



# Efficient Revenue Cycle Processes Project

## Informational Webinar January 10, 2025

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION



1



## What is Lean?

How will it help us with Revenue Cycle?

2

## What is Lean???

---

### **Lean philosophy for health care is focused on:**

- Defining value in the eyes of the patients
- Eliminating wasteful steps that add no value to the organization
- Creating flexibility and agility to meet the changing needs of the patient and industry
- Empowering frontline staff by incorporating easy problem-solving tools to use daily
- Doing more with less

## ERCP: Reducing Claims Denials

---

### **Focus: Identify and improve the process where insurance claim denials originate:**

- Document Supporting Medical Necessity
- Coding
- Entering Patient Information
- Insurance Verification
- Create “best practices” for reducing denials and their financial impact

## ERCP: Reducing Claims Denials

---

### Processes Targeted for Improvement:

- Clinic Registration
- Generating and completing Advance Beneficiary Notices (ABNs)
- Identification of Medications covered by Medicaid
- Emergency Room (ER) to Inpatient Authorization
- Radiology Pre-Authorization
- ER Registration
- Lab Registration Insurance Verification

## Revenue Cycle Topics - PYA

---

- Overview
- Scheduling
- Registration
- POS Collections
- Charge Capture
- Coding
- Billing
- Collections
- Denial Management
- KPIs

## Lean Methodologies used for Completion of Project

---

- Collect data:
  - Hospitals track claim denials
- Project Scoping:
  - Determine the issue, identify the process, develop a team, observe
- Map current process
- Work through the project using A3 Problem Solving Tool
  - Issue, Background, Current State, Root Cause Analysis, Target State, Countermeasures, Implementation Plan, Test Outcomes and Follow Up
- Report out during Wrap Up

## Why Lean???

---

### Utilizing Lean in Health Care can Potentially:

- Reduce costs by 30-35%
- Improve work and patient flow
- Improve patient and non-patient care processes
- Improve morale, productivity and the bottom line

## Revenue Cycle Successes

---

- Improved patient and staff satisfaction
- Project contacts and teams speak of how this project really opens communication between departments
- Reduction of unbillable claims
  - Reduced unbillable ED visits by \$80,000
  - Reduced unbillable Lab visits by \$13,000
- Nearly 90% of post-project evaluations indicated the hospital had reached the goals they set

## Positive Outcomes

---

- Meaningful – building positive team communication
- Breaks complicated concepts into meaningful bites
- Outside content expert coming to the hospital for site visit
- Data tracking and measuring improvements made
- Monthly coaching calls for accountability and support
- Realistic timeframes
- Celebration wrap up



# Past Participant Perspective

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION

11

11



# Niki Buesing

CFO, Nemaha Valley Community Hospital

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION

12

12

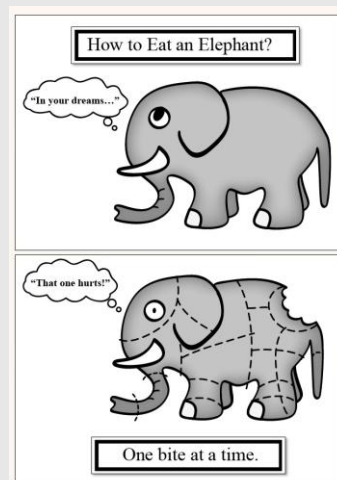
# Lean Project

April 2024-July 2024.....and still going

13

## Project?

- Surgery processes?
- Just kidding.....prior authorizations?
- Just kidding.....prior authorizations for a very specific service line...Cardiac Rehab/Nuc Med testing



14

## It's all about the people!

### Representation From:

- Business Office Registration
- Utilization Review/Prior Authorizations
- Cardiac Rehab/Nuc Med testing Dept
- HIM Coding
- Business Office Claims processing
- Director of Nursing
- Finance/CFO



