Henry County Health Center: Using Organizational Dashboards and Technology to Improve Revenue Cycle Performance

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Sara J. McClure, CRCS-I, P Director of PFS

Agenda

- Establish a corporate philosophy enhancing the total patient experience.
- Organizational Dashboards.
- Sample of a patient friendly statement.
- Use technology to achieve desired goals.
Where in the World is HCHC?

Henry County Health Center
Mt Pleasant, Iowa

- Critical Access Hospital (May 2005).
- Located in Southeast Iowa.
- 25 Bed Acute & 49 Long Term Care.
- 50 million in Gross Revenue.
- County Hospital (347b)-$592,000 in Tax Receipts.
- 663 admits, 130 births, 1,966 surgeries and 8,468 ER visits.
Henry County Health Center
Mt Pleasant, Iowa

• Medical Staff
• Independent Family Practice - 10 Physicians 2 PA
  (On EHR since 2000)
• Sole Practitioner
• 2 Independent Podiatry Clinics
• Sole Ophthalmologist
• Employed OB/GYN, General Surgeon, Ortho Surgeon
• 2 Hospital Owned Clinics in Rural Communities

Demographic Mix

- Medicare 48%
- Medicaid 11%
- Blue Cross 24%
- Insurance 10%
- Private Pay 7%
Health Care Environment

• Located 50 miles from the University of Iowa (via 4 lane highway).

• Located 26 miles from Great River Medical Center (via 4 lane highway).

• Managed by Great River Medical Center. (2009)

The History 2002

• Total Margin was ($463,000).
• Days in AR 110 and climbing.
• Lost charges and clinical data.
• Billing balance 1.2 million and climbing.
• Reduction of patient volumes.
• Redundant data storage.
• Too many stand alone systems.
• Sunset of current HIS vendor system.
Decision Time…2003

Organizational wide commitment to integrate the entire hospital system and enhance the patient experience.

- Commitment to Service Excellence.
- Patient Friendly Billing System.
- Stance on Compliance (HIPPA).
- Commitment to system integration.

Values

Organization’s commitment to enhance the patient experience.

Establishing a corporate philosophy focused on the patient.

- QSTART = associate values.
- Continuous Quality Improvement (CQI).
- Community Advisory Groups.
- Strategic Plan and Departmental Dashboards
Values

Organization’s commitment to enhance the patient experience.

Establishing a corporate philosophy focused on the patient.

- QSTART = associate values.
- Continuous Quality Improvement (CQI).
- Community Advisory Groups.
- Strategic Plan and Departmental Dashboards

Values

Establish Associate Values = QSTART (Major Portion of Associate’s Annual Evaluation)

- Quality.
- Service.
- Teamwork.
- Accountability.
- Respect.
- Trust.
Values

Established Continuous Quality Improvement

• Service Excellence
  • “Partners In Care”.
  • “Above and Beyond”.
  • “Happen Kit”.
• Career Ladders
• Yearly Service Excellence Trainings.

Values

Established Continuous Quality Improvement

• Established Community Advisory Groups
  • Employers.
  • Seniors.
  • Government.
  • Education.
  • Retired HCHC Associates
  • HCHC Foundation.
## PFS Dashboard-People

**Patient Financial Services Dashboard Report FY2014**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Green (Target)</th>
<th>Yellow</th>
<th>Red</th>
<th>Benchmark</th>
<th>1st Qtr</th>
<th>2nd Qtr</th>
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<tbody>
<tr>
<td></td>
<td>Monthly targets unless otherwise indicated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>July</td>
<td>Aug</td>
</tr>
<tr>
<td>Associate Injury</td>
<td>All PFS injuries at work</td>
<td>0 1 1 NA</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
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<tr>
<td>Attendance</td>
<td>Number of unscheduled absences per month</td>
<td>0-3 4 &gt;5</td>
<td></td>
<td></td>
<td>Hospital guidelines</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

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### 1st Qtr:

- **July**: no injuries, no illnesses
- **August**: no injuries, no illnesses
- **September**: no injuries, 1 employee illness resulting in absence.

