Facilities large and small face similar challenges in Revenue Cycle Management. Many facilities overlook issues when, if addressed, can dramatically improve total charge capture. Non-Revenue producing departments and processes are extremely vital to the overall health of the organization, but their abilities to contribute to total charge capture are frequently under-utilized.

This presentation discusses areas commonly overlooked or undervalued in the Revenue Cycle Process. Departments and trends where revenue is routinely under-reported are identified, and tools are provided to allow facilities to improve charge capture. Improvements are also suggested that will capitalize on the abilities of non-revenue producing areas to contribute to total revenue capture.

Hospitals that are disciplined about the basics of revenue recognition, RAC preparedness, denial management programs, and simple, transparent business office policies and procedures will meet internal and external challenges more easily and more intelligently.

Effective revenue cycle management is a tool to measure performance, identify trends and note areas of weakness, in addition to being a hospital’s lifeblood.

These presentations provide participants with take-aways they can apply to their own revenue cycles to immediate effect as well as providing the building blocks to build a stronger, greener (in the sense of revenue), future.
Transparency in pricing requirements and expectations are on the rise. Large deductibles and coinsurance responsibilities have driven dramatic increases in patient inquiries into internal pricing methodologies. “Lesser of” language in payor contracts provide risks of underpayments where fees are not routinely evaluated. Chargemasters are routinely updated, but few organizations develop policies to govern pricing, or implement checks and balances to ensure accurate and consistent pricing methodology.

This presentation examines the importance of routine and thorough analysis of chargemaster pricing. Effective and consistent processes to establish fees are suggested. Policies and Procedures guidelines to ensure accurate and consistent pricing are offered. Routine audit schedules and suggested audit tools will assist in validation and adherence to published guidelines while evaluating risk of underpayments.

In 2011 Medicare released 512 transmittals affecting Part A and B providers. Commercial payors coordinating benefits with Medicare are obliged to alter their claims processing requirements accordingly. In addition to policy changes driven by Medicare decisions, commercial payors routinely publish determinations based on internal guidance and policy changes. Keeping abreast of Payor requirements is vital to the financial viability of all healthcare organizations. In this ever changing environment, rework, compliance concerns and audit refunds have become routine. Patient Financial Services, coding and medical records departments are expected to understand and communicate ever-changing requirements, but lack resources and training to perform these functions. Challenges are compounded when job responsibilities do not include time for education and research. Access to online information ensures the most accurate and up-to-date information is available with a few key strokes.

This presentation provides tools to develop and maintain online libraries for all major payors. Explanations include tutorials to understand and interpret necessary information. Search tips provided will reduce time required for colleagues to maintain proficiency in payor guidelines. Instruction in bookmarking, organizing and developing a naming convention for frequently used links will ensure that information can be recalled quickly and accurately.
Effective Revenue Control - Incorporating front end process, billing process, and CDM

Incomplete, inefficient or inconsistent revenue cycle processes consume time, effort and expenses without corresponding gains. The Revenue Cycle often overlooks many roadblocks to overall charge capture and reimbursement. Effective revenue control seeks to utilize back end processes such as chargemaster maintenance and business office practices working in conjunction with front end processes to enhance revenue capture and compliance. An effective process demands a clear mission, clear expectations and teamwork throughout all departments in the revenue stream.

This presentation examines obstacles to revenue capture that are commonly overlooked, and offers tools to improve the Revenue Cycle through better understanding, clearer guidelines and improved communication. Total revenue flow from servicing departments to cash posting is examined. Proven reporting and auditing tools are provided.

Chargemaster Functionality for Business Managers

The facility chargemaster controls the flow of departmental revenue to respective payors. Common chargemaster errors drive reimbursement and compliance issues errors that ultimately impact the profitability, reputation and customer service perceptions of performing departments. Many department leaders have little or no understanding of the chargemaster data elements, or the importance of proper CDM structure to reimbursement and compliance. Departmental Business Managers and coders must have a roll in chargemaster creation, maintenance, audits and updates to ensure a complete compliant billing practice.

This presentation provides a step by step explanation of chargemaster elements, and the impact of Chargemaster decisions on reimbursement. Common errors are identified, and suggested proven audit methods provided to mitigate risk. Processes suggested allow for clear understanding throughout the revenue cycle of chargemaster elements ensuring that servicing departments, coding and the business office all share the same understanding of the complex choices required in the Chargemaster.
Navigating Modifiers - How to ensure the compliant placement of modifiers within the revenue cycle

Modifier assignment is critical to proper reimbursement. Failure to append required modifiers results in costly rework or decreased reimbursement. Increasing attention to modifier placement has resulted in millions of dollars of reported audit take backs in the past few years. Improper modifier assignment, even unintentional, can trigger fraud investigations, costly fines and damage to professional reputations.

Modifier assignment is often considered a “billing function”. Most billers lack access to the medical record information required for proper modifier decisions, or do not have coding certification, training and/or tools necessary to understand the nuanced guidelines that must be applied for proper modifier assignment.

