

THEME

Applying Best Practices in Healthcare Delivery

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INSIGHTS

Far-reaching decisions without reaching far.

Recognizing and Understanding All Elements of the Revenue Cycle

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About the Presenter

Steven Berger is President of Healthcare Insights, LLC, which specializes in the teaching and consulting of healthcare financial management issues. In addition, Healthcare Insights has developed INSIGHTS, the industry leading management accountability and decision support software solution for the healthcare industry. Prior to his role at Healthcare Insights, Mr. Berger was Vice President, Finance for seven years at 250- bed Highland Park Hospital in suburban Chicago, Illinois. Before Highland Park Hospital and since 1978, he has been a hospital or health system finance officer in New York, New Jersey and Missouri.

Mr. Berger has over 30 years of healthcare financial management experience. He holds a Bachelors of Science degree in History and a Master of Science in Accounting from the State University of New York at Binghamton. He is a CPA, a Fellow of the Healthcare Financial Management Association (HFMA) where he has served as President of the First Illinois Chapter. Mr. Berger also served a three-year term on the HFMA's National Board of Examiners and has also served as the Regional Executive of Region 7 of the HFMA. He is also a Fellow of the American College of Healthcare Executives (FACHE).

In addition, over the past several years he has presented many healthcare finance related seminars throughout the United States and Canada including several two-day classes such as Fundamentals of Healthcare Financial Management, Turning Data into Useful Information and Hospital Financial Management for the Non-Financial Manager and The Zen of Budgeting. He has also written several articles on healthcare financial and general management that were published in Healthcare Financial Management magazine, including an August 2004 Award Winning article on the Ten Ways to Improve Cost Management in Hospital, and the February 2007 Award Winning article, Treating Technology as a Luxury” Ten Necessary Tools.

Additionally, Mr. Berger is the author of “Fundamentals of Healthcare Financial Management,” originally published in 1999 by McGraw-Hill and the HFMA. This book was written from a practitioners point of view and is a distillation of Mr. Berger's many years on the inside of healthcare institutions. The third edition of the book was published in January 2008 and is available at www.josseybass.com. Additionally, Mr. Berger co-authored the 2002 text, “HFMA's Introduction to Hospital Accounting, 4th edition”, published by Kendall Hunt, available at www.hfma.org. Mr. Berger's has also written, “Understanding Nonprofit Financial Statements”. The third edition was just published in March 2008 by BoardSource and is available at www.boardsource.org. Finally, Mr. Berger's 2005 book, “The Power of Financial and Clinical Metrics: Achieving Superior Results in Your Hospital” is available at www.ache.org

Class Objectives

- The revenue cycle is a complex, convoluted and massive process that allows the hospital to maximize the monies it is owed by self pay and third party payers into cash.
- The objectives of this class is to:
 - Determine who is responsible for the revenue cycle
 - Explore the departments that are involved
 - Understand some of the overarching issues for revenue cycle management
 - Envision the entire revenue cycle in picture form, and
 - Describe the various components of the revenue cycle in some detail.

Detailed Elements of the Revenue Cycle



The Revenue Cycle Workflow

Pre-patient contact
Patient contact

-Establish objectives
-Establish performance standards and measures
-Determine and establish inpatient and outpatient revenue cycle policies and procedures

<i>Pre-Registration</i>	<i>Pre-certification and Insurance Verification</i>	<i>Registration</i>	<i>Charge Capture</i>	<i>Coding and Reimbursement</i>
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-Ensuring that the patient's personal, demographic and insurance information is collected on a accurate and timely basis.
 -Collect information prior to service being performed
 -Generally by telephone

-Insurance company contact
 -Certify and verify patient's information and coverage
 -Insurance card issues
 -Electronic pre-authorization

-Paperwork completion
 -Centralized vs. decentralized areas
 -Obtain critical signatures
 -Financial counseling

-Timely and accurate charge generation
 -Chargemaster Issues
 -HIS review

Revenue Maximization activities
 - Documentation Review
 - DRG coding
 - APC coding
 - Managed Care
 - Lost charge recovery

<i>Bill Preparation and Transmission</i>	<i>Denials Management</i>	<i>Follow Up</i>	<i>Cash Collections and Posting</i>	<i>Performance Monitoring</i>
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-System throughput audits
 -Manual production
 -Electronic production and transmission
 -Contract Management Systems

