A bar chart with three orange bars of varying heights. The first bar is medium, the second is the tallest, and the third is shorter than the first.

## Connecting the Dots – Effective Communication & Optimization Across the Revenue Cycle

### Could this happen at your facility?



- A \$6 million revenue loss due to missed appeal deadlines
- A \$2 million loss due to writing off denied Medicare line items with missing modifiers
- \$25K+ per week in lost revenue due to repeated failure to obtain pre-authorization

## It's not really a different path

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- These are things you already know
- But there can be a gap between knowing and doing
- The consequences are simply higher today
- The only way to reduce your risk is to get everyone on the same page
- But planning has got to be detailed and measurable

## Common ICD-10 Implementation Plan

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1. Form a implementation committee
2. Make sure that all internal interest groups are represented
3. Get input from all groups that will be part of the implementation
4. Identify key steps to a successful implementation
5. Create a timeline
6. Identify key vendors/suppliers to ensure they will be prepared by implementation time
7. Create a training plan and timeline well before the implementation
8. Test your crossfunctional communication prior to implementation
9. Execute a successful implementation

## Common ICD-10 **Implementation** Plan

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1. Form a **implementation** committee
2. Make sure that all internal interest groups are represented
3. Get input from all groups that will be part of the **implementation**
4. Identify key steps to a successful **implementation**
5. Create a timeline
6. Identify key vendors/suppliers to ensure they will be prepared by **implementation** time
7. Create a training plan and timeline well before the **implementation**
8. Test your crossfunctional communication prior to **implementation**
9. Execute a successful **implementation**

## Common ICD-10 **School Dance** Plan

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1. Form a **school dance** committee
2. Make sure that all internal interest groups are represented
3. Get input from all groups that will be part of the **school dance**
4. Identify key steps to a successful **school dance**
5. Create a timeline
6. Identify key vendors/suppliers to ensure they will be prepared by **school dance** time
7. Create a training plan and timeline well before the **school dance**
8. Test your crossfunctional communication prior to **school dance**
9. Execute a successful **school dance**

## What are we going to cover today?

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- Where is the Revenue Cycle broken?
- What is a Stable Revenue Cycle?
- What is a Denial Walking?
- Creating your Scorecard
- Data for Communication
- Accountability – Metrics for Productivity

## Takeaways

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- Scorecards
  - Denials
  - Productivity
- Communication Strategies

## Denial Scorecard

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Ted to remind Linc to open Excel!

## Productivity Scorecard

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Ted to remind Linc to open Excel again!

# Where is the Revenue Cycle Broken?

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**18% =** US Cost of Healthcare Admin

**5% to 8% =** Cost of Healthcare Admin, Other Countries

# Where is the Revenue Cycle Broken?

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- Bad demographic data
- Bad patient insurance
- Lack of insurance pre-authorization

## Where is the Revenue Cycle Broken?

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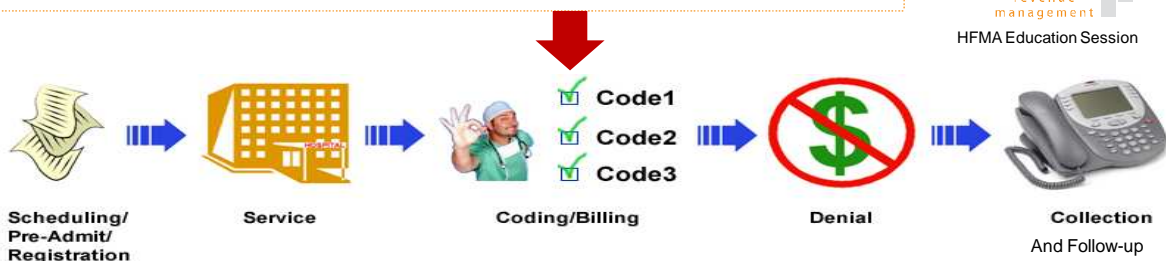
- Lack of concurrent insurance authorization
- Failure to obtain additional authorizations