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PFS Dashboard-Service

1st Quarter: July-3 complaints received by PFS 1-Pt states they are sick of getting bills for doc/hospitals for things they did not receive, 2-pt felt they were being charged extra for time spent waiting on ED doctor, 3-Pt mailed payment in 4 days before and we still had not received. Did not like or understand our billing processes. July-0 complaints in re to PFS staff. August-0 complaints in re to PFS staff. September-5 complaints received by PFS ....patient upset with dollar amount of bill-Medicare paid but he still owed deductible, patient did not remember receiving non covered oral meds in ED that she received bill for-followed up confirming documentation in records and verified with Dept. Director, patient complained about care she received in ED-forwarded and followed up with ED Director as well as Sue McBride became involved and worked with patient for resolution, patient was not happy with copay being billed for with cataract surgery, felt we billed incorrectly, we followed up and patient was incorrect and owed balance, patient unhappy that we received more money than charge (in conjunction with Wellmark payment methodology) 0 complaints received related to PFS staff.

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PFS Dashboard-Service

Patient Financial Services Dashboard Report FY2014

<table>
<thead>
<tr>
<th>Service</th>
<th>Definition</th>
<th>Green (Target)</th>
<th>Yellow</th>
<th>Red</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Complaints</td>
<td>Complaints received by PFS dept</td>
<td>0-3</td>
<td>4-6</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Complaints related to PFS</td>
<td>Complaints directly related to service provided to patients/families by staff</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>NA</td>
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</table>
PFS Dashboard-Quality

Patient Financial Services Dashboard Report FY2014

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Green (Target)</th>
<th>Yellow</th>
<th>Red</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Monthly targets unless otherwise indicated</td>
<td>&lt;25</td>
<td>&lt;30</td>
<td>40 or more</td>
<td>na</td>
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</tbody>
</table>

Accounts that have been filed to insurance and not paid within 30 days of file date: The number of accounts that have not been followed up by PFS staff within 45 days of file date.

Cross departmental team involvement: Participation in cross dept meetings at a minimum of yes no no na yes yes yes yes yes yes

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1st Quarter: July/August Continue to manually count accounts that have not been followed up on. Work from two reports reviewed within CPSI. Discuss reasons why /what current situations may be the root cause. July-Kelly and I attended Reg/Pt Access monthly staff meeting, Dawn Kelly and I attended two meetings with Hospitalists nurses and Nursing Director. August-Kelly and I attended Reg/Patient Access monthly meeting, I attended weekly meetings with Pre-op/Ortho with surgery, Admin, PT/Resp. September- 29 accounts were not followed up on within 30 days of file date. Kelly attended Reg/Patient Access Meeting, Kelly and I attended meeting with Hospitalist nurses and Nursing Director, attended a meeting with ED Director as well as Henry County Sheriff and his Administrative Assistant in regard to charges occurring on patients brought in by his department.
PFS Dashboard-Growth

1st Qtr.: July-100% of patients receiving Sleep Study were contacted prior to receiving service. There were a total of 16 patients, all were contacted.

August-1 There was 1 patient who we were unable to get in contact with prior to them receiving their sleep study. There were a total of 11 patients, one was not able to be reached.

September 100% of patients receiving Sleep Study were contacted prior to receiving service. Collections up front-as above
PFS Dashboard-Community

Patient Financial Services Dashboard Report FY2014

<table>
<thead>
<tr>
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<th>Yellow</th>
<th>Red</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Benefit Hours</td>
<td>Amount of hours worked that promote health and healing as a response to community needs</td>
<td>NA</td>
<td>NA</td>
<td>15 hours</td>
<td>10 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14 hours</td>
<td>11 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15 hours</td>
<td>15 hours</td>
</tr>
</tbody>
</table>

1st Qtr.: July 15 hours which included filling out crime victims paperwork with a patient and interpreter, going to inpatient room of 2 private pay patients assisting them in applying for all governmental programs they may be eligible for, providing 20 assistance applications to patients and explaining process from beginning to end, processing 15 returned assistance applications.

