



trust
GAINED

2019 HOSPITAL EXECUTIVE ROUNDTABLE

The Kinetic Revenue Cycle

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OBJECTIVES

At the conclusion of this session, participants will be able to :

- Understand how healthcare's revenue cycle has evolved and the potential and emerging revenue cycle possibilities
- Recognize opportunities to improve their organization's revenue cycle
- Identify ways BerryDunn can help improve their revenue cycle performance

PREDICTING THE FUTURE IS A FOOL'S ERRAND... BUT THERE ARE SOME SAFE BETS:

- Medicare will continue to cut reimbursement
- Medicaid will continue to pay “Medicaid” rates
- New regulations will come along that make getting paid what we are owed more difficult
- Our Patient Accounting System will need an upgrade
- The country will continue to look for ways to decrease its healthcare spend
- **AND**



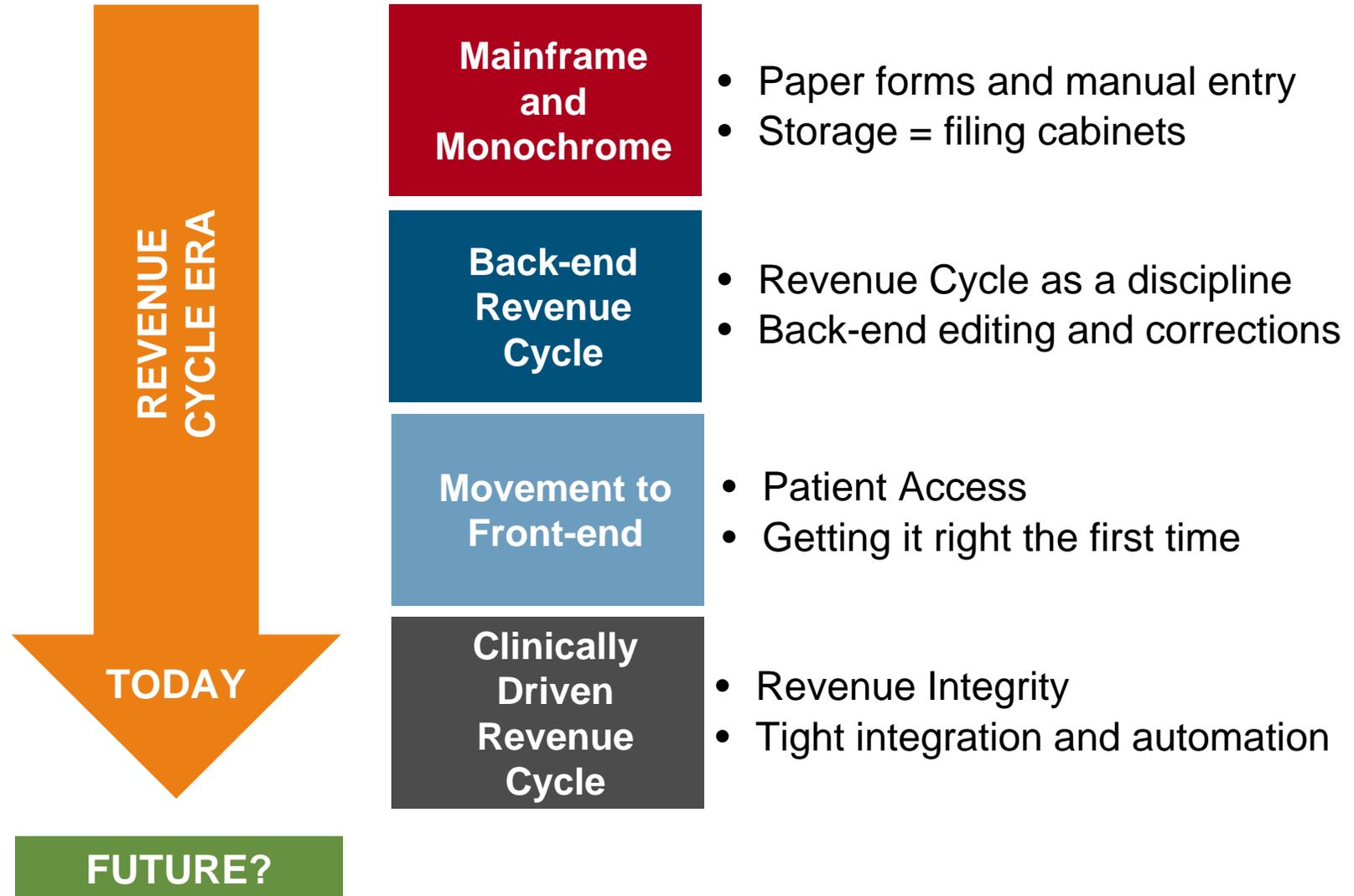
**THE YANKEES WILL WIN THE
WORLD SERIES**