## Where is the Revenue Cycle Broken?

Benchmark

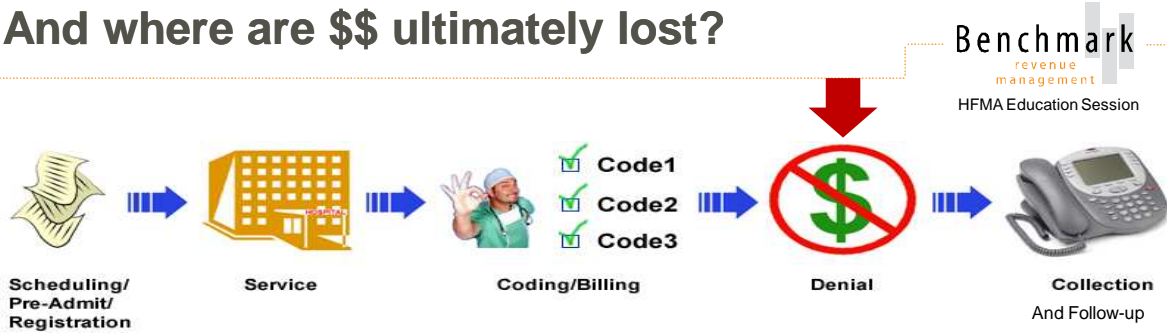
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- Use of wrong code
- Delay in billing
- Attachment of wrong visits to bills

## And where are \$\$ ultimately lost?



- Untimely appeal of claim
- Pre-mature write-off/lack of attempt to appeal

## And where are \$\$ ultimately lost?



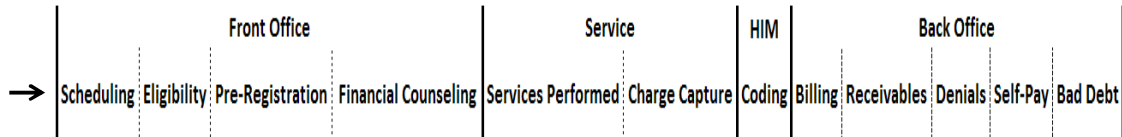
- Could have been denied and it is too late to appeal
- Open balance too small and too old for cost/benefit... write-off

## What is the Revenue Cycle?

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Revenue Cycle is the sum of all activities a hospital performs which can affect reimbursement

An Ounce of Prevention...

## What is a Stable Revenue Cycle?

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A Stable Revenue Cycle is one where...

- Every patient is handled as a potential Denial Walking
- Each employee is accountable to the revenue cycle
- A Communication Framework has been established

Success is measured by consistent outcomes

## What is a Stable Revenue Cycle?

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Let's start by looking at how we track information in the revenue cycle, using denials as an example

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**What exactly is a Denial?**

## What exactly is a denial?

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A denial is any  
non-contractual  
rejection of payment!

## What exactly is a denial?

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Yes, it's a zero-pay...

But it's also...

- Any claim with any line item denied
- Any claim with partial pays on any line item
- Basically, any claim with a charge that was not paid as expected

## What exactly is a denial?

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If you start treating claims not fully paid as denials, you will generate more revenue

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## What's a Denial Walking?

## So what's a Denial Walking?

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**A Denial Walking**  
is any patient currently in your  
facility whose claim is certain  
to get denied

## So what's a Denial Walking?

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### Examples of Denials Walking

- Failure to obtain preauthorization
- Uncorrected demographic information
- Unverified insurance information

## So what's a Denial Walking?

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If you treat every patient as a potential Denial Walking, you will generate more revenue

## The Denial Management Goal

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An Ounce of Prevention...  
The Goal for your Denial Management Process should always be to not have one

## Denials Drive Communications

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- Treat every patient as a Denial Walking
- Standardize on the information
- Get the information forward in a structured way
- Focus on First-Pass Denial Rate, not Clean Claims

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**Creating your Scorecard  
Data for communication**

## Creating your Scorecard

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When you receive an 835 or EOB, what are you doing with it?

