

STRATEGIES TO COMBAT DENIALS AND OPTIMIZE EMR

Chelsea Suschanke and Justin Hobbs



AGENDA

- Introductions
- Strategies To Combat Denials
- Impact Of Recovered Revenue
- Automation Tools In Electronic Medical Record
- Questions?

INTRODUCTION



Chelsea Suschanke, CRCR

Director of Revenue Cycle Quality And Performance
Improvement



Justin Hobbs, BSHA, CRCR

Director of Patient Billing

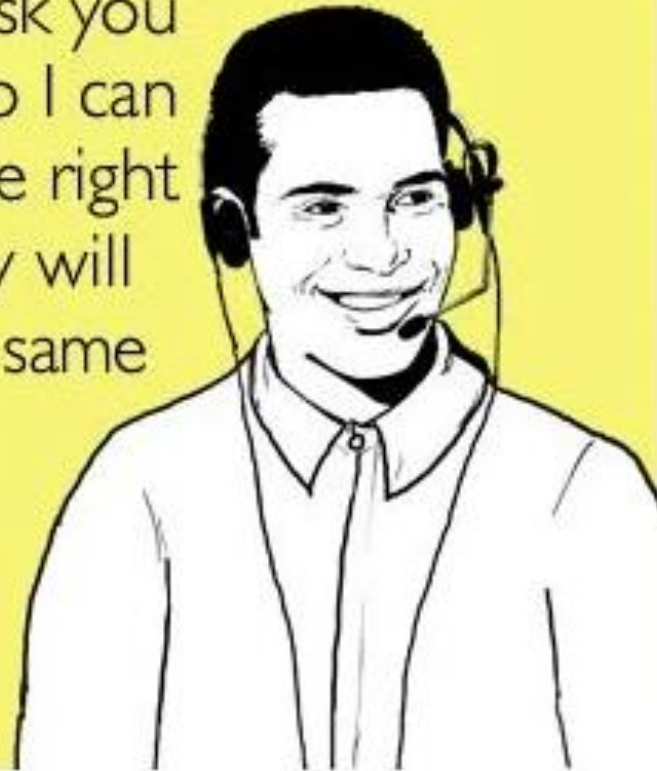


STRATEGIES TO COMBAT DENIALS

Chelsea Suschanke

FUNNY MEME

I'm just going to ask you a few questions so I can transfer you to the right department. They will ask you the exact same questions and be of no help.



your  cards
someecards.com

WHO CONTRIBUTES TO A CLAIM?

- Green Patient Access

- Blue HIM/Coding

- Orange Charge Master

- Yellow System Generated

- Pink Billing

The image shows a complex medical claim form with numerous fields. The fields are color-coded according to the legend:

- Green:** Patient Access (Patient Name, Address, Insurance Plan, Group Name, etc.)
- Blue:** HIM/Coding (Procedure Codes, Dates, Occurrence Codes)
- Orange:** Charge Master (Rates, Codes, Amounts)
- Yellow:** System Generated (Dates, Totals, Creation Date)
- Pink:** Billing (Payment, Authorization, Insurance Group)

WORKGROUP

Denials Taskforce

Members:

- EMR Analyst/Trainers
- Medical Group Manager
- Enrollment and Credentialing
- Denial Prevention Management
- Planning and Decision Support
- Revenue Cycle team.

Cadence of Meeting:

- Weekly on Wednesday for an hour



WHERE DO WE START?

Preventable Denial Categories

- Authorization
- Medical Necessity/Level of Care
- Non-Covered
- Provider Enrollment/Credentialing
- Registration/Eligibility