REVENUE CYCLE GOAL

Timely collection of every dollar owed to the provider at the lowest cost

REVENUE CYCLE EVOLUTION





CLINICALLY DRIVEN REVENUE CYCLE

- PAS/EMR are part of an integrated ecosystem
- The clinical and financial “silos” are codependent
 - Documentation, ordering, and results trigger charges
 - Patient care implications



MANAGING THE CLINICALLY INTEGRATED ENVIRONMENT



CHANGES TO CONTENT

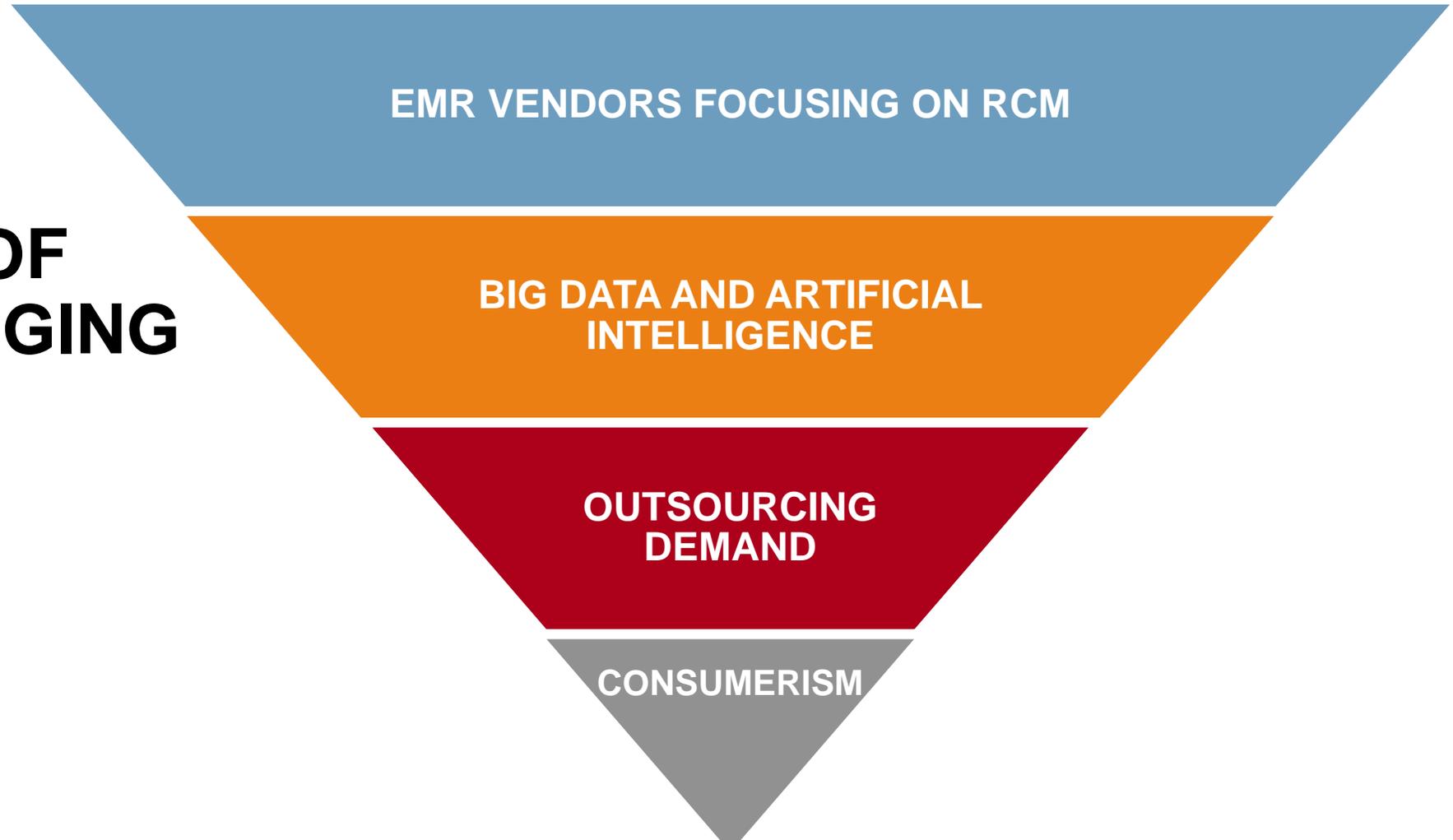
- Gather
- Normalize
- Assimilate/Deploy