- Posting it to your system immediately
- Entering it into a workflow or spreadsheet program
- Sending it to a specific person/department for processing

OR

- Putting it in a pile

## Creating your Scorecard

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The first step in sorting is posting it somewhere!

- Cash posters can use a simple spreadsheet
- Other options include core systems, external workflow tools, etc.
- The key is to make sure it's being watched and worked

## Sample: initial denial posting

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Account Number	Denied Amount	Reason Code
862993421	\$ 88.00	3
556789321	\$ 150.00	3
569354789	\$ 8,240.00	22
236987456	\$ 954.00	18
218456958	\$ 220.00	21
695687456	\$ 70.00	33
695687456	\$ 1,180.00	18

## Creating your Scorecard

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The second step in sorting is classification

- Classify by CAS code
- Can be done by posters or someone assigned to that duty
- Critical for directing for correction

## Sample: denial posting classified

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Account Number	Denied Amount	Reason Code	Denial Type
862993421	\$ 88.00	3	Technical
556789321	\$ 150.00	3	Technical
569354789	\$ 8,240.00	22	Technical
236987456	\$ 954.00	18	Clinical/Technical
218456958	\$ 220.00	21	Technical
695687456	\$ 70.00	33	Technical
695687456	\$ 1,180.00	18	Clinical/Technical

## Creating your Scorecard

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The third step in sorting is distribution

- We know something needs to get fixed
- Presumably, someone in the organization can fix it
  - Can we send a request to a specific individual?
  - Are we watching for the response to that request?
  - What if we have multiple denial sources for the same account?

## Sample denial posting with info. request

Account Number	Denied Amount	Reason Code	Denial Type	Requested info/correction from
862993421	\$ 88.00	3	Technical	Billing
556789321	\$ 150.00	3	Technical	Billing
569354789	\$ 8,240.00	22	Technical	Financial
236987456	\$ 954.00	18	Clinical/Technical	Medical Records
218456958	\$ 220.00	21	Technical	Patient Access
695687456	\$ 70.00	33	Technical	Financial
695687456	\$ 1,180.00	18	Clinical/Technical	Medical Records

## Creating your Scorecard

We've done our research and gotten feedback

- What have we learned?
- How do we capture the information
- Responsible area & party
- Root cause

## Creating your Scorecard

### Responsible Area

- What area of our organization was responsible for generating this denial?
- Is there an individual or department connected with it?
- If we capture this information here, we can begin to standardize our account notes as well

## Responsible Area & Party

Account Number	Denied Amount	Reason Code	Denial Type	Responsible Area	Resp. Party
862993421	\$ 88.00	3	Technical	PreRegistration	Bob
556789321	\$ 150.00	3	Technical	PreRegistration	John
569354789	\$ 8,240.00	22	Technical	PreRegistration	Sue
236987456	\$ 954.00	18	Clinical/Technical	PreRegistration	Sue
218456958	\$ 220.00	21	Technical	Care Management	Frank
695687456	\$ 70.00	33	Technical	PreRegistration	Bob
695687456	\$ 1,180.00	18	Clinical/Technical	Coding	Sally

# Creating your Scorecard

## Root Cause

- Is the reason given on the 835/EOB correct?
- If yes, can we get more specific?
- If no, let's choose from our list of available root cause codes

## Root Cause

Account Number	Denied Amount	Reason Code	Denial Type	Responsible Area	Resp. Party	Root Cause
862993421	\$ 88.00	3	Technical	PreRegistration	Bob	Technical: Incorrect Insurance Recorded
556789321	\$ 150.00	3	Technical	PreRegistration	John	Analysis: OP Cath Underpaid
569354789	\$ 8,240.00	22	Technical	PreRegistration	Sue	Analysis: MRI Not Authorized
236987456	\$ 954.00	18	Clinical/Technical	PreRegistration	Sue	Analysis: Paid on Prior Contract Rates
218456958	\$ 220.00	21	Technical	Care Management	Frank	Analysis: MRI Not Authorized
695687456	\$ 70.00	33	Technical	PreRegistration	Bob	Analysis: Paid on Prior Contract Rates
695687456	\$ 1,180.00	18	Clinical/Technical	Coding	Sally	Clinical: Day Not Medically Necessary

## Creating your Scorecard

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### Are we tracking everything that has come in?