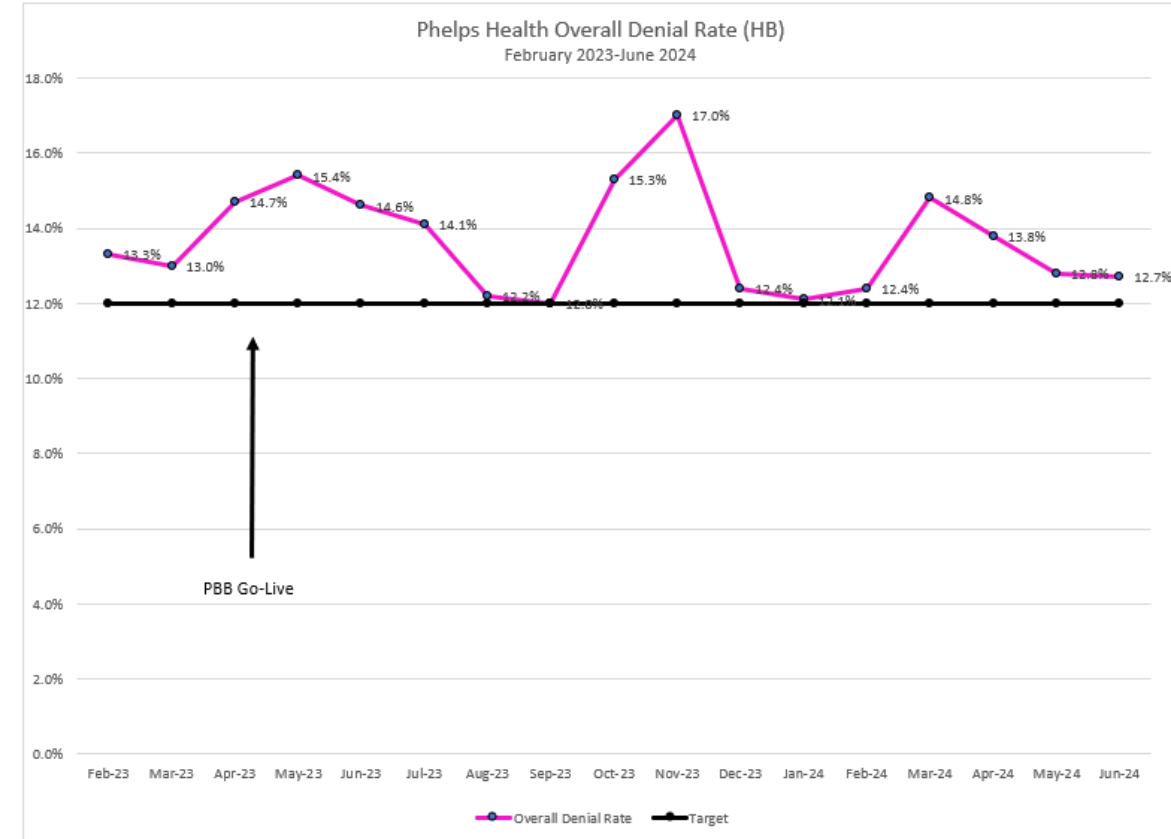
HAVE YOU SET GOALS?

Goal:

Hospital Billing Overall Denial Rate Goal: 12.0%

Trends:

- Denying for no auth when auth was obtained or per policy no auth is required
- Denying for timely filing inappropriately
- Processing as out of network instead of in network