Missing or failing to react to just one update can cause denials, compliance risk and/or patient complaints

IMPORTANCE

- Compliance
- Revenue improvement
- Expense reduction
- Denials prevention

DRIVERS OF THE EMERGING REVENUE CYCLE



REVENUE CYCLE EVOLUTION



Clinically Driven Revenue Cycle

- Revenue Integrity
- Tight integration and automation

- The revenue cycle continues to evolve: We are moving past the clinically driven revenue cycle

- What is next?

- Possibly the kinetic revenue cycle?

POTENTIAL ENERGY = STORED ENERGY

- Massive EMR/PAS investments
- Bolt-on technologies
- Data and analytics
 - Denials
 - Payor analytics
 - Performance metrics
 - KPIs
- EDI data and transactions sets
 - Eligibility and benefits
 - Claim status
 - Electronic claims attachments
- Staff training and certification



IS YOUR RCM
PERFORMANCE
FULLY
REALIZED?

KINETIC ENERGY = ENERGY THAT AN OBJECT OR SYSTEM HAS BECAUSE IT'S MOVING

- The future revenue cycle will not tolerate inefficiency
- Past RCM investments will return their stated ROI or be terminated/replaced
- Merger and acquisitions decisions or non-decisions will be scrutinized
- Centralization and standardization becomes necessary
- Staff performance, capabilities, and availability will dictate outsource strategy