This presentation provides an overview of requirements and research to evaluate proper modifier assignment as well as providing the tools necessary for determination. The most common modifiers required for reimbursement are discussed and evaluated. Where multiple modifiers may be appropriate, the hierarchy for modifier determination is reviewed. Identification of the code requiring a modifier in any code pair is determined, and rules for proper modifier assignment and research are outlined.

How to Measure your Business Office's Knowledge Base

Have you assessed the knowledge and capabilities of your business office personnel? Do you provide training and orientation to new hires on both internal expectations and Payor specific billing and processing guidelines? Do you assume someone else is providing this valuable information to your team?

The financial health of most institutions rely largely on the ability of the business office to compliantly and accurately report services and pursue reimbursement, yet few organizations evaluate their current state of preparedness, or provide routine training and support for improvement. Minor investments in business office training and evaluation can reap tremendous benefits in real and timely revenue capture and reimbursement. Improvements can reduce rework, improve cash flow and mitigate compliance exposure.

This presentation evaluates the current state of the business office. Methods of assessing production, effectiveness of process, and individual and departmental knowledge are examined. Objective measurements are designed to both evaluate current state and promote a culture of fair and attainable improvement opportunities. The contributions and responsibilities of revenue-producing departments to business office accuracy and efficiency are also examined.

Accountability and Ownership - Developing and maintaining a dedicated and reliable team

Many facilities lack clear guidelines governing the practices and production in Patient Financial Services. Vague job descriptions and expectations hinder objective evaluations and beneficial mentoring. Cultures are created which encourage the perception of favoritism. Unclear responsibilities and expectations cause confusion, dissatisfaction, unproductive practices, and costly errors which ultimately impact revenue, reimbursement and patient satisfaction. Opportunities for fair and attainable individual and team improvement are realized through a consistent culture of fair, attainable and consistent methodology.

This presentation identifies the pitfalls of unclear expectations and inconsistent accountability. Methods to apply clear and consistent guidelines and foster a culture of ownership are discussed. Objective measurements and evaluation methods are provided. The tools provided can be used to create a roadmap to continuous quality improvement and employee satisfaction.
Designing Training Initiatives Based on Denial Trends

60 mns

Medicare reported recoupment of 680 million dollars in RAC audited recoveries in 2010. More and more commercial payors are developing audit processes to identify and recoup payment errors. RAC expansion into Medicaid and Part C (Medicare advantage plans) will add substantially to this trend. In spite of these burgeoning trends, few facilities are taking steps to understand their risk due to external audits. Many facilities lack an internal audit process to test their exposure, evaluate the risk and mitigate loss through internal process improvement.

This presentation utilizes existing databases to identify the likely audits and evaluate potential risk. A case study identifies internal processes to isolate audit issues and develop a process improvement plan. Improvement plans are developed based on research performed, efficacy of the plan is assessed and evaluated. Internal process to repeat audits to ensure continued compliance, is implemented to ensure goals are realized. The process includes duplication of format for continuous audit programs.

Effective Practice Management for Physician Offices

60 mns

Does your practice operate under a specific set of operational policies and procedures? If not, there is inherent variability in your operations. Variability impacts productivity and increases expenses. Practice staff must clearly understand their roles and the importance of quality controls and customer satisfaction. Participants receive guidelines, policies and strategies to ensure total revenue capture, maximum reimbursement, compliance mitigation, improved quality scores and patient satisfaction. Participants can quickly incorporate presentation components to facilitate improved operational parameters.

Training initiatives based on your denial trends

Physician offices practice management
ICD-10 Implementation for Community and Critical Access Hospitals

Overview of the process involved in hospital transition to ICD-10 including gathering all internal resources, understanding of timetable requirement and milestone planning process.

Specific guidelines will be provided to participants to facilitate timetables, departmental participation and payor readiness. This in depth examination provides participants a platform for successful facility ICD-10 implementation.

ICD-10 Implementation for Physician Practices

Overview of the process involved in physician office transition to ICD-10 including gathering all internal resources, understanding of timetable requirement and milestone planning process.

Participants will receive practice specific insights to ready the practice for a successful implementation process. Job specific strategies will be provided for every role within the practice. Specific insight will be provided for payor readiness, billing system preparation and productivity impact.

Implementation Tools and Strategies to Achieve ICD-10 Success

Where does your facility or practice start? How do you perform an internal gap analysis to identify facility / practice readiness? This presentation provides specific tools and analysis to immediately implement into your process.

Participants will receive excel based forms to bring back to their facility / practice for implementation. Each form is reviewed in detail and strategies for implementation are illustrated.
Best Practice Revenue Cycle Functionality for Specific Departments

Every department has different revenue cycle components. These components apply to chargemaster creation, revenue recognition, coding involvement and business office understanding. Presentations are provided for each of the departments listed below. Each presentation provides strategies specific to the listed department or modality.

Participants receive information to implement best practice revenue cycle components, improve departmental ownership and accountability while maximizing gross revenue and net reimbursement. Particular attention is paid to ensure that the process mitigates compliance concerns while improving patient experiences.