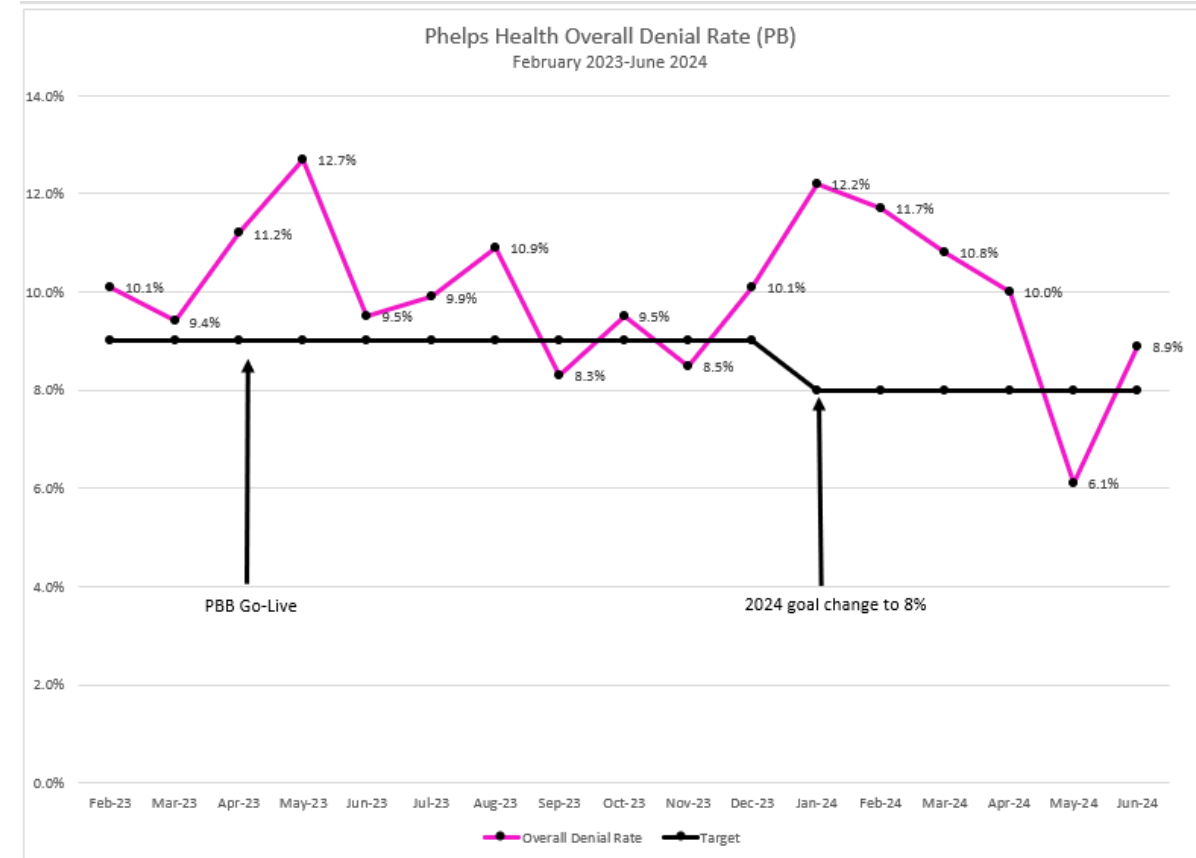
HAVE YOU SET GOALS?

Goal:

Professional Billing Overall Denial Rate Goal: 8.0%

Trends:

- Denying for no auth when auth was obtained or per policy no auth is required
- Denying for non-covered inappropriately
- Processing as out of network instead of in network-system issue
- Denying for adjust level of care