-Billing Audits
 -Fraud and Abuse
 -Legal and Compliance
 -Internal Controls

-Third Party
 - Medicare
 - Medicaid
 - Managed Care
 - Payment compliance
 -Self Pay
 - deductible
 - co-insurance
 - charity care

-Bad Debts Expense
 -Charity Care
 -Financing
 -Collection Agency Selections
 -Collection Agency Performance Monitoring
 -Cash posting

-Set the goals
 -Create plans to achieve goals
 -Implement the plans
-Monitor the results of the implementation
 -Feedback the results to the affected parties



Importance of Revenue Cycle Management

- Cash, cash, cash!!!
- How else can the organization disburse
 - Payroll
 - Vendor purchases
 - Capital equipment purchases
 - Interest expense on loans

Who is Responsible for Revenue Cycle Management?

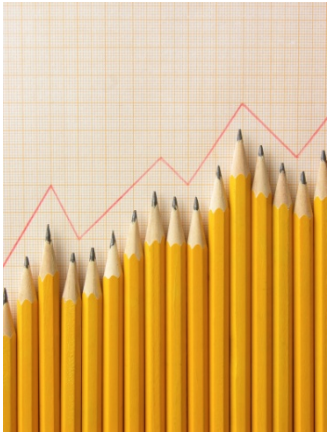
- The Chief Financial Officer
- The Patient Financial Services Director and their managers
 - Patient Access (Registration)
 - Patient Accounting (Billing, Follow Up, Collections, Cash Posting)
- The PFS Staff
- The Clinical and Operating Managers

Which Departments Are Involved in the Revenue Cycle?

- Registration (Patient Access)
- Patient Accounting
- Health Information Management (Medical Records)
- Utilization Review
- Case Management
- Reimbursement Department
- Managed Care Negotiators
- Oh, yeah...
 - Every revenue producing department and...their staffs

What Are Some of the Overarching Issues in Revenue Cycle Management?

- Front end of the process (pre-registration and registration) often does not know how their process impacts the rest of the revenue cycle
 - Chargemaster
 - UB 92 billing form
- Revenue producing department management and staff may not recognize how the chargemaster works or its implication on ultimate cash collections
- Back end of the process (billing, follow up and cash posting) may not appreciate the difficult issues faced by the registration, charge capture or medical records areas and may not give guidance to these areas that could lead to better performance throughout the organization and the revenue cycle



Details of the Revenue Cycle



Establish Objectives

- The hospital, through Administration, Finance and Patient Financial Services establish certain objectives it wants to achieve through its revenue cycle
- These objectives can include issues such as
 - Patient satisfaction with the revenue cycle
 - Employee satisfaction
 - Days of revenue in receivables

Establish Performance Standards and Measures

- Performance standards and measures must be set and established by the hospital in order to know what to achieve
- These standards should be set based on
 - historical performance, and
 - peer percentiles (benchmarks)

Determine and Establish Inpatient and Outpatient Revenue Cycle Policies and Procedures

- Policies and procedures allow the organization to set down the ground rules for management and staff to follow in a variety of situation that may be encountered
- These situations can involve steps in
 - Registration
 - Patient care
 - Processing of charges
 - Billing
 - Follow-Up
 - Cash collections

Patient Contact Begins

Pre-registration, Pre-certification & Insurance Verification

- The first and most important step in successfully converting a patient's account into cash
- Understanding the issues behind individual patient's insurance benefits and the insurance cards that are carried by the patient is critical to a successful verification process.
- *There must be significant training of the registration staff to achieve this!*
- The ability to perform more timely pre-certification and pre-authorization is contingent on automation between the provider and payer, much of which is currently non-existent, but will be improved under upcoming approved HIPAA regulations.

Pre-Registration Examples

- A hospital to decides perform little, if any, pre-registration of its inpatients or outpatients. The results of this decision are likely to be:
 - Less accurate information at time of registration for
 - Pre-authorization, pre-certification, second opinions.
 - Third party payer billing
 - Coordination of benefits
 - Medical necessity
 - Longer waits for patients at the time of registration as the information is collected for the first time
 - _____
 - _____
 - _____
- Remember, almost every improvement on the front end equate to
 - Faster collections
 - Maximized net revenues, and
 - Enhanced patient satisfaction
 - On the back end