Clinically integrated revenue cycle was/is characterized by investment

Kinetic revenue cycle will be characterized by results and performance



THE TOOLS, TECHNOLOGY, AND PROCESSES ARE ALL AVAILABLE TODAY

Many providers are doing some of these but few providers are doing all well

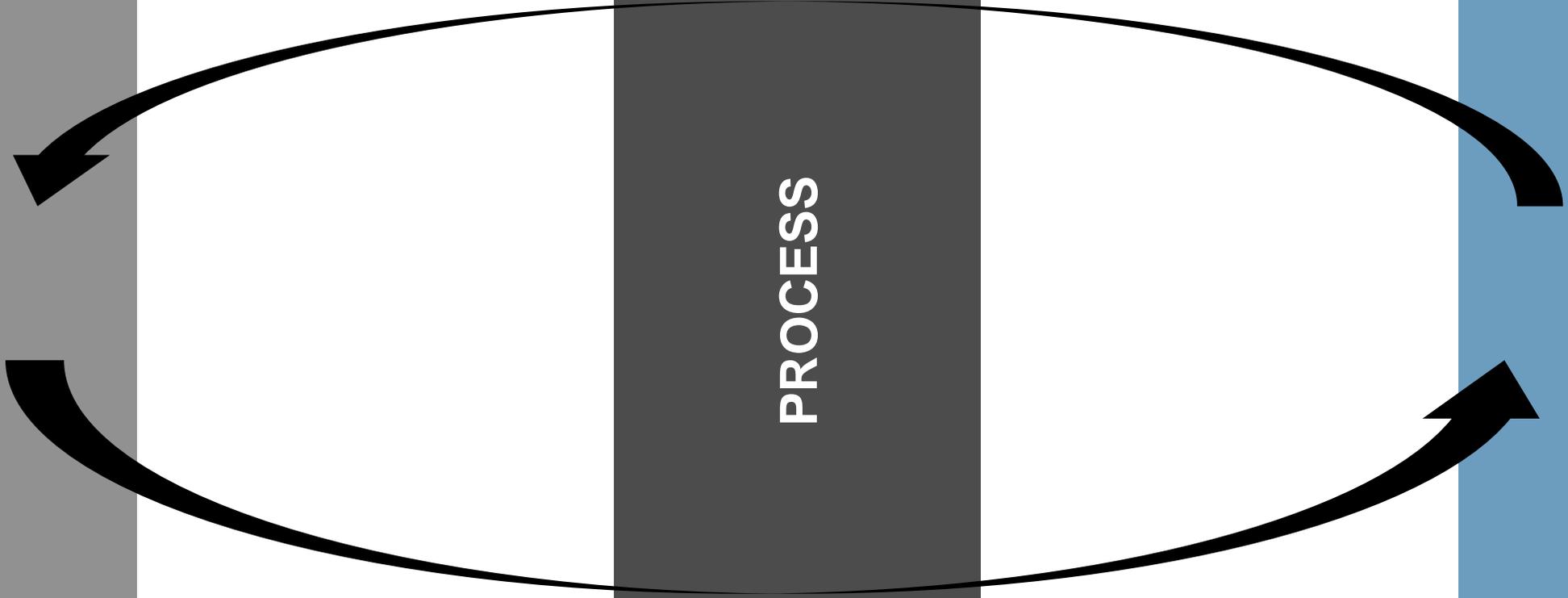
- The goals and benefits are well understood
- Time and resources seen as a major barrier to achieving goals
- The next generation of RCM cannot accept excuses from vendors and staff

THE PILLARS OF KINETIC REVENUE CYCLE SUCCESS

PEOPLE

PROCESS

TECHNOLOGY



REVENUE CYCLE STAFF

- Employees are the most valuable resource in the revenue cycle
- Many revenue cycles fail to fully realize the potential of their staff

Kinetic revenue cycles

- Provide continued education to their employees
 - Top performing employees want to learn and advance
- Have quantifiable metrics and hold staff accountable to them
 - Accountability failures allow underperforming staff to go unnoticed while the top performers get frustrated
- Create career paths for top performers. Staff need the ability to realize their goals and potential and upward mobility motivates and rewards performance
- Top performing revenue cycles have a culture that embraces change and excellence with engaged happy staff
 - Negativity and uncertainty of staff will cause revenue cycle demise

REVENUE CYCLE PROCESS

Technology alone will never solve a problem.

Kinetic revenue cycles

- Optimize their processes along with new or current technology
- Minimize/eliminate duplication, touches, handoffs, and processes that do not add value
- Continually optimize edits, workflows, and processes to prevent errors and/or route them to the offending source. This provides guardrails, feedback, and accountability.
- Creates tight coordination between clinical and financial functions
 - No charge left behind
 - No surprises
- Minimized touches, work goes to the right person at the right time
 - No workqueue whack-a-mole

PATIENT ACCOUNTING SYSTEMS (PAS)

This is the source-of-truth and the engine of the revenue cycle. Regardless of where an organization is in its patient accounting system life cycle, there are always opportunities to improve these systems.

