### hfma<sup>-</sup>

massachusetts-rhode island chapter

24<sup>th</sup> Annual Revenue Cycle Conference

Rev Cycling Through Adversity



### The Emerging RevCycle: Lessons Learned from COVID~19

January 22, 2021 Virtual Webinar

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# Speakers



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# Objectives

- At the conclusion of this session, participants will be able to:
  - Understand the evolution of the revenue cycle, the drivers of change along the continuum, and what it means for the current and future state of their revenue cycle
  - Assess their position on the revenue cycles continuum and identify the opportunities and associated challenges their organization has and will have during their evolutionary journey
  - Recognize how analytics, data, artificial intelligence, and regulatory changes are shaping the future of the revenue cycle





# Polling Question

Will changes necessitated by the pandemic become your new revenue cycle normal?

Yes

No





# Revenue cycle evolution



Mainframe and Monochrome

- Paper forms and manual entry
- Storage = filing cabinets

Back-end Revenue Cycle

- Revenue cycle as a discipline
- Back-end editing and corrections

Movement to Front-end

- Patient access
- Getting it right the first time

Clinically Driven Revenue Cycle

- Revenue integrity
- Tight integration and automation





### What is inertia?

### Inertia:

$$I=rac{L}{\omega}$$

**Merriam-Webster:** a property of matter by which it remains at rest or in uniform motion in the same straight line unless acted upon by some **external force** 





# Risks of revenue cycle inertia

### Revenue Cycle Inertia

- It takes forever for change in healthcare
- With government bureaucracy nothing changes
- Healthcare is always late to adopt new technologies
- Payors only care about profits
- And the list goes on and on.......

COVID-19 was an external force





# Combatting inertia

### **COVID-19 Proved:**

- We can change quickly
- Government payors can react quickly
- Payors and providers working together can find innovative solutions
- Providers and revenue cycle can work together to quickly adopt changes





## Desired result: Momentum

### Momentum:

$$p = mv$$

**Merriam-Webster:** a property of a moving body that determines the length of time required to bring it to rest when under the action of a constant force





# 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 vs Kinetic Energy

### POTENTIAL ENERGY = STORED ENERGY

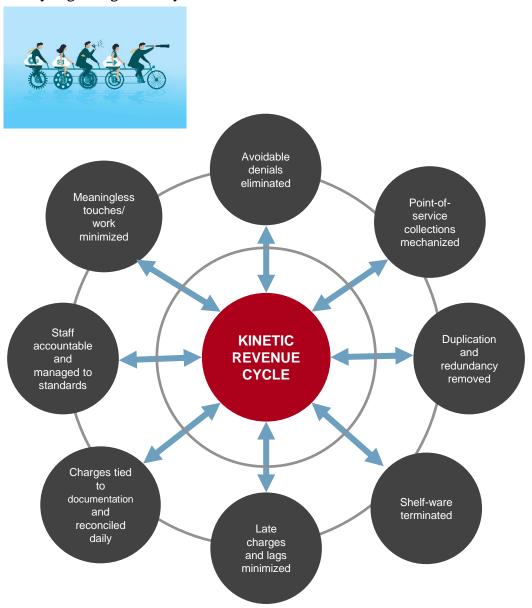
- Massive EMR/PAS investments
- Bolt-on technologies
- Data and analytics
  - Denials
  - Payer analytics
  - Performance metrics
  - Key performance indicators
- EDI data and transactions sets
  - Eligibility and benefits
  - Claim status
  - Electronic claims attachments
- Staff training and certification



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

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





# 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





# Revenue Cycle Characteristics

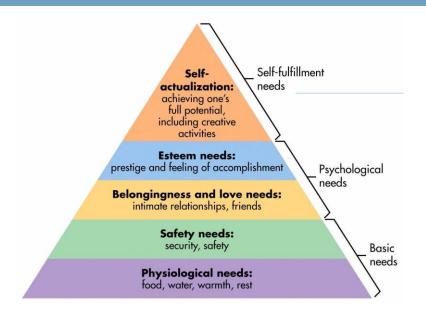
- Clinically integrated revenue cycle was/is characterized by investment
- Kinetic revenue cycle will be characterized by results and performance



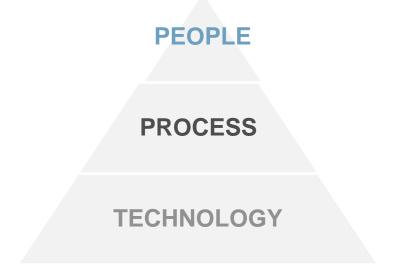


# Hierarchy of Needs

### **MASLOW'S HIERARCHY OF NEEDS**



## REVENUE CYCLE HIERARCHY OF NEEDS





# Polling Question

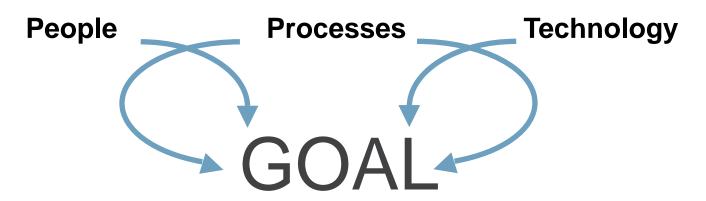
What is your biggest revenue cycle barrier to change?

- People
- Processes
- Technology
- All of the above





## Revenue Cycle Needs



Efficiently and effectively collect and retain every dollar owed to the organization



# TECHNOLOGY



# Technology

### 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





### **Process**

# **PROCESS**

### **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 work queue whack-a-mole.





# People

# PEOPI F

#### 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.





# Evolving to Kinetic 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 ROI 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 realtime results—month-end is too late
- Metrics and results inform plans and remedial activities





# Polling Question

Complete the following sentence:

My organization will be \_\_\_\_\_ likely to adopt revenue cycle changes as a result of the pandemic.

- More
- Less





### Future of RCM



ARTIFICIAL INTELLIGENCE



DATA AND ANALYTICS



REGULATORY DRIVERS



**COMPETITION** 



EMRS (INTEGRATION AND ADVANCEMENTS)





# Questions

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