

2019 MAP AWARD WINNER

CHRISTUS ST. MICHAEL HEALTH SYSTEM

AGENDA

1. Review of MAP Award Metrics
2. Leadership and Team Constructs
3. Positioning your Team for Maximum Effectiveness
4. Increasing Self and Environmental Awareness & Staying Curious
5. Setting Expectations & Measurable Goals
6. Breaking down the Communication Barriers & Dissolving Silos
7. Evolving from Failures and Compounding Successes
8. Your “Next Step”

REVIEW OF MAP AWARD METRICS - MAP MEANING

- MAP = Measure Apply & Perform



HFMA's MAP Initiative

Created by and for healthcare leaders, HFMA's MAP Initiative provides a comprehensive revenue cycle strategy designed to help you **MEASURE** performance, **APPLY** evidence-based improvement strategies, and **PERFORM** to the highest standards.

ST MICHAEL HEALTH SYSTEM OVERVIEW FISCAL YEAR 2018

- 16,220 Inpatients Served
- 15,806 Outpatients Served
- \$238,988,046 Total Patient Service Cash Collected
- \$3,003,255 POS Cash Collected
- 26.8% POS Cash Collection
- From 2016 to 2018 CSMHS has had a 30% increase in Upfront Collections
- \$11,200,195 Self Pay Cash Collected

Licensed Beds: 354
Texarkana & Atlanta

Health System
Associates: 1870

Payer Mix

Medicare – 54%
Medicaid – 14%
Commercial – 22%
Self-pay – 8%
Other – 2%

MAJOR MAP SECTIONS

- Account Resolution (9 Metrics, Including A/R Aging, Denials, Bad Debt & Charity)
- Claims (2 Metrics, including Clean Claims & Late Charges)
- Financial Management (7 Metrics, including A/R Days, Cash Collections & Cost to Collect)
- Patient Access (7 Metrics, including Pre-registration, Insurance Verification, Authorization and Point of Service Collections)
- Pre-billing (4 Metrics, including DNFB, Charge Lag Days)

CHRISTUS ST MICHAEL KEY METRICS - 2018

- 39.3 - Net Days in A/R
- 99.3% - Cash Collection as a Percentage of Adjusted Net Patient Service Revenue
- 1% - Bad Debt
- 6% - Charity Care
- 26.8 % POS Cash Collection
- 4.7 days - Discharge not Final Billed
- 5% - Cost to Collect
- Denial Percentage of Net Patient Revenue - 0.86% on a goal of 2%

MAP SECTION I: ACCOUNT RESOLUTION

- Aged A/R as a Percentage of Total Billed A/R
- Aged A/R as a Percentage of Total Billed A/R by Payer Group
- Aged A/R as a Percentage of Total A/R
- Aged A/R as a Percentage of A/R by Payer Group
- Remittance Denial Rate
- Denial Write- Offs as a Percentage of Net Patient Service Revenue
- Bad Debt
- Charity Care
- Net Days in Credit Balance

MAP SECTION 2: CLAIMS

- Clean Claim Rate
- Late Charges as a Percentage of Total Charges

MAP SECTION 3: FINANCIAL MANAGEMENT

- Net Days in Accounts Receivable (A/R)
- Cash Collection as a Percentage of Net Patient Service Revenue
- Uninsured Discount
- Uncompensated Care
- Case Mix
- Cost to Collect
- Cost to Collect by Functional Area

MAP SECTION 4: PRE BILLING

- Days in Total Discharged not Final Billed (DNFB)
- Days in Total Discharged not Submitted to Payer (DNSP)
- Days in Final Billed not Submitted to Payer
- Total Charge Lag Days

MAP SECTION 5: PATIENT ACCESS

- Percentage of Patient Schedule occupied
- Pre Registration Rate
- Insurance Verification Rate
- Service Authorization Rate –Inpatient and /or Observation
- Service Authorization Rate – Outpatient Encounter
- Conversation Rate of Uninsured Patient to Third Party Funding Source
- Point of Service Cash Collections

REVENUE CYCLE PRIORITIZED INTO 3 KEY CATEGORIES

1st Key – Patient Intake

Accuracy of Registration

Pre-certification / Payer Protocol Requirements

Point of Service Collections

2nd Key – Charge Capture & Billing

Timely Charge Capture

Complete & Accurate Documentation

DNFB

Coding Reviews

Scrub Edits Resolved

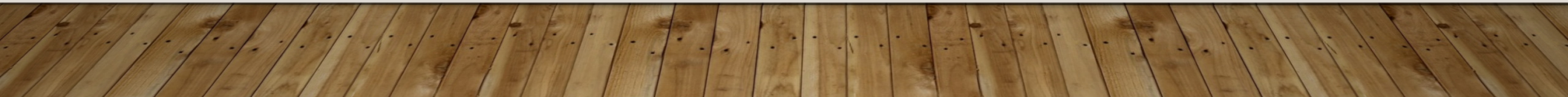
3rd Key – Account Follow-up and Resolution

Timely Denial Management

Appeals

Aged A/R Management

Collections



LEADERSHIP & TEAM CONSTRUCTS

- Along with the alignment of these operational efforts, the department culture and leadership take a seat of equal importance when describing the “why” behind the successes of CHRISTUS St. Michael.
- We work diligently to find the right people, place them within the right roles, and embolden a culture of curiosity, grit, collaboration, never being satisfied with “not knowing,” and non-punitive inquiry.
- It is not enough to just employ talented people with enough technology and standard Revenue Integrity “processes.”