One CFO's Revenue Cycle Management Focus

- *“Some of the things I have specifically focused on since I have been in this position [CFO] are reducing the bad debt expense and improving the revenue cycle on the front end. I think a lot of hospitals focus their time and effort on the back end of the revenue cycle, in collections.*
- *But I'm a firm believer in obtaining high-quality information up front. If we receive complete and proper information on the front end, from admitting and registration to clinical and case management, then the billing and collection staff have a much easier time getting out clean claims and collecting on them*
- *We also made some enhancements to our current system that helped us perform medical necessity checking. For example, based on diagnosis, the system tells the registrar if an advance beneficiary notification is required for our Medicare patients.”*
 - Richard Davis, Chief Financial Officer,
George Washington University Hospital, Washington DC.

Interview in [Healthcare Financial Management Magazine](#), August, 2002, Page 30.

Registration

- Paperwork completion just prior to patient's service. This can be performed
 - In a centralized registration area, or
 - Decentralized, at the point of service
- Signatures are obtained for
 - Treatment consent (HIPAA)
 - Medical information dissemination (HIPAA), and
 - Financial guaranty
- Collections should be initiated
- Financial counseling should be offered when the patient presents for urgent or elective services with
 - No insurance
 - Insurance that has been verified with a high deductible (i.e. \$2,000) or co-pay

Charge Capture

- General responsibility is assigned to the revenue producing department managers
- Timely and accurate charge generation, related to performance of service, is essential to proper presentation of patient's bill
- Chargemaster issues have important implications
 - Proper identification and terminology
 - Optimizing gross charges for net revenues
 - Mixed responsibility (Finance and Department Managers) need to be coordinated
- Revenue producing management and staff may not recognize the importance of how the chargemaster works or its implications to ultimate cash collections
- Hospital Information Systems needs to be constantly reviewed and audited to ensure the charge capture remains appropriate