- We can use our spreadsheet to organize requests and appeals
- It's critical to establish a process for reviewing all outstanding items and following up

## Info Request Tracking

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Account Number	Denied Amount	Reason Code	Denial Type	Responsible Area	Resp. Party	Root Cause	Requested info	Requested Info Dat
862993421	\$ 88.00	3	Technical	PreRegistration	Bob	Technical: Incorrect Insurance Recorded	Billing	3/10/08
556789321	\$ 150.00	3	Technical	PreRegistration	John	Analysis: OP Cath Underpaid	Billing	3/15/08
569354789	\$ 8,240.00	22	Technical	PreRegistration	Sue	Analysis: MRI Not Authorized	Financial	3/22/08
236987456	\$ 954.00	18	Clinical/Technical	PreRegistration	Sue	Analysis: Paid on Prior Contract Rates	Medical Records	4/1/08
218456958	\$ 220.00	21	Technical	Care Management	Frank	Analysis: MRI Not Authorized	Patient Access	5/20/08
695687456	\$ 70.00	33	Technical	PreRegistration	Bob	Analysis: Paid on Prior Contract Rates	Financial	6/13/08
695687456	\$ 1,180.00	18	Clinical/Technical	Coding	Sally	Clinical: Day Not Medically Necessary	Medical Records	2/14/08

## Data for Communication

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Ted reminds Linc to return to Excel to show:

- Denials Scorecard
- Responsible Area Bar Graph
- Responsible Area Detail

## Data for Communication

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- People point fingers, data informs
- Let your data be the “bad guy”
- So every patient is a potential Denial Walking
- But data-driven communication can reduce impact

## Blatant Transition Slide

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Now let's discuss how everyone is  
accountable to the Revenue Cycle

The average hospital office  
worker in the US costs \$185  
per day

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## A few numbers

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\$185 Average Cost for a business office worker

\$100 Common balance cut-off for write-off

20 Minimum denials for a given worker

35% Percentage of those denials recovered

\$700 Dollars collected

378% Daily ROI

## To your team, it can become just...

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# Monopoly Money





## Data-Driven Accountability

### Data-Driven Accountability



Accountability means understanding your productivity metrics – and holding people to a standard you establish!

## So what is productivity?

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Productivity is simply the  
return on your investment  
in your entire team

## Productivity is about Results

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- Which you would rather have?
- Worker 1 performed 103 activities on Medicare accounts and collected \$11,875
- Worker 2 performed 46 activities on Medicare accounts and collected \$22,540

## Productivity is about Results

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- People opening more accounts is NOT a result
- More dollars collected IS a result
- Appealing more denials is NOT a result
- A drop in first-pass denial rate IS a result

## Team comes first

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- It doesn't matter how each worker does if the team is not productive as a whole
- It's simpler to start with team-oriented results data
- A few simple metrics can reveal a lot

## Team comes first

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- Start with a very simple metric
- Collection rate per worked hour
- Data elements needed
  - Dollars collected for a given period (one month)
  - Number of hours for all follow-up personnel
  - Divide for a starting point

## Team comes first

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- How do we determine \$\$ collected?
- Good: Use all cash collected
- Better: Create a spreadsheet and have workers fill it in
- Best: If you can, run a query on any account with follow-up activity of any kind and use \$\$ collected on those
- It doesn't matter which, you will still see trends!