15

## A3 Prior Authorizations-Nuc Med testing

- Problem statement: Various forms of communication with no standardized workflow and duplication of work.
- Current situation: Patient is scheduled and prior authorization is worked on based on receipt of emails, phone calls, screenshots, face to face, sticky notes, etc.
- Goal: Streamline communication and create standard workflow
- Root cause analysis (5 whys):
  1. That's how I was trained
  2. Always done that way
  3. We don't have time to fix this
  4. We need more help
  5. That's what I thought was the right/best way

16





## A3 Prior Authorizations-Nuc Med testing (cont)

- Brainstorm/Countermeasures
  - Message Center
  - Hire more people
  - Create step by step process
  - Get authorization before scheduling
  - Remove use of bubble
- Countermeasure Implementation Plan
  - Reach out to other facilities step-by-step NVCH.
  - Create Cerner system pools and only submit PA request to the pool.
  - Start with a current step by step plan of the process.
  - Observations in real time.
  - Meet weekly to review and make changes to the step-by-step process.

17



## Success!

- Process is the same for everything – less cleanup on the back end
- Anyone can pick up the process.
- Prior Authorization is now in Powerchart so it falls to the claim and the business office doesn't have to hunt down the auth #.
- Not scheduling patient until PA completed which cuts down on rescheduling resulting in higher patient satisfaction
- Less back and forth communication.
- Don't need to hire another staff person.
- Other departments wanting to implement these changes.



18



## New Vantage Point

- Multiple departments can come together to change a process in which we have done for years for the good of the patient and for the benefit of making a more streamlined process.
- View from the other departments perspective.
  - Learned the business office didn't have access to power chart.
- Getting everyone's input and understanding the impacts of changes.

19



## Future for NVCH

- Can use these same principles and standardized workflow with other departments in the facility.
  - Prior authorizations in other departments
  - New service lines
- Other departments are wanting/willing to make changes
- Want to stay viable as a facility...offer services and still get paid.

20

## Additional Take-Aways

- Meetings were lengthy at times – more work can be done outside of meeting times.
- Wish people were more open to change.
- Technology can be cumbersome.
- Meeting space availability.
- Check back to make sure the process is working.

21



22



# Stephanie Simmons

COO, Mitchell County Hospital Health System

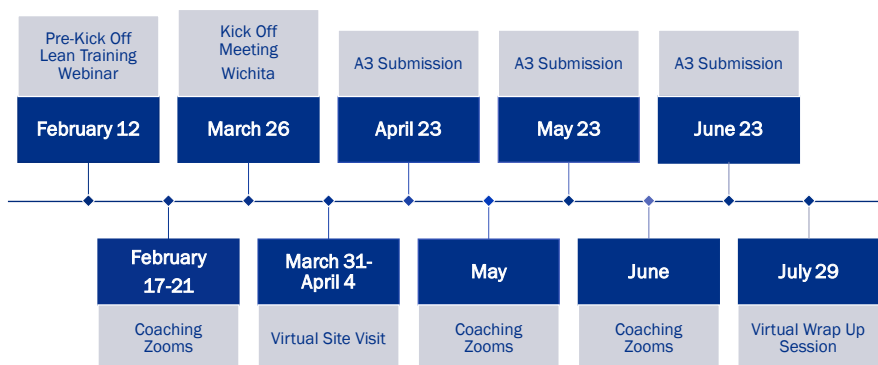
23



# Project Overview

24

## Efficient Revenue Cycle Processes Project Timeline



## What are you committing to?

- Attend and participate in a pre-kick off lean training webinar on February 12
- Attend and participate in an in-person kick-off session on March 26
- Provide staff time and resources necessary for commitment to the project. This includes project work within your facility, which will be ongoing throughout the duration of the project
- Participate in a virtual site visit and coaching zooms with Healthworks project staff
- Participate in the development of and commitment to an ongoing, sustainable monitoring program
- Maintain and submit progress reports to Healthworks project staff monthly
- Attend and participate in a virtual wrap up session at the conclusion of the project on July 29

