POS collections, decrease in net days in A/R)

Briefly explain how your organization embraces excellence in the patient experience/customer service. Discuss at least 2 initiatives or efforts initiated to improve the patient experience and share measurable outcomes that have resulted from these efforts.

Does your organization use an employee incentive program to drive results in the revenue cycle?
   a. Briefly explain the incentive program, the role MAP or other KPIs play in the program, and share measurable outcomes resulting from its implementation.

Please share an example(s) of how front-end revenue cycle technologies support processes and describe how they have led to measurable improvements in revenue cycle effectiveness.
MAP Awards: Part Two - Questions

How many days of initial revenue cycle training on average are required for the following positions?
   a. Front End (i.e. Registrars, Scheduling, Financial Counselors, Insurance Verifiers)
   b. Back End (i.e. Billers, Collectors, Cashiers, Financial Representatives)
   c. How many days of ongoing revenue cycle-specific training do staff receive annually?

How many days of ongoing revenue cycle-specific training do staff receive annually?
   a. Front end revenue cycle staff
   b. Back end revenue cycle staff
   c. Total hospital turnover rate

How do you obtain and use patient feedback to improve revenue cycle processes?

Please share an example(s) of how front-end revenue cycle technologies support processes and describe how they have led to measurable improvements in revenue cycle effectiveness.

Please share an example(s) of how back-end revenue cycle technologies support processes and describe how they have led to measurable improvements in revenue cycle effectiveness.
Healthcare Dollars and Sense

Price Transparency (hfma.org/transparency)

Please indicate which statement best describes your organization’s business practices with respect to price transparency for consumers. (Choose one response)

a. We provide estimates of out-of-pocket financial responsibility for scheduled services to patients upon request within 24 hours or less, approximately __ percent of the time.

b. We provide estimates of out-of-pocket financial responsibility for scheduled services to patients upon request within three business days or less, approximately __ percent of the time.

c. We provide estimates of out-of-pocket financial responsibility for scheduled services to patients, approximately __ percent of the time, but don’t track our response time.

d. We are typically unable to provide estimates of out-of-pocket financial responsibility for scheduled services.

Please indicate which of the following are included in the price estimates your organization provides to patients. (Choose all that apply)

a. Estimated price for a standard procedure without complications
b. Statement that complications or other unforeseen circumstances may increase the price
c. Description of which services are and are not included in a price estimate
d. Statement that some providers may be out of network even though the hospital (or other entity) is in-network
e. Estimated price for a standard procedure without complications
f. We don’t typically provide price estimates to patients
MAP Awards: Part Two - Questions

To what extent do you provide estimates of patients’ financial obligations prior to rendering services?

a. We provide estimates:
   i. for elective procedures
   ii. for non-elective procedures

b. Do you provide patient estimates upon request at scheduling, registration, time of service, and any other time written or verbal requests for estimates are made?

Patient Financial Communications Best Practices™ (hfma.org/communications)

Considering ways in which your approach to patient financial communication is guided by compassion, patient advocacy, and education, please describe a time when your organization’s approach to financial communications made a difference in a patient’s experience, satisfaction, and/or outcomes.

Note: Patient Financial Communications Best Practice Adopter Recognition is required to participate in the MAP Awards process.
MAP Awards: Part Two - Questions

Medical Account Resolution (hfma.org/medicaldebt)

Please indicate which of the following statements apply to your organization (Indicate Yes/No for each item)

a. We routinely screen patients for financial assistance based on our financial assistance policy.
b. We routinely attempt to enroll uninsured patients in any applicable public program(s), COBRA, or other insurance programs.
c. We publicize the organization’s financial assistance policies widely and routinely offer help applying for public programs.
d. We routinely ensure correct balance after insurance by verifying proper payment amount from insurance and provider application of contractual allowances prior to final patient billing.
e. We operate under contract with all business affiliates involved in medical account resolution; the contracts specify what types of account resolution activities are permissible.
f. We provide business affiliates with the first statement date, which is used to start the “account resolution clock”, information about payments made, subsequent statements, and access to the billing system if the agency has the authority to file insurance claims.
g. We don’t report an account to a credit bureau until at least 120 days from the first statement (or the first statement from an early-out agency acting on our behalf).
h. We have a policy stating that in cases where an account is reported to a credit bureau and the debt is subsequently satisfied, we arrange to update the patient’s credit report to reflect the account’s resolution.
i. We have a policy that extraordinary collections actions (liens, credit reporting, lawsuits, wage garnishment, etc.) must be Board approved, communicated to, and contractually adhered to by business affiliates.
j. All of our collection efforts (either internal or external) adhere to formally documented and Board-approved provider collection policies.
MAP Awards: Part Two - Questions

Patient Friendly Billing® (hfma.org/patientfriendlybilling)

Does your organization adhere to patient friendly billing principles and strategies? Give up to two examples of creative patient friendly billing strategies utilized by your organization.

