



Clinical Safety & Effectiveness Cohort # 18

Review of Radiology Financial Processes to
Reduce Controllable Write Offs



The TEAM

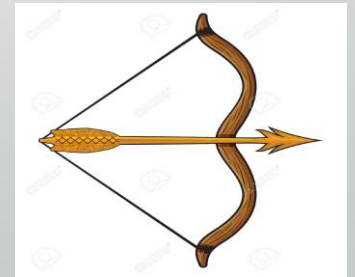
- **RADIOLOGY & BILLING**

- Rudy Flores, Radiology Benefit Coordinator
- Virginia Narvaez, Radiology Practice Manager
- Roger Valdez, Business Office Healthcare Manager
- Jay Delgado, Supervisor Patient Accounts Healthcare
- Kelsey Inman, Radiology Scheduler
- Timothy Marlow, Director of Practice Operations
- Sherry Martin, Facilitator

Sponsor: Radiology Chair – Dr. Pamela Otto, MD

AIM STATEMENT

- The aim of this project is to meet the new FY2016 Practice wide goal of 1% controllable write offs, revenue losses occurred by process errors, for the MARC (Medical Arts and Research Center) Imaging Center by the end of the fiscal year on 8/31/16.
- It is an organizational strategic goal to reduce the number of Radiology services that go unpaid as a result of user error or missed insurance guidelines.