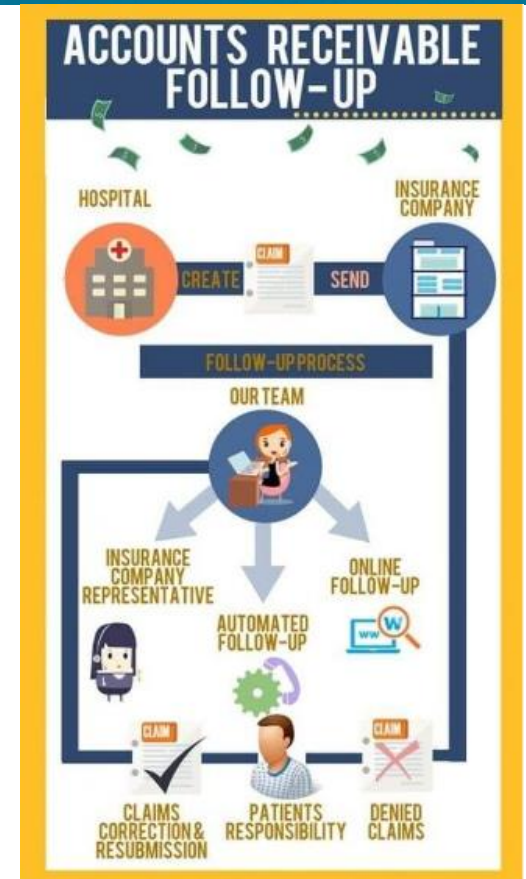
WORKGROUP

Top 10 Aging AR Workgroup

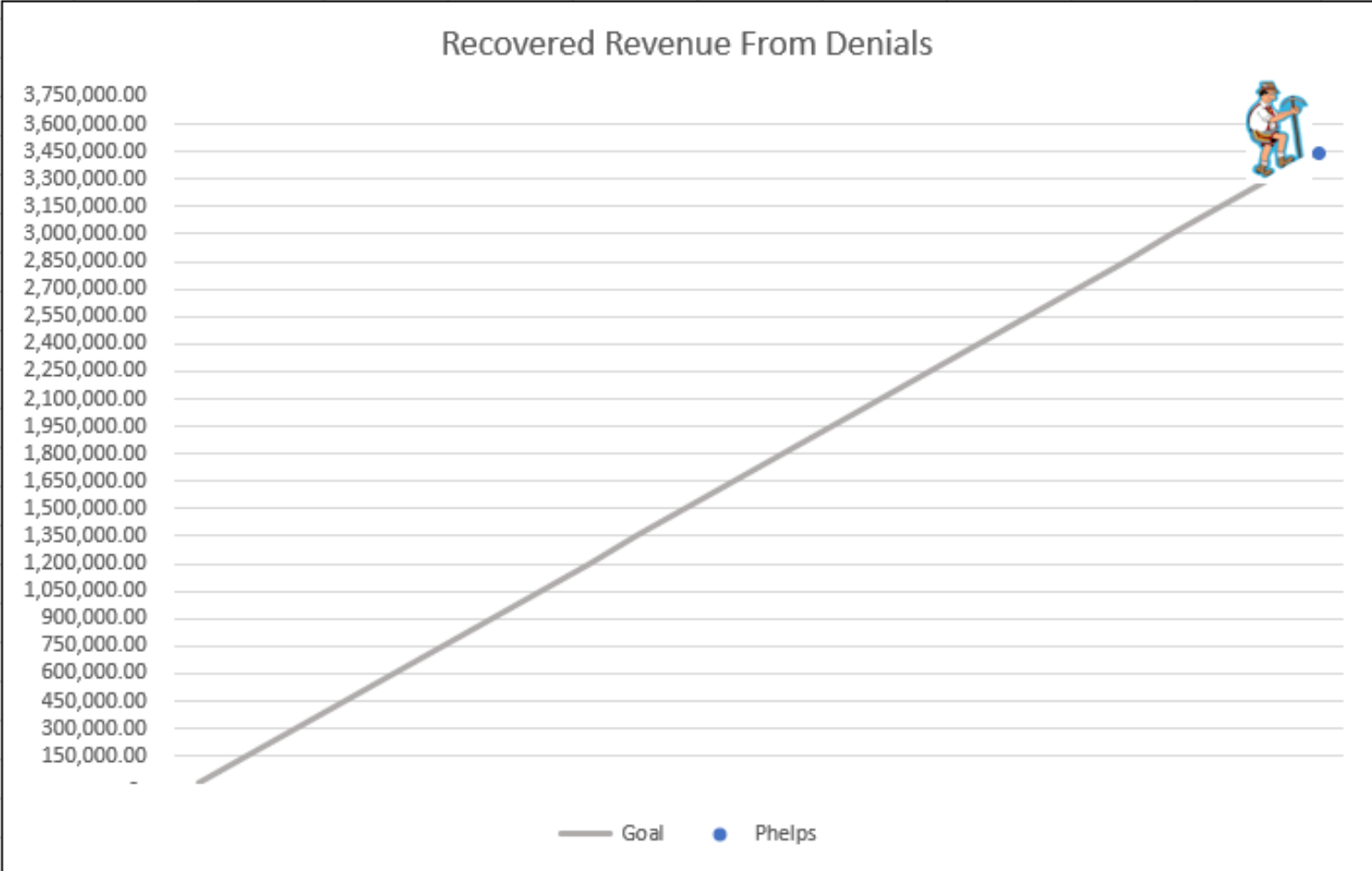
Members:

- Revenue Cycle Team
- Planning and Decision Support
- Enrollment and Credentialing
- Denial Management Team

Cadence Of Meeting: Weekly for an hour on Thursday



ARE YOU TRACKING RECOVERED REVENUE?