Provider-Payer Collaboration

Share examples of positive collaboration you have with payers to streamline operations.

How do you work with major payers in your market to provide price transparency for your patients?

Unique practices/lessons learned: Briefly share any unique practices or innovations you have employed to improve revenue cycle effectiveness/efficiency, employee satisfaction, or patient satisfaction. If possible describe a measurable impact on one or more areas of revenue cycle performance (e.g., increased percentage of POS collections, decrease in net days in A/R, etc.). Share learning experiences where a project did not go as expected. What happened? What was learned?
## 2016 MAP Award for High Performance in Revenue Cycle: Hospital and Health System Winners

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Net Days in A/R</th>
<th>Aged A/R 90 days and greater</th>
<th>DNFB</th>
<th>FBNS</th>
<th>DNSP</th>
<th>Bad Debt Write Off %</th>
<th>Cost to Collect</th>
<th>Cash Collection</th>
<th>POS Cash Collection</th>
<th>Charity Care Write Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>36.6</td>
<td>219%</td>
<td>5.3</td>
<td>0.5</td>
<td>5.9</td>
<td>1.1%</td>
<td>3.4</td>
<td>100.2%</td>
<td>21.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>90</td>
<td>28.8</td>
<td>14.3%</td>
<td>3.2</td>
<td>0.1</td>
<td>4.3</td>
<td>0.3%</td>
<td>1.6</td>
<td>104.2%</td>
<td>48.2%</td>
<td>4.8%</td>
</tr>
<tr>
<td>75</td>
<td>31.0</td>
<td>19.2%</td>
<td>4.3</td>
<td>0.2</td>
<td>4.8</td>
<td>0.3%</td>
<td>2.1</td>
<td>102.1%</td>
<td>34.9%</td>
<td>3.1%</td>
</tr>
<tr>
<td>50</td>
<td>36.6</td>
<td>219%</td>
<td>5.3</td>
<td>0.5</td>
<td>5.9</td>
<td>1.1%</td>
<td>3.4</td>
<td>100.2%</td>
<td>21.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>25</td>
<td>40.0</td>
<td>24.4%</td>
<td>7.0</td>
<td>1.1</td>
<td>7.5</td>
<td>1.4%</td>
<td>3.7</td>
<td>99.3%</td>
<td>9.2%</td>
<td>1.0%</td>
</tr>
<tr>
<td>10</td>
<td>43.0</td>
<td>31.0%</td>
<td>7.3</td>
<td>1.2</td>
<td>7.8</td>
<td>19%</td>
<td>3.7</td>
<td>97.3%</td>
<td>10%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

## 2016 MAP Award for High Performance in Revenue Cycle: Physician Practice Winners

<table>
<thead>
<tr>
<th>Days in A/R</th>
<th>Aged A/R 90 days and greater</th>
<th>POS</th>
<th>Cash Collection</th>
<th>Schedule Occupied</th>
<th>Denial</th>
<th>Charge Lag Days</th>
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</thead>
<tbody>
<tr>
<td>Mean</td>
<td>28.7</td>
<td>14.0%</td>
<td>51.8%</td>
<td>100.8%</td>
<td>84.7%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Median</td>
<td>28.5</td>
<td>13.1%</td>
<td>51.2%</td>
<td>100.7%</td>
<td>86.1%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

## 2016 MAP Certificate of Recognition in Revenue Cycle Achievement Winners

<table>
<thead>
<tr>
<th>Percentile</th>
<th>Net Days in A/R</th>
<th>Aged A/R 90 days and greater</th>
<th>DNFB</th>
<th>FBNS</th>
<th>DNSP</th>
<th>Bad Debt Write Off %</th>
<th>Cost to Collect</th>
<th>Cash Collection</th>
<th>POS Cash Collection</th>
<th>Charity Care Write Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median</td>
<td>39.8</td>
<td>22.8%</td>
<td>4.7</td>
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</tbody>
</table>
Lessons from High Performing Revenue Cycles

• Pre-service/Time of service
  – Focus processes to consumers
  – Moving point of service collections to higher level by focusing on potential vs. actual collections
  – Individual employee level quality monitoring and reporting
  – Focus on finding resources, educating patients about financial responsibilities and payment plan options; financial assistance moves into Patient Access
  – Incorporate user-friendly technology:
    • Patient portal – clinical and financial applications
    • Self-scheduling
    • Mobile apps
• Time of service
  – Streamlined Patient Arrival Processes-Scheduled Patients
  – Comprehensive Access Processing – Unscheduled Patients
  – Electronic Signatures and Documents
  – Clinical Documentation Improvement (CDI)
  – Revenue Integrity Focus
Post Service Segment