Current Month Patient Revenue and Usage Statistics Report

For the Period Ended March 31, 2009
7200 - Ultrasound

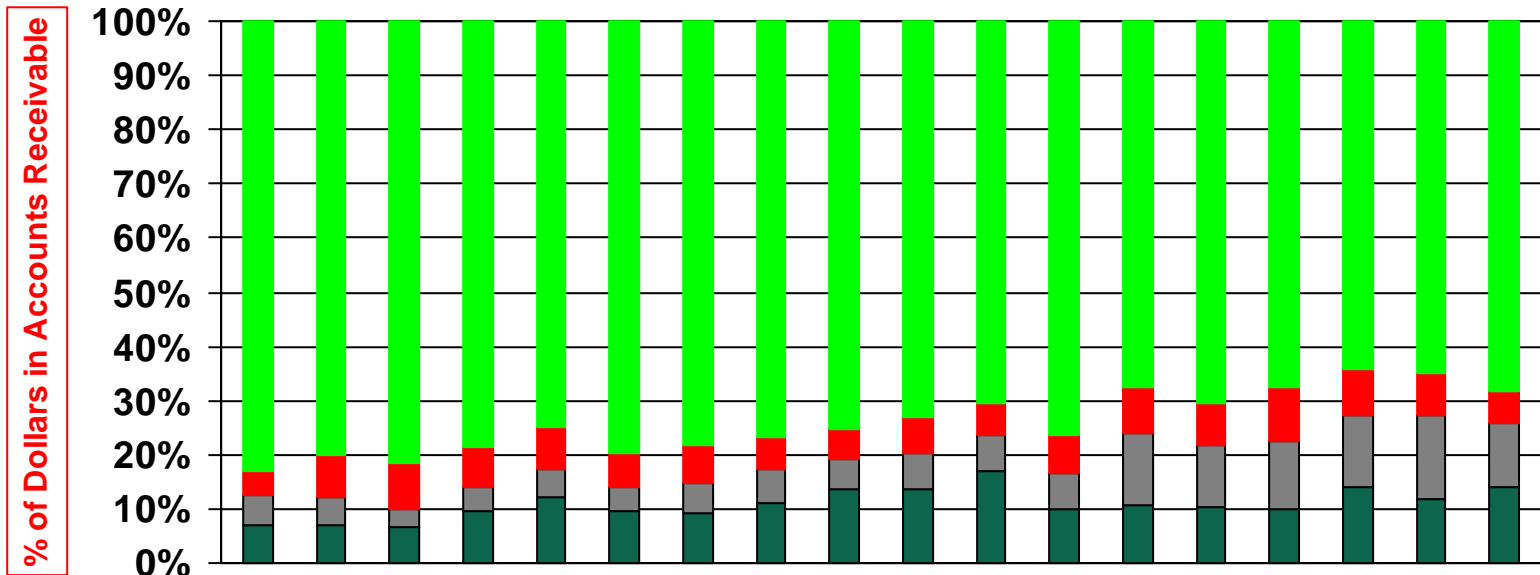
Charge Code	Current Month						Year-To-Date						RVUs	
	Volume			Revenue			Volume			Revenue			Current	YTD
	IP	OP	Total	IP	OP	Total	IP	OP	Total	IP	OP	Total		
53279 ART DOPP LW EXT BILAT	0	0	0	\$0	\$0	\$0	0	(1)	(1)	\$0	(\$406)	(\$406)	0	(10)
72001000 US-BILATERAL INFANT HIPS	0	7	7	\$0	\$4,158	\$4,158	1	13	14	\$594	\$7,722	\$8,316	0	0
72001001 CHEST MARKNG FOR THORACENT	3	0	3	\$843	\$0	\$843	11	1	12	\$3,091	\$281	\$3,372	0	0
72001002 Invalid item	0	4	4	\$0	\$2,532	\$2,532	0	10	10	\$0	\$6,330	\$6,330	0	0
72001003 Invalid item	0	5	5	\$0	\$1,405	\$1,405	0	14	14	\$0	\$3,934	\$3,934	0	0
72005004 THORACENTESIS INITIAL	3	1	4	\$1,382	\$461	\$1,842	6	0	6	\$2,763	\$35	\$2,798	40	60
72005014 NEEDLE BIOPSY BREAST	0	4	4	\$0	\$3,168	\$3,168	1	7	8	\$792	\$5,544	\$6,336	40	80
72005015 NEEDLE BIOPSY LIVER	0	0	0	\$0	\$0	\$0	1	3	4	\$1,959	\$5,876	\$7,834	0	40
72005016 NEEDLE BIOPSY KIDNEY	0	1	1	\$0	\$632	\$632	1	1	2	\$632	\$632	\$1,264	10	20
72005017 NEEDLE BIOPSY THYROID	0	3	3	\$0	\$1,452	\$1,452	0	5	5	\$0	\$2,420	\$2,420	30	50
72005025 US SPINAL CANAL	0	4	4	\$0	\$2,156	\$2,156	4	8	12	\$2,156	\$4,312	\$6,468	40	120
72005037 US GUIDED COMPRESS REP	0	0	0	\$0	\$0	\$0	2	0	2	\$1,845	\$0	\$1,845	0	20
72005039 US ABDOMEN	18	30	48	\$12,915	\$21,525	\$34,440	68	85	153	\$48,790	\$60,988	\$109,778	480	1,530
72005044 US BREAST BILAT	0	23	23	\$0	\$11,086	\$11,086	0	66	66	\$0	\$31,812	\$31,812	230	660
72005048 US BREAST UNI RT	1	28	29	\$461	\$12,894	\$13,355	3	90	93	\$1,382	\$41,445	\$42,827	290	930
72005050 US EXTREM NONVASCULAR LT	0	0	0	\$0	\$0	\$0	3	0	3	\$1,767	\$0	\$1,767	0	30
72005051 US ABDOMEN LIMITED	47	86	133	\$25,239	\$46,182	\$71,421	161	264	425	\$86,457	\$141,768	\$228,225	1,330	4,250
72005053 US DURING SURGERY	1	0	1	\$492	\$0	\$492	3	0	3	\$1,475	\$0	\$1,475	10	30
72005054 US RETROPERITONEAL COMP	46	68	114	\$25,645	\$37,910	\$63,555	134	185	319	\$74,705	\$103,138	\$177,843	1,140	3,190
72005059 US GUIDED BIOPSY	0	13	13	\$0	\$8,216	\$8,216	2	23	25	\$1,217	\$14,583	\$15,800	130	250
72005060 US ENCEPHALOGRAM	3	1	4	\$947	\$316	\$1,262	10	3	13	\$3,155	\$947	\$4,102	40	130
72005062 US PREGNANCY COMPLETE	6	75	81	\$3,798	\$47,475	\$51,273	15	243	258	\$9,495	\$153,819	\$163,314	810	2,580
72005063 US PREGNANCY FOLLOWUP	0	6	6	\$0	\$2,295	\$2,295	0	16	16	\$0	\$6,120	\$6,120	60	160
72005064 US PREGNANCY LIMITED	0	1	1	\$0	\$188	\$188	0	2	2	\$0	\$376	\$376	10	20