August-10 hours- assisting two patients with Crime Victims applications from initial contact to completing and filing all paperwork, providing 12 assistance applications to patients, including explaining process of application through DHS and processing application, went to one inpatient providing information for programs they may be eligible for and Sara participated with 4 one hour informational IHA webinars on the Insurance Exchange programs.

September-Sara attending 4 one hour programs sponsored by IHA in reference to education for the Insurance Exchange programs. 12 Assistance applications were distributed and 8 completed/returned and processed., one inpatient was consulted with to provide information for applying to outside programs available, one hour planning session for annual food drive for Fellowship Cup.
## PATIENT FINANCIAL SERVICES Dashboard Report FY2014

### Finance Monthly targets unless otherwise indicated

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Green (Target)</th>
<th>Yellow</th>
<th>Red</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR DAYS (Gross)</td>
<td>AR days should remain below the benchmark that has been established by IHA for CAH hospitals</td>
<td>42</td>
<td>43</td>
<td>44</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTE’s</td>
<td>Budgeted FTE’s must reflect IHA standard</td>
<td>6.33</td>
<td>7</td>
<td>7.5</td>
<td>6.33</td>
</tr>
<tr>
<td>Expenses</td>
<td>Expenses must be kept in line with budget</td>
<td>within budget</td>
<td>&gt;3%</td>
<td>&gt;3%</td>
<td></td>
</tr>
<tr>
<td>Charity Care</td>
<td>Charity care allotment</td>
<td>&lt;3%</td>
<td>3%</td>
<td>&gt;3%</td>
<td></td>
</tr>
<tr>
<td>Paid Hours per Adjusted Discharge</td>
<td>Productivity Management Program/Department</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>Bad Debt</td>
<td>Bad debt as percentage of gross patient revenue</td>
<td>&lt;2%</td>
<td>2%</td>
<td>&gt;2%</td>
<td></td>
</tr>
</tbody>
</table>

### 1st Qtr.: July-Charity Care $23,729 <3%, August $25,370 <3%, September $5978

1st Quarter Data: Productivity Ratios for PFS HCHC at 2.39 hours compared to CAH/Rural 4.33

July-Bad Debt $86,371 August Bad Debt $189,774 September Bad Debt $91,733
## PFS Dashboard-Departmental Indicators

### Indicator | Definition | Green (Target) | Yellow | Red | Benchmark | 1st Qtr | 2nd Qtr
---|---|---|---|---|---|---|---
Departmental/Indicators | | | | | | | |
PFS Certifications | Number of F/T staff who are not certified in CPAT and CCAT. Staff will keep up with their appropriate education | 0 | 1 | 2 | Departmental | 0 | 1 | 1 | 0 | 0 | 0
Service Excellence Workshop Attendance | # of associates who do not attend mandatory SE Workshops in their scheduled month or making arrangements to attend a different workshop | 0 | 1 | 2 | HR requirements | 0 | 0 | 0 | 0 | 0 | 0

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**1st Qtr.:**
July—all 6 PFS maintained dual certifications

August—1 one PFS Staff did not pass 2nd portion of recertification. Will be retaking in Nov. 13. SE training—three associates have completed on their scheduled months. The 4 remaining are scheduled to attend 2nd quarter.

September—6 staff members have completed training, last one scheduled to attend in Oct.
Values-End Results

Recognized by the American Alliance of Healthcare Providers as a Top 100 Patient Friendly Hospitals in the Nation.

• 2012-Top 100 Hospital Choice Award
• 2013- Top 10 Hospital Choice Award

Received the HealthStrong Award for Excellence in Patient Satisfaction by Ivantage Health Analytics in Nov 2013.

Recognized by the National Rural Health Association as the 2014 Outstanding Rural Health Organization in April 2014.

The History
Snapshot of the IT Environment
Technologies

System must be able to provide:
• Continuity of care.
• Patient safety.
• Functionality & ease of use and training.
• Scalable for the future.
• Supports the organization’s overall mission, vision and values.
• Meet business needs.