Average Recovered From Workgroups: 24% Of Charges



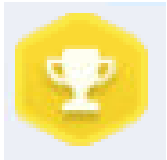
DENIAL PULSE



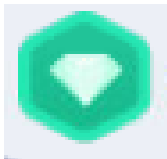
Bronze for being in the top 25% of participating organizations



Silver for being in the top 10% of participating organizations



Gold for being in the top 5% of participating organizations



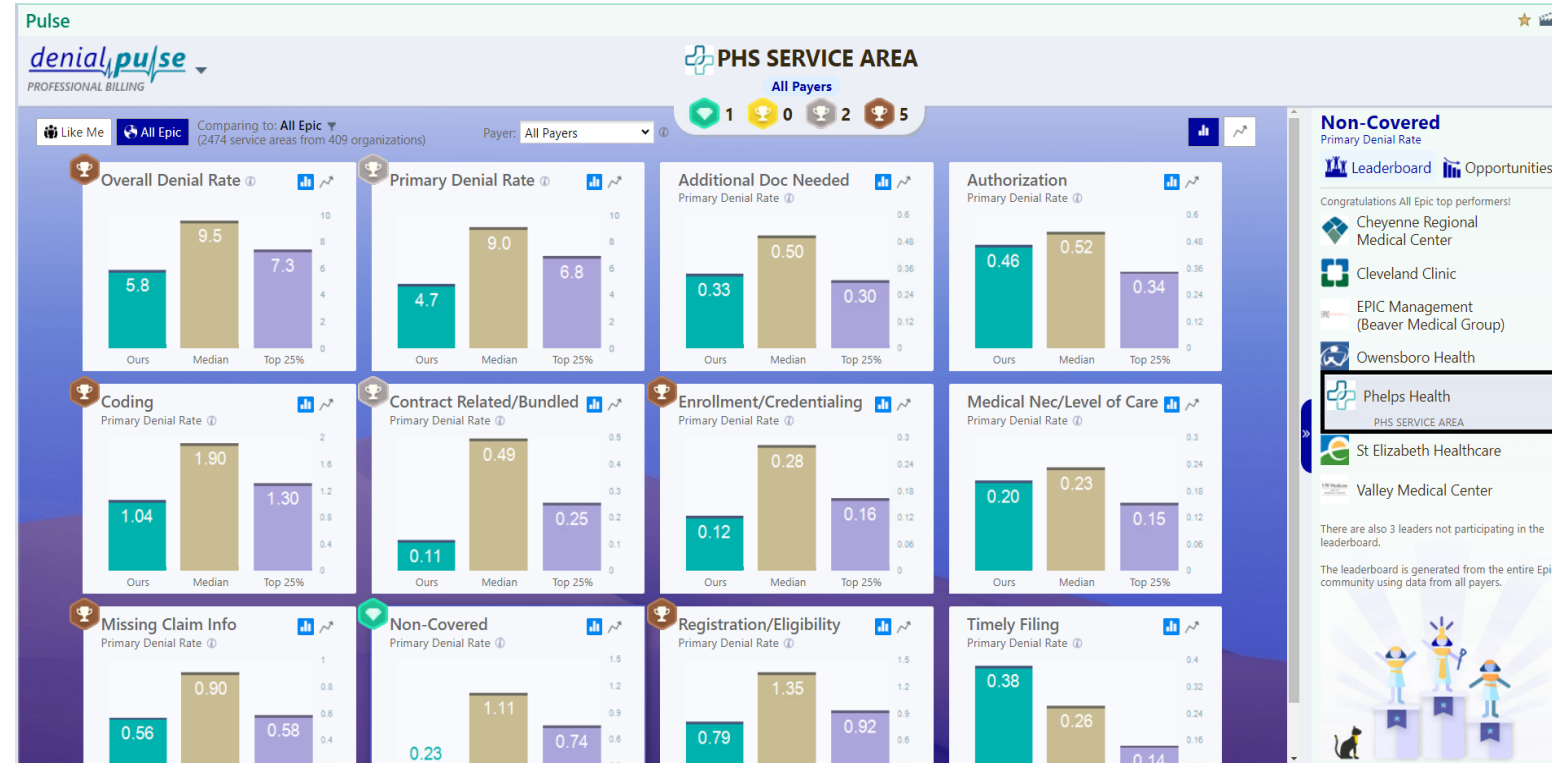
Diamond for being the leader use of participating organizations