72005071 US PELVIS NON-OB COMP	22	80	102	\$14,146	\$51,440	\$65,586	53	267	320	\$34,079	\$171,681	\$205,760	1,020	3,200
72005075 US SCROTUM	1	22	23	\$607	\$13,354	\$13,961	3	81	84	\$1,821	\$49,167	\$50,988	230	840
72005076 US SOFT TISSUE HEAD/NECK	1	22	23	\$607	\$13,354	\$13,961	5	54	59	\$3,035	\$32,778	\$35,813	230	590
72005078 US TRANSVAGINAL	16	74	90	\$8,872	\$41,033	\$49,905	35	257	292	\$19,408	\$142,507	\$161,914	900	2,920
72005079 Invalid item	1	0	1	\$197	\$0	\$197	1	0	1	\$197	\$0	\$197	10	10
72005080 ABD/PEL DUPLEX COMPLETE	2	5	7	\$1,320	\$3,300	\$4,620	5	11	16	\$3,300	\$7,260	\$10,560	70	160
72005082 US BREAST UNI LT	1	34	35	\$461	\$15,657	\$16,118	3	99	102	\$1,382	\$45,590	\$46,971	350	1,020
72005085 US EXTREM NONVASCULAR RT	0	0	0	\$0	\$0	\$0	1	5	6	\$589	\$2,945	\$3,534	0	60
72005092 US GUIDED ABCESS DRAIN	1	1	2	\$843	\$843	\$1,685	1	2	3	\$905	\$1,685	\$2,590	20	30
72005095 INSERT CH TUBE/THORACENT	0	0	0	\$0	\$0	\$0	1	0	1	\$775	\$0	\$775	0	10
72005501 LOWER EXT DUPLEX UNI LT	0	2	2	\$0	\$1,150	\$1,150	0	3	3	\$0	\$1,725	\$1,725	20	30
72005505 LOWER EXT DUPLEX UNI RT	0	0	0	\$0	\$0	\$0	1	2	3	\$575	\$1,150	\$1,725	0	30
72005506 EXTRACRANIAL DUPLEX BIL	35	24	59	\$38,483	\$26,388	\$64,871	92	79	171	\$101,154	\$86,861	\$188,015	590	1,710
72005507 EXT VENOUS DUPLEX UNI LT	14	38	52	\$8,650	\$23,824	\$32,474	63	90	153	\$39,204	\$56,345	\$95,549	520	1,530
72005515 EXT VENOUS DUPLEX BILAT	43	14	57	\$49,515	\$16,235	\$65,750	103	43	146	\$118,725	\$49,686	\$168,411	570	1,460
72005520 UPPER EXT DUPLEX UNI RT	2	0	2	\$1,104	\$0	\$1,104	2	0	2	\$1,104	\$0	\$1,104	20	20
72005522 UPPER EXT DUPLEX UNI LT	0	0	0	\$0	\$0	\$0	0	2	2	\$0	\$1,104	\$1,104	0	20
72005523 EXT VENOUS DUPLEX UNI RT	16	20	36	\$9,946	\$12,537	\$22,482	48	68	116	\$29,930	\$42,513	\$72,442	360	1,160
72005525 LOWER EXT DUPLEX BILAT	7	16	23	\$5,527	\$12,632	\$18,159	13	22	35	\$10,264	\$17,369	\$27,633	230	350
72005544 LOWER EXT DOPPLER BILAT	0	3	3	\$0	\$2,058	\$2,058	0	4	4	\$0	\$2,744	\$2,744	30	40
72005546 UP/LOW EXT DOPPLER SING	0	0	0	\$0	\$0	\$0	3	0	3	\$1,712	\$0	\$1,712	0	30
72005547 UP/LOW EXT DOPPLER MULTI	0	0	0	\$0	\$0	\$0	12	21	33	\$6,891	\$12,299	\$19,190	0	330
72005550 NEEDLE BIOPSY LIVER W/PR	0	2	2	\$0	\$1,134	\$1,134	0	3	3	\$0	\$1,701	\$1,701	20	30
72005555 I&D WOUND COMPLETE	0	0	0	\$0	\$0	\$0	0	1	1	\$0	\$1,123	\$1,123	0	10
72005560 PERITONEOCENTESIS ABD IN	4	0	4	\$856	\$0	\$856	7	0	7	\$1,498	\$0	\$1,498	40	70
Total	295	716	1,011	\$213,658	\$438,182	\$651,839	880	2,150	3,030	\$620,014	\$1,318,708	\$1,938,722	9,920	29,800