## Team comes first

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\$8,540,360 collected by follow-up team  
945 hours of total follow-up time

\$9,037 per hour worked

## Evolution of Productivity

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- Start simple
- Standardize the approach
- Involve the employees in process development
- Focus on results-oriented metrics

## Evolution of Productivity

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- Build a capture mechanism for patient access and business office
- Every activity should have a time and person associated
- Activity standardization with employee buyin is the key

## Evolution of Productivity

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Account	Date of Admit	Activity	\$ involved	Worker	Date
A05679921	10/07/09	Demographics via phone call	0	Jill	9/28/09
A05679921	10/07/09	Insurance verified online	0	Jill	9/28/09
A05679921	10/07/09	Pre Auth attempt...waiting on payer	0	Barry	10/3/09
A05679921	10/07/09	PreAuth verified by payer	0	Barry	10/5/09

## Evolution of Productivity

- Four preregistration activities
- And some key information
  - Successfully checked each key prereg function
  - Attempt to preauth with payer was delayed
  - Follow-up attempt generated preauth
- Team effort

## Evolution of Productivity

Account	Bill Date	Amount after Contractual	Activity	\$ involved	Worker	Date
A05678235	08/04/08	4677	Called...Claim in Process	0	Dan	8/28/08
A05678235	08/04/08	4677	Medical Record Request	0	Nancy	9/14/08
A05678235	08/04/08	4677	Called...Claim in Process	0	Susan	10/14/08
A05678235	08/04/08	4677	Called...Payer promised \$\$	4677	Dan	10/29/08
A05678235	08/04/08	4677	Collected per 835	4677	Jean	11/13/08

## Evolution of Productivity

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- Five activities since bill date
- And a lot of key information
  - Two activities were essentially wasted time
  - Medical record requested
  - Payer made promise
  - Payer delivered on promise
- Team effort

## Evolution of Productivity

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- Even simple results have instant value
- Look at team productivity when it's time to negotiate contracts
- Run reports that show activities on a range of accounts for that payer
- Can we write the new contract to minimize wasted time?

## Evolution of productivity

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- Nearly 27% of claims designated as “clean” result in first-pass denials (esp. Administrative Rejections)
- Time to correct a claim to make it clean is approximately 18 minutes
- Time to handle a first-pass denial is 210 minutes
- Administrative Rejection overturn rate less than 75%

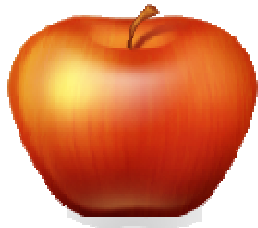
## Ask yourself...

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- What type of productivity measures do you currently have?
- If you collect productivity data now, how do you share it at the individual level?

## Compare Apples to Oranges

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## Compare Apples to Oranges

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management  
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Quality	Apple	Orange
Texture	Smooth	Rough
Tartness	Can be good	Not ripe
Color	Red	Orange
Hardness	Should be very solid	Should be firm, not hard

## Compare Apples to Oranges

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Quality	Apple	Score	Orange	Score
Texture	Smooth	1-5	Rough	1-5
Tartness	Can be good	1-10	Not ripe	1-10
Color	Red	1-4	Orange	1-4
Hardness	Should be very solid	1-10	Should be firm, not hard	1-10

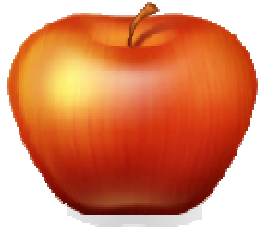
## Compare Apples to Oranges

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Quality	Apple	Score	Orange	Score
Texture	Smooth	4	Rough	3
Tartness	Can be good	7	Not ripe	2
Color	Red	3	Orange	3
Hardness	Should be very solid	8	Should be firm, not hard	5
Total		22		13