Customer Experience

- Payer Payment Analysis
- Third Party Follow-Up
- Denial Processing
- Customer Service
- Remittance Processing
- Self-Pay Collection
- Claim Processing
- Collection Agency

Resources

- Standard Work
- Automation
- Culture
- People
- Process
- Technology
- Communication
- Media

Satisfied Customer

- Appropriate Payment
- Effective & Efficient Account Resolution
- Decreased Cost to Collect
Lessons from High Performing Revenue Cycles

• Post Service - clean claims count!
  – Standard work
  – Extensive pre-bill edits
  – “Get it right first time”
  – Corrections to process rather than continued correction work
  – Electronic transactions (276/277 claim inquiry and response)
  – Use data to convince payers to alter denials pattern and improve post-acute care services
Lessons from High Performing Revenue Cycles

• More tips:
  – Continuous attention to all forms of patient financial communications
  – Organization wide emphasis on education and sharing information at all-staff meetings to raise understanding of the importance of revenue cycle
  – Employee selection process focusing on skills and teaching technical components of jobs; invest in the success of the “newbies”
  – Proactively managing your IT vendor(s); technology as tool to support, not drive, process – automate!
Lessons from High Performing Revenue Cycles

• More tips:
  – Ask your patients!
  – Make the managed care department your best friend
  – Integrating hospital and physician revenue cycles- keys are standardization, policies, training, redefining standard work/processes
  – Make patients part of the solution, not part of the problem – example = COB issues
  – Measure and track performance
  – Stand by your services – money-back guarantee!
HFMA’s Revenue Cycle Conference: The MAP Event

measure

perform

apply
HFMA’s Revenue Cycle Conference – The MAP Event

• Open to all revenue cycle professionals
• Education focus on measure, apply, perform concepts
• Highlights innovation in revenue cycle operations
• Brings together providers, physicians and payers to demonstrate winning strategies
• Provides opportunities to learn from high performing revenue cycle professionals
• 2017 – October 22-24 ; Orlando, FL
In order to understand where you are today, set correct goals and focus your organization, you need to benchmark against your peers.
Industry Accepted Tool

Benchmarking resource created by and for the industry to improve performance

Adopted by more than 590 hospitals and health systems
MAP App Data Sources

Patient Accounting
- Trial Balance
- Basic Account Detail
- Transactions/Activity Codes

ADT/Scheduling
- Scheduling, Verification, and Authorization Reports

Billing System/EDI
- Submission, Edit, and Rejection Reports

General Ledger
- Month End General Ledger Accounts & Reporting
Clearly Defined and Consistent

*Truly measuring Apples to Apples*

Develop by the industry for the industry:

- 25 clearly defined, industry-standard hospital and health system KPIs
- 14 physician practice KPIs (MAP Keys)
The answer is in your inbox:

True peer-to-peer comparisons

147 demographic filters ensure your benchmarking set is a true match

12 standard reports plus 1,000+ reportable fields for custom analysis: all the options you need
Bringing It All Together

Content

Comparability

Community
DO WE HAVE ENOUGH STRESS ???

The picture on the next slide has 2 identical dolphins in it. It was used in a case study on stress levels which may exist prior, during or after a conversation with your CFO.

Look at both dolphins jumping out of the water. The dolphins are identical. A closely monitored, scientific study revealed that, in spite of the fact that the dolphins are identical, a person under stress would find differences in the two dolphins. The more differences a person finds between the dolphins, the more stress that person is experiencing.

Look at the photograph and if you find more than one or two differences, you are under a lot of stress in your life and need to leave now for a vacation!
Closing Thoughts and Questions

Parting Thought: “Hope is not an effective strategy for change.”
-Tom Atchison

• **Measure** to manage; track what matters
  – Use data to lead to insights to improve performance
• **Apply** proven solutions to improve results
• **Perform** to the highest level by share results daily, weekly, monthly, annually; learn from failures; celebrate wins
Sandra J Wolfskill, FHFMA
Director, Healthcare Finance Policy, Revenue Cycle MAP, HFMA

Ms Wolfskill is responsible for revenue cycle and MAP initiatives at HFMA. Her extensive experience in revenue cycle management includes leading engagements with clients engaged in process mapping and analysis, project management, staffing analyses, using contemporary metrics to identify improvement opportunities, staff education, interim management and system implementation testing and training. Prior to joining HFMA, she worked closely with HFMA in supporting the task force work which lead to the CRCR study guide and certification process.

Ms. Wolfskill received a BA cum laude from Wittenberg University and a Master of Arts degree from The University of Delaware. Prior to founding her consulting firm, Sandra not only had extensive revenue cycle experience, but also provider management experience in a variety of positions, including serving as the chief financial officer for a small community hospital.

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