Coding and Reimbursement

- Generally, responsibility is assigned to the Health Information Management department (Medical Records)
- Timely coding is critical to maximizing reimbursement and maintaining low receivables
- The most important element of legally maximizing the net revenues is *superior documentation*
- Proper coding techniques involve
 - No upcoding
 - No downcoding
- Use of automated groupers is essential
 - DRG's = ICD.9.CM (International Classification of Diseases, 9th Edition, Clinically Modified for America by the World Health Organization)
 - APC's = CPT / HCPCS (Common Procedure Terminology/HCFA's Common Procedure Coding System)
 - Modifiers are critical
 - Managed Care
 - Need for contract payment analysis to ensure
 - Proper net revenues
 - Proper net receivables

Major Types of Accounts Receivable as a Percentage of Total Receivables



	Jul-99	Aug-99	Sep-99	Oct-99	Nov-99	Dec-99	Jan-00	Feb-00	Mar-00	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00
■ Billed A/R	31,711	33,288	35,556	34,882	32,661	33,040	30,688	28,927	30,089	30,396	27,518	26,587	25,184	27,619	26,852	25,610	24,707	25,799
■ Inhouse	1,793	3,326	3,683	3,254	3,447	2,672	2,746	2,185	2,261	2,798	2,352	2,360	3,149	3,032	3,865	3,333	2,939	2,217
■ DNFB O/P	2,073	2,058	1,416	1,999	2,305	1,895	2,106	2,383	2,226	2,739	2,542	2,328	4,923	4,515	4,993	5,327	5,894	4,510
■ DNFB I/P	2,665	2,975	2,974	4,208	5,262	3,935	3,651	4,171	5,488	5,726	6,677	3,506	3,973	3,977	4,007	5,534	4,539	5,232

This chart indicates that the discharged and not final billed categories, both inpatient and outpatient, have been the cause of the greatest increases in the accounts receivable. In July of 1999, these two categories made up about 12% of the outstanding receivables (\$4.7 million). At December of 2000, these same two categories made up about 26% of the receivables (\$9.7 million).

Bill Preparation and Transmission

- After all the elements of a bill have been processed, the bills are generated through electronic healthcare information systems
- It is critical that the HIS system utilized by the organization is capable of producing a bill in a accurate, timely and efficient manner
 - Thus, ensure that the HIS selection process is designed to determine these issues
- To ensure that the system is working as designed and desired, HIS throughput audits should be performed periodically
- Manual bill production may also be required in certain circumstances
- The prepared bills are then often transmitted electronically to the payers. The transmission must follow the rules set down by the receiver (carrier)
- This will be simplified, in a major way, through the HIPAA implementation

Denials Management

- Minimizing the dollar levels and amount of claims that
 - Will never be paid
 - Will be delayed for payment
 - Are out of compliance with applicable laws
- This is accomplished through
 - Ongoing and targeted billing audits
 - Reviewing and understanding Fraud and Abuse Issues
 - Legal and compliance review
 - Unrelenting focus on Internal Controls

Follow Up

- Government Third Party
 - Legal statutes to follow, but...
 - Government agencies and their contractors are required to follow very specific rules
 - This often makes following up on and receiving cash on government claims much easier and more efficient than in the private sector (except perhaps for the appeals process)
- Managed Care Third Party
 - Payment follow up is based on specific provisions in each managed care contract. This is critical for the Patient Financial Services management and staff to understand since managed care volumes may equate from 20 - 50% of a providers revenue
 - It is important that the PFS department be fully apprised of the contract arrangements that are being negotiated
 - The PFS area generally has to “administer” the various arrangements including:
 - Discounts from charges, per diems, case based (DRGs and APCs), fee schedules, carve outs, authorization and pre-authorization policies
- Self Pay
 - Patients that present themselves for services on an urgent or elective basis without an insurance card or an insurance card with a high deductible or co-insurance
 - Hospital must create and administer self pay policies that address when and how to collect deductibles and copays and the income levels that determine charity write-offs