# Compare Apples to Oranges

**Benchmark**  
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22



13

# Compare Apples to Oranges

**Benchmark**  
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Account	Bill Date	Amount after Contractual	Activity	\$ involved	Worker	Date
A05678235	08/04/08	4677	Called...Claim in Process	0	Dan	8/28/08
A05678235	08/04/08	4677	Medical Record Request	0	Nancy	9/14/08
A05678235	08/04/08	4677	Called...Claim in Process	0	Susan	10/14/08
A05678235	08/04/08	4677	Called...Payer promised \$\$	4677	Dan	10/29/08
A05678235	08/04/08	4677	Collected per 835	4677	Jean	11/13/08

## Compare Apples to Oranges

- **Creating Activity Weights (RVU's)**
  - Does it need to get done?
  - How important is the action?
  - How difficult is it to achieve?
- **Limit the number of activities you record**
- **When examining results, separate those for claims that were collected from the rest**

## Compare Apples to Oranges

Account	Bill Date	Amount after Contractual	Activity	\$ involved	Worker	Date	Time for activity	Activity Weight
A05678235	08/04/08	4677	Called...Claim in Process	0	Dan	8/28/08	8	2
A05678235	08/04/08	4677	Medical Record Request	0	Nancy	9/14/08	12	5
A05678235	08/04/08	4677	Called...Claim in Process	0	Susan	10/14/08	13	2
A05678235	08/04/08	4677	Called...Payer promised \$\$	4677	Dan	10/29/08	16	7
A05678235	08/04/08	4677	Collected per 835	4677	Jean	11/13/08	4	2

## Compare Apples to Oranges

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- Total activity weights for a worker
- Divide by minutes spent and multiply by 10
  - Example:
    - Dan had 24 minutes total
    - Total weight of Dan's activities, 9
    - Dan's score for this claim: 3.75
- Meaningless on one claim, volume speaks volumes
- Similar process for patient access

## Compare Apples to Oranges

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- What's best practice for your organization on this?
  - I can't give you the answer
  - Well, actually, I can, but you won't agree
- Spreadsheet available to get you started

## People need the right work

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- Think about how work is getting to your team
- Are you evaluating which work they're getting?
- The distribution may be costing you money

## People need the right work

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4 workers, 4 lists, alpha split

	Worker	Highest	Next	Next	Next	Next	Next	Next
Mcare a-l	Bob	\$ 102,489	\$ 94,538	\$ 62,388	\$ 42,290	\$ 34,567	\$ 28,955	\$ 27,255
Mcare m-z	Sue	\$ 38,537	\$ 32,608	\$ 12,388	\$ 8,835	\$ 7,955	\$ 7,593	\$ 6,778
Aetna a-l	Jean	\$ 29,434	\$ 26,347	\$ 24,110	\$ 21,093	\$ 18,981	\$ 18,521	\$ 8,765
Aetna m-z	Dan	\$ 124,436	\$ 117,559	\$ 108,075	\$ 99,683	\$ 83,652	\$ 81,845	\$ 78,933

## People need the right work

Let's assume they only get to 4 items

	Worker	Highest	Next	Next	Next			
Mcare a-l	Bob	\$ 102,489	\$ 94,538	\$ 62,388	\$ 42,290			
Mcare m-z	Sue	\$ 38,537	\$ 32,608	\$ 12,388	\$ 8,835			
Aetna a-l	Jean	\$ 29,434	\$ 26,347	\$ 24,110	\$ 21,093			
Aetna m-z	Dan	\$ 124,436	\$ 117,559	\$ 108,075	\$ 99,683			

## People need the right work

Same work, same 4 workers, lists by payer then balance

	Worker	Highest	Next	Next	Next	Next	Next	Next
Mcare	Bob	\$ 102,489	\$ 62,388	\$ 38,537	\$ 32,608	\$ 27,255	\$ 8,835	\$ 7,593
Mcare	Sue	\$ 94,538	\$ 42,290	\$ 34,567	\$ 28,955	\$ 12,388	\$ 7,955	\$ 6,778
Aetna	Jean	\$ 124,436	\$ 108,075	\$ 83,652	\$ 78,933	\$ 26,347	\$ 21,093	\$ 18,521
Aetna	Dan	\$ 117,559	\$ 99,683	\$ 81,845	\$ 29,434	\$ 24,110	\$ 18,981	\$ 8,765