Technologies

Technologies Deployed
• Main A/R integrated system (2004).
• EMR commitment (2005).
  • Current HIMSS Analytics EMRAM score is 6.072.

Annual Review of Software Utilization
• Vendor visits every year to review system usage.
  • Clinical
  • Financial
Technologies

HITECH

• Attest first day 4/18/11.
• First hospital to attest for our MAC.
• First CAH in nation to attest.
  • Qualified for XIX-$756,000.
  • Qualified for Medicare-$935,828.
  • Year 2 Medicare-$500,000

All about Patient Safety and Outcomes

Technologies

HITECH

• First Iowa Hospital on Health Information Exchange.
• One of the First Iowa Hospitals in the State to Report Labs and Immunizations. (Public Health)
Technologies
HCHC Online Services

Online Business Office

• Self-service tool for customers.
  • Online Bill Pay and Preregistration.
  • Price Transparency (IHA Price Point).

Technologies
HCHC Online Services

Patient Portal

• Online Patient Education and Health Content.
• Currently testing Portal with Patient Records.

Employee/Physician Portal

• Clinical Information for Physicians and Employees.
I.T. Integrated Environment

Snapshot of I.T. Environment (2009)

Technologies
End Results
2013 International Intranet Innovations Award

• Global Awards celebrating new ideas and innovative approaches to the enhancement and delivery of intranets and the digital workplace.

• Presented by Step Two Designs, Australia, a recognized thought-leader in intranet strategy and design.

• Gold Award-Business and Frontline.

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2013 International Intranet Innovations Award

• Census Board

• Midnight census accuracy improved from 78% to 99%.

• Eliminated printing daily census report, saving over 6,500 sheets of paper annually.

• Decrease in Room assignment times.

• Improved productivity for Nursing and EVS.
Other Revenue Cycle Enhancements

- Charge Master & Coding and Billing Review.
- Electronic Billing of secondary payors.
- Management of Self Pay Accounts:
  - Extension of Patient Financial Services.
  - Real time access to accounts.
  - Bad debt agency.

Partnerships

Patient Friendly Statements
Revenue Cycle Workflow
End Results

- 2009-HFMA High Performance in Revenue Cycle Award.
  - Launched MAP Award.
  - Part of Patient Friendly Billing Project.
  - Only 13 Hospitals Received this Award.
  - HCHC was the only CAH Recipient.

- 2013-MAP Award Winner.

Revenue Cycle Workflow
End Results

Medication Errors;
- Over 99% error free rate (Reduction due to Bar Code Med Administration)

Physician Delinquencies;
- Delinquent records from 30% in 2005 to 5% in 2011 and less than 1% today.
Revenue Cycle Workflow
End Results

↓ AR Days-Net
  • FY02=110 to FY11=42 to FY13=35.5

↑ Cash Reserves;
  • Over $20 million

↑ Charge Capture;
  • increase of 10% due to integrated system

Revenue Cycle Workflow
End Results

↑ Patient Satisfaction;
  • HCAHPS from 71.4% in 2011 to 74.1% in 2013

Physician Satisfaction;
  • Over 8,000 real time daily updates to the
↑ Physician practice systems. Over 90% compliance on CPOE and full EMR access from any PC.
Revenue Cycle Workflow
End Results

↑ Employee Satisfaction;

• Turnover rate decreased from 21% in early 2000’s to 13% in 2008 to 10.5% in 2013.

• Participation in annual associate satisfaction survey increased from 44% in 2010 to 86% in 2013.

Next Steps for
Henry County Health Center

Upfront collections/pre service financial counseling.

Enhance our Physician Practices.

Currently assessing certifying Patient Access and PFS thru HFMA.

Increase patient scores.

Investigating centralized scheduling.
Summary of Key Take-Away

- Establish a corporate philosophy enhancing the total patient experience.
- Organizational Dashboards.
- Sample of a patient friendly statement.
- Use technology to achieve desired goals.

Henry County Health Center: Using Organizational Dashboards to Improve Patient Access and Satisfaction

Questions
Contact Information

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