PB DENIAL PULSE



Diamond Status: Non-Covered

- Only 0.23% of responses came back as denied for non-covered
- 5th on the leaderboard of participating organizations.



OPTIMIZING ELECTRONIC HEALTH RECORD

Justin Hobbs



Phelps Health

AR WORKGROUP

AR Workgroup

Members:

- CFO
- AVP of Revenue Cycle
- AVP of Finance
- Director of Patient Billing
- Director of Revenue Quality and Performance Improvement
- Director of Planning and Decision Support

Cadence Of Meeting:

- Weekly for an hour on Tuesday



WHAT ARE THE EASY FIXES?

- Charge Review
 - New Provider Hold Rule 100% Review
 - Review 100% holds after 90 days for new providers
 - Audit performed at 90 days for coding accuracy
 - Fee Schedules reviewed for automation
 - Multiple departments reviewed for charge automation
 - Review charge review rules annually

WHAT ARE THE EASY FIXES?

- Reviewed claim edits
 - Modifier 50 Rule-Auto Drop with certain CPT
 - XU Modifier Rule- auto drop with certain CPT
- Built Payer Specific Rules
 - Cigna APP Rules- Added edit to catch for supervising Physician

IS YOUR CLEARINGHOUSE WORKING FOR YOU?

- Analyzed edits from clearinghouse
 - Payer Specific edits removed
- EFT/ERA Enrollments
 - Undistributed payments issues
- Claims Attachment Project
 - Itemized bills and medical records with initial claim file
- Build duplicate clearinghouse edits to avoid longer holds
 - POA Indicator Needed

IS YOUR EMR AND CLEARINGHOUSE WORKING TOGETHER?

- Reports for accounts not on WQ
- Denials Mapped incorrectly
 - Remit codes mapped to wrong owning departments
 - Denial Management team getting itemized bill remit marks in WQ
- Front End Rejections Mapping
 - Work with Payers to insure all rejections come through clearinghouse
 - EMR receives and maps appropriately

IS YOUR EMR AND CLEARINGHOUSE WORKING TOGETHER?

- Monitor mapping table
 - New rejections will not map in correctly
- Mapped Status Messages to WQ
 - Pending Payment Removed
 - Denials removed and mapped to Denial WQ
 - T-Status Mapped for Rejection
 - S-Status suspended mapped for rejection



CAN WE IMPROVE PAYMENT POSTING EFFICIENCIES?

- Map all payers electronically
- Train payment posters on denial codes
- Undistributed posting education and functions



ARE WE STAFFED AND TRAINED APPROPRIATELY?

- Properly staffed
 - Full analysis of productivity vs. claims per day
 - Re-evaluate teams for staffing
 - Added multiple positions
- Opportunity for specialized positions
 - Revenue integrity
 - Denials
 - Credits
- Bi-Weekly Team Meetings for denials training and tracking of trends
 - Huddle Board- Ticket system KIBOSH

SUMMARY

- Engage All Departments and Department Leaders
- Set Goals That Are Measurable and Attainable
- Track and Report On Progress
- Look For Ways For Continuous Improvement and Optimization

WE HAVE TO WORK HARD TO GET PAID

- Payers have one strategy...Deny Deny Deny
- Every Process on our End Works Together to Get Final Payment
- We can Affect our Net Revenue by Improving our Processes

Description	Amount
Gross Patient Revenue	1,500,000,000.00
Increase %	0.10%
Increase to Net Revenue	1,500,000.00

QUESTIONS?



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