## What will Healthworks provide?

- Basic lean and quality improvement training for revenue cycle management
- A kick-off session to provide a foundation and assist each facility with establishing internal goals
- Facilitation of peer networking
- Assistance on using lean tools and techniques for improvement
- Administration and analysis of organizational culture related to revenue cycle management
- Access to lean expertise and project management assistance
- A virtual wrap up meeting at the conclusion of the project to celebrate successes and build the plan for sustainability within your organization

## What does it REALLY look like?

- Review of a current revenue cycle process in your hospital
- Establish team and prepare for kick-off session – Susan R helps with this during initial project planning call w/ project lead and post Lean webinar touchbase call
- Your hospital's team will attend a virtual training on lean prior to the kickoff meeting
- Your hospital will bring a team to kick-off training
- During kick-off, subject matter experts will instruct your team on various ways to analyze your revenue cycle along with lean tools and techniques to help you problem solve your project
- You will leave with an action plan and work on your projects at your facility
- Put actual ideas/program improvement to work – bring back barriers/successes to share during coaching calls
- Share process – nursing, medical staff, administration
- Make improvements to processes as needed

# Data Submission A3

Title:		Fresh Eyes:		SMEs:		Start Date:	
Owner:		Team:				Revision Date:	
PDSA: A3						Revision #:	
Goal:							
PLAN	Background / Current Conditions			PLAN	Analysis / Root Cause (5 Whys)		
				DO	Countermeasures to Root Causes		
Problem Statement			CHECK	Check (Planned vs. Actual Results)			
Goals/Targets			ACT/ADJUST	Act/Adjust			
Stakeholder(s):							
Signatures:							



29

## Hospital Efficient Revenue Cycle Processes Team

Staff to consider for participation on your facility Team (2 - 4 members):

- Director of Nursing/Chief Nursing Officer
- Front Line Staff Member(s)
- Business Office Manager
- Health Information Management
- Quality Manager
- Department Leads



30

## ERCP Project Support

---

### Healthworks

- Jennifer Findley, Executive Director
- Susan Runyan, Consultant

### Revenue Cycle Expertise

- Martie Ross, PYA
- Kathy Reep, PYA

## ERCP Project Support - PYA

---

### Martie Ross, Consulting Principal

- Two decade career as a healthcare transactional and regulatory attorney
- Recognized expert on payment and delivery system reform
- Led hospital, physician, and network strategic and tactical planning for new payment models
- Developed rural health networks and strategic alliances for rural providers
- Worked with community hospitals on service line diversification

### Kathy Reep, Senior Manager

- Greater than three decades of leadership experience in compliance, financial advisory, reimbursement and managed care
- Served as a provider advocate on both state and federal levels
- Authored numerous publications related to healthcare finance and hospital reimbursement
- Oversaw the auditing and reconciliation of billing and patient records with private insurer external auditors



## Interested in the Opportunity?

HEALTHWORKS  
KANSAS HOSPITAL ASSOCIATION

33

## Next Steps

---

- Participant Agreement signed by CEO/ Administrator and returned by January 17
  - The \$250 participation fee is not due until you have been accepted. You will be invoiced.
- Notification to participants by January 22
  - Taking the first 6 – 9 CAHs
- January 23 & 24 – Susan Runyan calls project contacts to answer questions

HEALTHWORKS  
KANSAS HOSPITAL ASSOCIATION

34

## Pre-Work

---

Once notified of acceptance: Susan Runyan will contact each participating facility prior to Virtual Lean Training and In-Person Kick-Off

- Discuss potential process for improvement
- Discuss observation
- Ensure relevant staff attend meeting
- Ensure adequate data to utilize during Kick-Off
- Allows the team to develop implementation plan at the Kick-Off



## Contact Us

**Jennifer Findley**

jfindley@kha-net.org (785) 233-7436

**Susan Runyan**

srunyan@kha-net.org (620) 222-8366

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION



37

## Funding Acknowledgement

---

This program is supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services as part of an award totaling \$1.1M, with 0% financed with non-governmental sources. The content is those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

**HEALTHWORKS**  
KANSAS HOSPITAL ASSOCIATION



38