LEADERSHIP & TEAM CONSTRUCTS (CONTINUED)

- Culture is the “secret sauce” towards taking an average team that is able to adequately “manage,” transforming it into one that excels, is able to anticipate change, and is agile enough to react in time to actually influence the outcomes across all disciplines.
- Working together as a team in our Medical Center: Patient Access, Insurance Verification & Utilization Management, Revenue Producing Department Leaders, Documentation Specialists, Case Managers, Revenue Integrity,
- Collaborative Centralized Functions for all of CHRISTUS Health: HIM Coders, Billers, Collectors, Denials Management Team and Revenue Cycle Leadership coordinated with CHRISTUS St Michael via Local Revenue Cycle Director.

POSITIONING YOUR TEAM FOR MAXIMUM EFFECTIVENESS

- CHRISTUS St. Michael Health System Revenue Integrity Department has established a “virtuous cycle” of monitoring, measuring, and mitigation.
- The rapid identification of risks and threats (that are payer specific), along with a near real-time analysis of the current state of business (e.g. denials, volumes, patient & associate input, payor trends, etc.), all feed into front line intelligence, the foundation by which the remaining alignment of strategy, resources, processes, and technologies takes place.
- Intelligence drives operations. Operations drive outcomes. The appropriate and timely placement of resources, processes, and technologies follow, driving strategy, reducing denials, freeing cash, and most importantly, ensuring that our patients are able to access the care that they require, in the time that they require it.

INCREASING SELF & ENVIRONMENTAL AWARENESS AND STAYING CURIOUS (EXAMPLE PROVIDED)

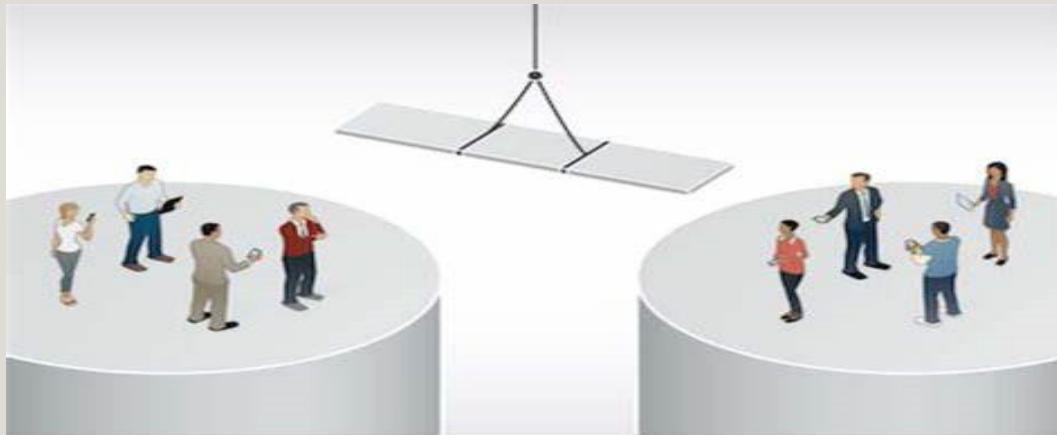
- Late FY2017, the Revenue Integrity team had identified an abnormal uptick in Oncology payer denials, with cumulative denials of ~\$1.7m. Through the collaboration of the Finance, Revenue Integrity, Pharmacy, and the Cancer Treatment Center leadership, plus a multi-pronged mitigation plan, CSMHS had reduced Oncology denials from \$1.7m to \$0.0 (and holding). There were five (5) leading factors that influenced our success:
- We recognized the importance of maintaining a local high-performing Revenue Integrity team.
- The local multi-disciplinary team was (and is) adaptive to the changing issues and environment.
- We hired the right resources at the right time with new unbudgeted positions created.
- We champion a culture of critical thinking, tenacity, and mutual support in identifying the root cause drivers to payer denials.
- Leadership was exceptionally supportive throughout [emphasis added].

SETTING EXPECTATIONS & MEASURABLE GOALS

- Review Daily Reports
- Patient Access Accuracy Expectation 99%
- Point of Service Collection
- Charge Capture
- DNFB Review
- Claim Edit Review
- Initial Denial Review for Trends / Opportunities
- Review Bad Debt & Charity daily to Budget Target

BREAKING DOWN THE COMMUNICATION BARRIERS & DISSOLVING SILOS

- Understanding the Common Vision and Goal
- Create an “Us” Culture
- Wins for SMHS Cross Departmental Lines



EVOLVING FROM FAILURES & COMPOUNDING SUCCESSES

- Denials Management Team Locally (progressing improvements over 12 years)
 - Monthly Denial Meetings
 - Accountability for Department for Denials
 - Continuous Education
- Denials Management Team Centralized
 - All Denials for CHRISTUS handled by 1 Centralized Area
 - Leveling Manage Care
- Denials Management Findings and Improvements
 - Education Opportunities
 - Best Practice

YOUR NEXT STEPS

- Develop Daily Reporting (what gets measured / gets done)
- Develop Integrated Denial Team
- Identify Root Denial Cause by Looking for Trends
- Understand Payer Contracts / be Alerted to Changes
- Identify Process Opportunities
- Communicate

Glen Boles, Jessica Green, Lisa Green, and Ryan Thompson are pictured here at the [Annual HFMA Conference](#) hosted in Orlando, FL, with the [MAP Award](#)