- Departments
  - Rural Health Center
  - Radiology
  - Laboratory
  - Hematology / Oncology
  - Radiation Oncology
  - Pain Management
  - Anesthesia
  - Operative Services
  - Rehabilitation Services (PT, OT and ST)
  - Respiratory Therapy
  - Infusion Room
  - Observation Billing
  - Emergency Room
Process Audits - Ensuring the highest level of consistency accuracy and compliance

Is your revenue cycle reactive or proactive? Do you know that the results achieved are appropriate? Do they maximize revenue and reimbursement while mitigating compliance concerns? Most facilities are reactive. They do not have the infrastructure or expectation necessary to anticipate outcomes and examine past successes or failures. The only way to confidently know where we are going is to have a complete understanding of where we have been. Every facility must have an administration supported audit process to ensure that all aspects of the revenue cycle are working as intended. Participants receive specific steps, policies and processes designed to garner control of processes. Detail is provided on where to start, how to ensure participation and proper placement within the facility’s compliance program.

Policies and Procedures to Ensure Consistent Adjudication of Accounts

Does your facility have clear, specific policies and procedures to govern the compliant adjudication of accounts within the business office? If yes, do you have the protocols in place to ensure that they are consistently followed? If no, how can you be certain that the results provided from the business office are correct or complete? The consistent adjudication of accounts within the business office impacts all aspects of hospital financial viability.

Participants will be exposed to policies and procedures to govern contractual adjustments, bad debt assignment, payment plans and denial management. These guidelines can be quickly implemented into business operations to increase compliance and accountability.
Business Office Involvement and Responsibilities within the Revenue Cycle

How is your business office perceived within the institution? Are they one of “us” or are they one of “them”? The financial success of the facility depends on the successful integration of the business office into departmental revenue cycles. They must be considered one of “us”.

Participants will receive specific strategies to incorporate the business office into the revenue cycle. The presentation identifies roles, responsibilities and expectations for business office participation.

Maximizing Self-Pay - Minimizing customer complaints

Does your facility know the success rate and compliance for emergency room copay collections? Likewise, how efficient are your physician practices at collecting office copays? Do you have a process to ensure accurate and timely patient quotes for self pay or high deductible services? Most facilities do not have effective policies and procedures to govern the collection of money from patients. The financial viability of the organization is dependent on the effective communication of expectation and responsibilities to patients.

Participants receive guidelines for creating expectations, policies and procedures to govern all aspects of patient self pay communication. Parameters are provided to facilitate the creation of situation specific scripts for registration staff, financial counselors and business office colleagues.

the business office and the revenue cycle
maximizing self-pay
FAQs

Do you charge a fee for presentations?
Stroudwater generally requires an honorarium and travel expenses.

What value do you add to a conference?
Our presentations are tailored to your locale and audience. We do not offer a cookie-cutter presentation. Speakers are experienced healthcare advisors and their take-aways are practical and participant centered.

We are expert and passionate about what we do. This translates into exciting, engaging presentations.

Can I test drive Stroudwater’s presentations?
Yes. Stroudwater offers a free monthly webinar series that share insights on timely industry topics. To learn more about our webinar series and how to participate visit the Resources page of our website:
www.stroudwater.com
and click on the Webinars button.

Contact

Mr. Behn has over 15 years experience in healthcare financial management and consulting. His focus has been on chargemaster auditing, revenue cycle initiatives as well as hospital and physician practice management. He has extensive experience with solo practitioners, large group practices, small community hospitals and large academic institutions. John has led initiatives to increase physician and departmental productivity, implement physician specific and hospital wide revenue cycle protocols and develop chargemaster maintenance policies and procedures. He has had success in growing gross revenue and net reimbursement through combining operational improvements, chargemaster effectiveness and efficient business office protocols.

Prior to joining Stroudwater, John was Associate Director of Revenue Control and Payment Systems for Lahey Clinic in Burlington, Massachusetts. In this capacity he had responsibility for total revenue capture for multiple hospital locations totaling over $1 billion per year. He had responsibility for chargemaster creation and maintenance, hospital revenue cycle and quality control initiatives.

John earned his Bachelor’s degree in Business Administration and Political Science from Boston University and his Master’s in Public Health Administration from Suffolk University.

JOHN E. BEHN, III, MPA
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About Stroudwater

Established in 1985, serving a national clientele, Stroudwater’s expert advisors and analysts craft customized solutions to complex problems. Each client is served by a senior, expert, multi-disciplinary team of consultants purposely chosen for the challenge at hand. We pride ourselves on generating exceptional value and guide leadership from concept to successful execution of solution-strategies.

Our passion for healthcare is evident in our work and our thought leadership is sought and cited nationally.

Our Clients

Rural (separate catalogue)
Physician Groups
Community Hospitals
Systems
Academic Medical Centers

Our Practices

Strategic Master Facility Planning
Strategic Planning and Operational Improvement
Affiliations and Partnerships
Physician-Hospital Alignment
Capital Planning and Access
Revenue Cycle
Population Health

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