Cash Collections and Posting

- Ultimately, the final result of the revenue cycle is to maximize the collection of the cash that is owed to the hospital
- Revenue cycle management should be designed to achieve this goal
- Cash collection can only be maximized through excellence in all of the prior elements of the revenue cycle
- Areas to review when maximizing cash collections include
 - Bad debt expense policies and practices
 - Charity care policies and practices
 - Collection agency selections, and
 - Collection agency performance monitoring
- The cash should then be posted on a very timely, and accurate, basis (i.e. same day)
 - The issue of accuracy has an imperative, because...
 - Cash posting errors cause the phone to ring
 - For example, if a hospital only had a 1% error rate, the ultimate monthly errors would be [1% of 10,000 monthly postings = 100 errors], and
 - This creates significant extra time spent, and thus, less efficiency in rework

Bad Debt Expense Compared to Discount Write-Off

- Bad debt expense is included as an operating expense
- Discount write-off (free care) is included in the statement of operations as an offset to gross revenue
- There is a definitional difference between bad debt and charity care adjustment:
 - Bad debt expense
 - patients unwilling to pay
 - Discount adjustment
 - patients unable to pay
 - The hospital should have a policy that defines its discount practices

Performance (Results) Monitoring

- The primary method to determine whether set goals have been met
- The performance measures that should be monitored include:
 - A/R days
 - Patient satisfaction with the registration, billing and follow up process
 - Employee satisfaction to ensure productivity goals
- Benchmark against
 - prior year results or
 - against external (peer) standards
- Then, it is very important to communicate results in order to close the feedback loop and continue to improve

Select Performance Metrics

- Registration
 - Number and Dollars of inpatient and outpatient accounts on pre-bill edits
 - Items above as a percentage of total bills
 - Denied days of service
 - Denials trended by numbers and dollars.
 - Patient satisfaction
 - Registration Error Rates
- Contract Management
 - Identified underpayments
 - Collection of identified non payments or underpayments
- Billing, Follow Up and Collections
 - Gross and net days outstanding
 - Percentage of clean claims submitted
 - Percentage of electronic claims submitted
 - Daily cash collections
 - Collections as a percentage of net revenues
 - Bad debt write-offs
 - Bad debt write-offs as a percentage of gross revenues
 - Bad debt recoveries
 - Charity care write –off as a percentage of gross revenue
 - Gross credit balance days outstanding
 - Percentage of claims denied
 - Cost to Collect Ratio

Select Improvement Opportunities

- **Opportunity**
 - Determine error rates for the registration fields on the UB 92
- **Solution**
 - *Training for the front end managers and staff*
- **Opportunity**
 - Review charge entry processes for improvements
- **Solution**
 - *Training for the charge entry managers and staff*
- **Opportunity**
 - Determine, through independent review, the possible increases available through improved documentation
- **Opportunity**
 - *Training for the health information management managers and staff*
 - *Training for physicians and all clinical staff*
- **Opportunity**
 - Develop performance metrics for billing, follow up and collection rates, and monitor the results to ensure compliance
- **Solution**
 - *Training for the back end managers and staff*

Action Items

- As hospital executives, understand the basic elements of the revenue cycle in order to speak with your Finance administrators about their issues
- Develop metrics for the most important Revenue Cycle outcomes desired by the organization
- Put significant efforts into obtaining your patient's demographic and billing information at (or before) time of registration
- Get your clinical department managers involved in assuring that all charges are made for all services rendered
- Provide significant training to your staff in all elements of the revenue cycle

Appendix

- List of onsite classes – by time
- List of onsite classes – by audience and time
- INSIGHTS decision support management accountability software features