## People need the right work

Same work, but sorted only by payer, no alpha split

	Worker	Highest	Next	Next	Next			
Mcare	Bob	\$ 102,489	\$ 62,388	\$ 38,537	\$ 32,608			
Mcare	Sue	\$ 94,538	\$ 42,290	\$ 34,567	\$ 28,955			
Aetna	Jean	\$ 124,436	\$ 108,075	\$ 83,652	\$ 78,933			
Aetna	Dan	\$ 117,559	\$ 99,683	\$ 81,845	\$ 29,434			

## People need the right work

4 workers alpha split, revenue collected

	Worker	Highest	Next	Next	Next	Worked	Collected	Per Hour
Mcare a-l	Bob	\$ 102,489	\$ 94,538	\$ 62,388	\$ 42,290	\$ 75,426	\$ 28,662	\$ 3,583
Mcare m-z	Sue	\$ 38,537	\$ 32,608	\$ 12,388	\$ 8,835	\$ 23,092	\$ 8,775	\$ 1,097
Aetna a-l	Jean	\$ 29,434	\$ 26,347	\$ 24,110	\$ 21,093	\$ 25,246	\$ 9,593	\$ 1,199
Aetna m-z	Dan	\$ 124,436	\$ 117,559	\$ 108,075	\$ 99,683	\$ 112,438	\$ 42,726	\$ 5,341
						\$ 236,202	\$ 89,757	\$ 11,220

## People need the right work

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### 4 workers, by payer by balance, revenue collected

		Highest	Next	Next	Next	Worked	Collected	Per Hour
Mcare	Bob	\$ 102,489	\$ 62,388	\$ 38,537	\$ 32,608	\$ 59,005	\$ 22,422	\$ 2,803
Mcare	Sue	\$ 94,538	\$ 42,290	\$ 34,567	\$ 28,955	\$ 50,087	\$ 19,033	\$ 2,379
Aetna	Jean	\$ 124,436	\$ 108,075	\$ 83,652	\$ 78,933	\$ 98,774	\$ 37,534	\$ 4,692
Aetna	Dan	\$ 117,559	\$ 99,683	\$ 81,845	\$ 29,434	\$ 82,130	\$ 31,209	\$ 3,901
						\$ 289,997	\$ 110,199	\$ 13,775

## People need the right work

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\$11,220 per hour

VS

\$13,775 per hour

for the SAME GROUP OF WORK

Which is better?

## Connecting the Dots

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### Wholes, not holes

Every segment of your revenue cycle is responsible for revenue optimization...are they talking to each other?

## Connecting the Dots

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### Establishing a Communications Framework

- Just holding a meeting is not effective communication
- Data must be present at the meeting
- Planning should be DETAILED
- Planning must include RESPONSIBILITIES and ACCOUNTABILITY

## Measurement only works if it's used

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When it comes to Accountability...

People Point Fingers

Data Reveals Facts

## Connecting the Dots

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### Establishing a Communications Framework

- Form a regular meeting of revenue cycle managers to review scorecards
- Re-examine terminology – have a glossary of your revenue cycle terms
- Agree on accountability metrics across the revenue cycle

## Connecting the Dots

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### Establishing a Communications Framework

- Don't overkill with meetings
  - Quarterly meeting with all revenue cycle managers and information suppliers
  - Monthly meeting with key revenue cycle leaders
  - Daily morning 5-minute "What's New?" between Patient Access and Business Office representative (phone call, email, or drop in)
- Consider bonusing or rewarding on denial avoidance, reductions, and revenue recovery

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Connecting the Dots – Effective  
Communication & Optimization Across  
the Revenue Cycle