

# Leadership in Revenue Cycle

## 9/21/16

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# UW Medicine

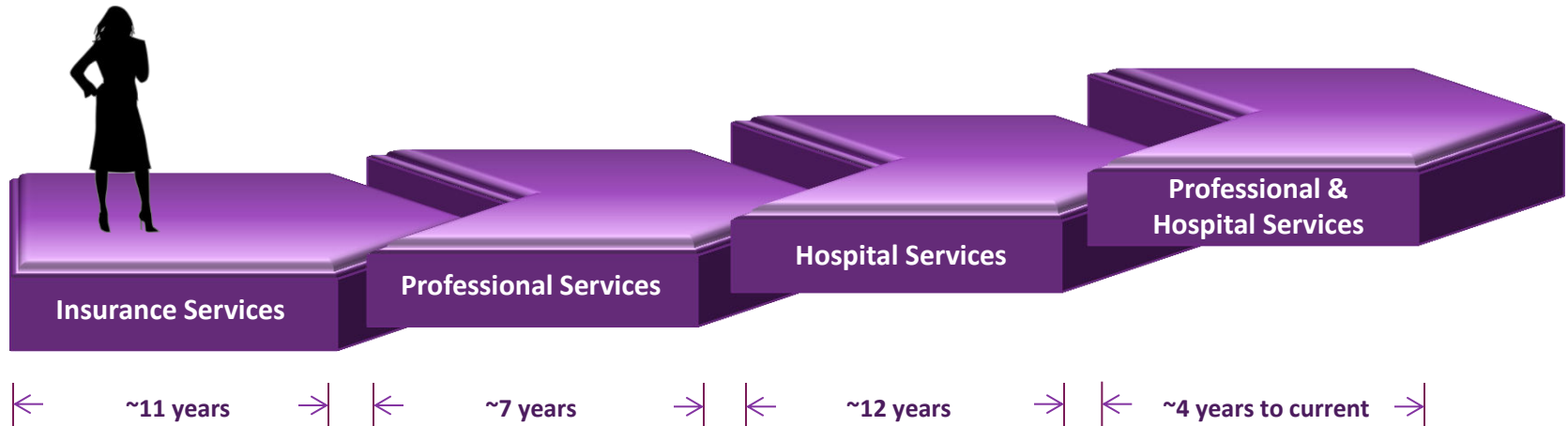
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VALLEY  
MEDICAL CENTER

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## Overview of career path

- Insurance Services ~11 years
- Professional Services ~ 7 years
- Hospital Services ~ 12 years
- Professional & Hospital Services ~4 years



### Principal Financial Group:

- Agency Records Clerk
- Claims Examiner
- Senior Claims Examiner
- Assistant Claims Supervisor

### Virginia Mason Clinic:

- Patient Accounts Billing Supervisor

### Franciscan Family Care:

- Patient Accounts Manager

### Medalia HealthCare:

- Patient Accounts Manager
- Business Office Manager

### Providence Medical Group:

- Business Office Manager

### HealthServicesNW:

- Assistant Director, Account Maintenance

### MultiCare Health System:

- Director of Patient Accounts

### HealthServicesNW:

- Director of Client Relations

### Valley Medical Center:

- Director, Patient Financial Services

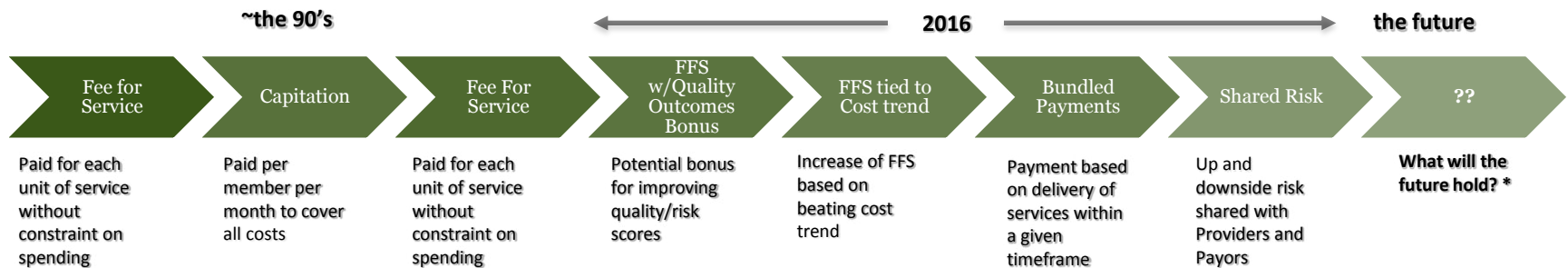
### Valley Medical Center:

- Vice President, Patient Financial Services
- Vice President, Revenue Cycle

## How have you seen the Revenue Cycle change during your career?

- Integration and blending of shared knowledge about the relationship between clinical care and revenue/charge capture
- More focus on the patient and patient outcomes
- Need to be more strategic, reduce rework, and continuously looking for ways to reduce costs
- Technology and tools that can support the investment and ongoing change
- Continuous changes in reimbursement strategies
  - Added complexity
    - Payer strategies changing rapidly and becoming more complex
  - FFS → Managed Care → FFS PPO → Bundled payments with risk contracts → Shift from Volume to Value

### History of Healthcare Reimbursement Models



\* Likely a combination of meeting quality, access and cost standards – methodology will include capitation(full risk) , bundled care, quality/access reporting

## *What changes are happening in your organization with Revenue Cycle Management and how are you adapting your revenue cycle practices?*

- Revenue integrity leading the collaboration and education with clinical departments about changing revenue and reimbursement impacts
- Focus on the patient by streamlining processes
- Helping patients stay financially healthy
  - Focus on the patient
  - Patient Survey Billing Scores
    - **Doctor Communication** – respect, listening skills and communication ability of doctors
    - **Nurse Communication** – respect, listening skills and communication ability of nurses
    - **Staff Responsiveness** – answering call bells and responding to toilet needs
    - **Hospital Environment** – cleanliness and quietness of the hospital
    - **Pain Management**
    - **Medication Communication** – explaining medications to patients
    - **Registration Services** – professional, polite, respectful, timely
    - **Billing** – explaining our billing and payment procedures professionally prior to services
      - Creation of the **Billing & Payment Brochure**
    - **Discharge Information** – preparing patients for the next steps in their care
    - **Food Services** – quality of food and the courtesy of those who serve it
    - **Overall Rating** – rating the department or hospital on a scale of 1 – 10



**\*Every Patient, Every Time\***

## *What are innovative strategies you have put into place in the last year or two?*

### – Focus on the Patient’s Financial Experience

- New Online Tools
  - Expanded patient estimates - new online tools to aid patients with getting accurate estimates
  - Patient Television Tool - added online tool for patients to request Financial Advocacy visit and coordination to patient rooms)
  - MyChart - Expansion of capability to include billing, statements and online bill pay
- Expanded point of service collection areas
  - ED & Radiology
- Patient Liaison
  - ED to IP: coverage verification and expected out of pocket

### – Combining Business Office Areas

- Customer Service
- Single patient statement
- Hospital and Professional Billing
- Cash posting/Credit management
- Insurance Follow Up and Denials
  - All payers except Worker’s Comp and Occupational Health have transitioned to new model

### – Collaboration Across Revenue Cycle

- Driving the communication about the Interdependencies across Revenue Cycle areas of responsibility



## *What challenges are you seeing from your payors?*

- Determining ‘whose sandbox are we playing in’?
  - What regulations are applicable to your site?
- Regulatory reimbursement requirements
  - ACOs; Bundled payments; CJR; MACRA; MIPS vs APMs; Risk Contracts; ↑Quality/Outcomes, ↓Costs Contracts
- Regulatory billing requirements
  - 340B/HBB/PBB
- Things outside our control and no tools to manage effectively
- Pricing structure changes required as reimbursement changes



## *What does not change?*

- People
  - Managing staff and varying skillsets in this changing environment
- Managing change
  - Helping people adapt when change is difficult
  - Helping them understand why it's important and getting their buy in