List of Onsite Classes – by Time Frame

- **Two-day classes:**
 - Fundamentals of Healthcare Financial Management
 - Turning Data into Useful Information – *How to collect, analyze and report financial and clinical data to enhance decision-making in healthcare*
 - Managing the Modern Medical Center With Metrics – *Achieving superior financial and clinical results with intelligent information*
 - The Zen of Budgeting – *Simplifying the Process for Better Results*
 - Gaining Insight and Improving Key Hospital Processes – *Revenue Cycle and Supply Chain Management*
 - Hospital Financial Management for the Non-Financial Manager – Tips and Techniques to Ensure Your Success
 - Achieving Exceptional Leadership and Cost Management (day and one half)
- **One-day classes**
 - Any of the two-day classes listed above can be taught as one-day classes
- **Three-hour classes**
 - Improving the Oversight Function Within Your Hospital: *The Power of Financial Information for Decision Making*
 - Advanced Healthcare Financial Management – *What Every Healthcare Executive Should Know*
 - Financial and Clinical Benchmarking – *Knowing how you are doing compared to your peers...and why*
 - Inside the Mind of the Hospital CFO
 - Proven Cost Management Techniques That Save Real Money
 - Leading and Managing for Superior Results – **KEYNOTE ADDRESS**
- **90 Minute classes:**
 - Best Practices in Key Financial Metrics
 - Leading and Managing for Superior Results – **KEYNOTE ADDRESS**
 - Inside the Mind of the Hospital CFO
 - Overview of the Healthcare Industry and Healthcare Economics
 - The Value of Strategic Financial Planning in Healthcare Organizations
 - Proven Cost Management Techniques That Save Real Money
 - The Value of Productivity Management to the Healthcare Organization's Bottom Line
 - Evaluating the Role and Value of Cost Accounting in Healthcare

List of Onsite Classes – by Audience and Time

- **Board of Directors**
 - Improving the Oversight Function Within Your Hospital: The Power of Financial Information for Decision Making – **3 hour class**
 - Managing the Modern Medical Center With Metrics - **90 minute or 3 hour class**
 - The Value of Strategic Financial Planning in Healthcare Organizations - **90 minute class**
 - Leading and Managing for Superior Results - **90 minute class**
 - Best Practices in Key Financial Metrics –**90 minute class**
- **CEO, COO and Vice Presidents**
 - Turning Data into Useful Information – (should also include Financial and Non-Financial Managers) – **2 day class**
 - Managing the Modern Medical Center With Metrics - **90 minutes up to 2 days**
 - Proven Cost Management Techniques That Save Real Money – **3 hour class**
 - Advanced Healthcare Financial Management – *What Every Healthcare Executive Should Know* – **3 hour class**
 - Leading and Managing for Superior Results – **3 hour class**
 - Inside the Mind of the Hospital CFO - **3 hour class**
 - Evaluating the Role and Value of Cost Accounting in Healthcare - **90 minute class**
 - Best Practices in Key Financial Metrics –**90 minute class - New 2005**
- **Clinical and Operating Managers**
 - Hospital Financial Management for the Non-Financial Manager – **2 day class**
 - Turning Data into Useful Information - **2 day class**
- **Financial Managers and Staff**
 - The Zen of Budgeting – Simplifying the Process – **2 day class**
 - Fundamentals of Healthcare Financial Management - **2 day class**
 - Turning Data into Useful Information - **2 day class**
 - Managing the Modern Medical Center With Metrics - **90 minutes up to 2 days**
 - Evaluating the Role and Value of Cost Accounting in Healthcare - **90 minute class**
 - Best Practices in Key Financial Metrics –**90 minute class**
 - The Value of Productivity Management to the Healthcare Organization's Bottom Line - **90 minute class**

Check List of INSIGHTS Features

- Financial Modules (using parameters controls with alerts)
 - Detailed Income Statement, with hierarchical controls for system, company, executive, division and department
 - Electronic drilldowns
 - Labor Management drilldowns to job titles and personnel level
 - Non-labor expense drilldowns to accounts payable and journal entry
 - Balanced Scorecard / Dashboard (specific to your organization)
 - Financial and Operating Indicators
 - What-If Analysis
 - Productivity Monitoring (utilizing parameter controls with alerts)
 - Productivity reports and graphs
- Human Resources Module
 - FTE Position Control (linked with budget)
 - Job Coding Budgeting
- Flexible Operating Budgeting Module (utilizing Work Load Measurement Units)
 - Salaries
 - Revenue Projections
 - Direct Revenue and Expense
 - Goals
 - Standardized Budget Reports
- Dynamic Capital Budgeting Module
 - Criteria Based Capital Budgeting
 - Capital Request (approvals linked to operating budget through depreciation)
 - Capital Monitoring
- Project Management (develop templates to manage repeatable processes)
 - On-line real time reports specific to Hospital including financial statements and productivity reporting.
 - Flexible report writing by the Director of Decision Support and designated staff