Kinetic revenue cycles

- Leverage PAS system's inherent strengths and recognize deficiencies
 - Use “bolt-on” vendors to supplement revenue cycle needs not satisfied by their PAS software
 - Continually evaluate need and benefit of “bolt-on” vendors and compare to competition
- Communicate deficiencies and gaps to their PAS vendor and participate in user groups to promote issues and to understand if/when required functionality will become available
- Engage with other systems using the platform, attend user forums and meetings, and engage with their vendor to find real solutions to problems

OUTSOURCING

- Very few, if any, providers have the infrastructure, resources, or size to do everything efficiently and effectively.
- What is outsourced, how it is managed, and vendor selection differentiates top performers and can impede providers from realizing their potential.

Kinetic revenue cycles

- Evaluate the full cost versus the benefits of doing things internally or relinquishing a function of their revenue cycle.
- Use solid financial modeling and align with long-term system plans when evaluating outsource decisions.
- Are comfortable outsourcing functions where it more efficient and financially beneficial.
- Manage their vendor's performance and hold them accountable to strict service level standards. After all, the system's financial success is often tied to these vendors. If they are contacting your patients, they are also the face of your organization.

EVOLVING TO KINETICS REVENUE CYCLE

CURRENT STATE ANALYSIS

- Where is the organization today
- What is possible
- What is the ROI associated with optimization activities

PLANNING (AND MORE PLANNING)

- Identify the easy high RIO wins
- Create meaningful milestones and celebrate success
- Budget for the needed technology, people, and process changes and offset costs by measuring financial improvements

GOVERNANCE

- Senior leadership oversight and commitment
- Ownership and accountability of each task
- Teamwork and dedication

METRICS AND ACCOUNTABILITY

- Teams must objectively know if they are succeeding or missing targets
- Individuals need visibility into their performance
- Top-down and bottom-up feedback ensures alignment
- Sustainability demands real-time results. Month-end is too late.
- Metrics and results inform plans and remedial activities

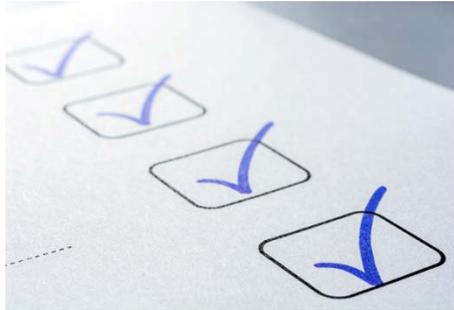
BERRYDUNN REVENUE CYCLE REPORT CARD PROCESS



BERRYDUNN DIFFERENCE

- Invaluable, independent insights and value with a simple process
- Leverage data and reports readily available or leverage alternative methods
- Respect limited IT resources
- Provide meaningful results, metrics, and tools. Not just a consulting assessment!

BERRYDUNN REVENUE CYCLE OFFERINGS



**ASSESSMENTS/
RCM REPORT CARD**



**CHARGE MASTER
(CDM)**



**PRICING
TRANSPARENCY**



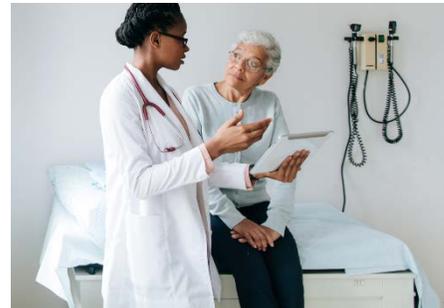
**EMR/PAS
IMPLEMENTATION
AND OPTIMIZATION**



**INTERIM
MANAGEMENT**



TRANSFORMATION



**BILLING AND
CODING AUDITS**



**OTHER (PEOPLE,
PROCESS, AND/OR
TECHNOLOGY)**



QUESTIONS

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