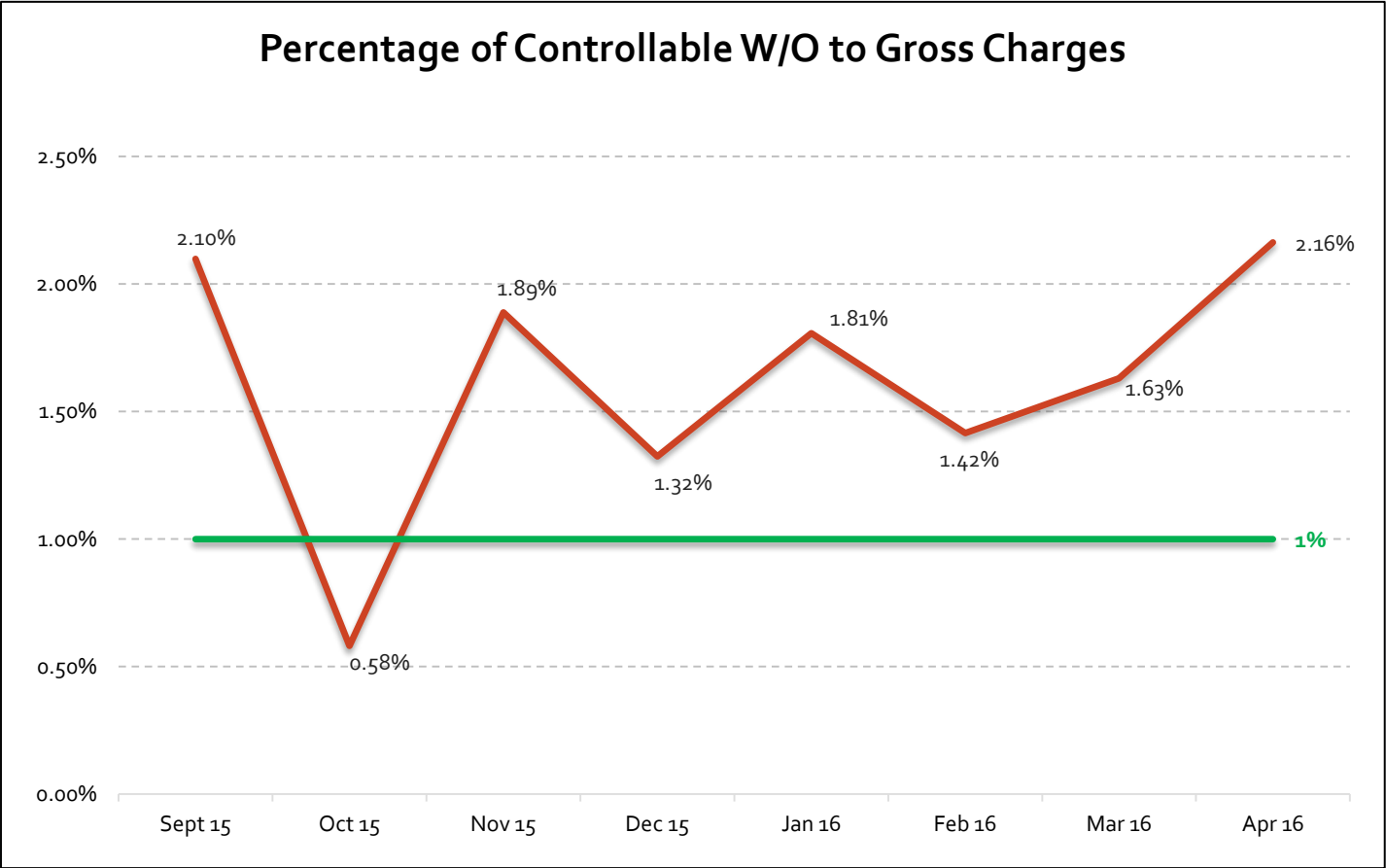


Background

- Project was chosen to adhere to Faculty Practice Solutions Center (FPSC) Benchmark
- Dean's office moved target from 2% in FY2015 to 1% in FY2016 to be inline with FPSC
- Staying within the target will ensure the financial health of the clinic.
- The 1% target at the current billing pace amounts to \$197,000

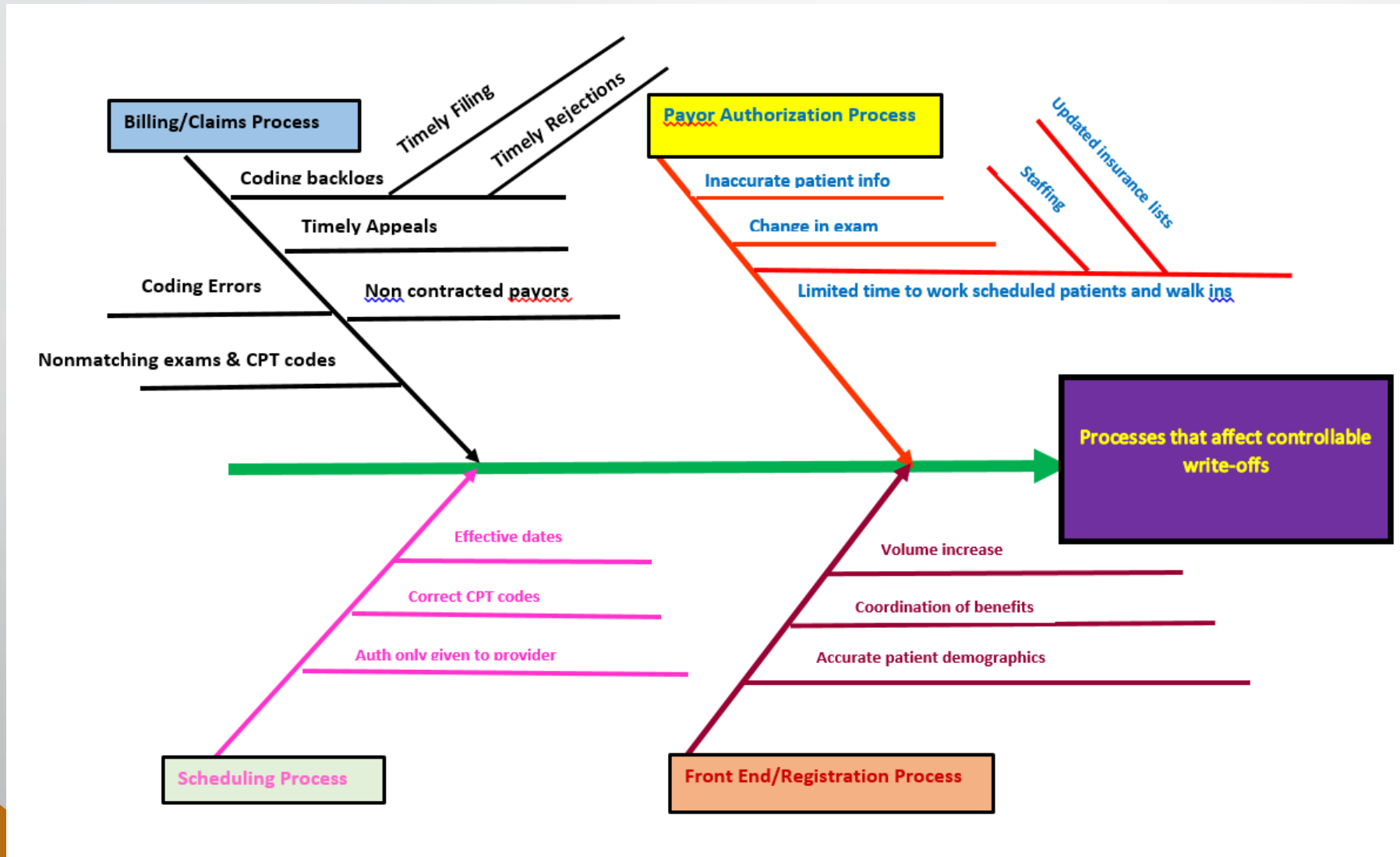


Controllable Write-off Percentage



Controllable Write-off Percentage at the End of April 2016: 1.6%

Ishikawa Diagram – Identifying Possible causes



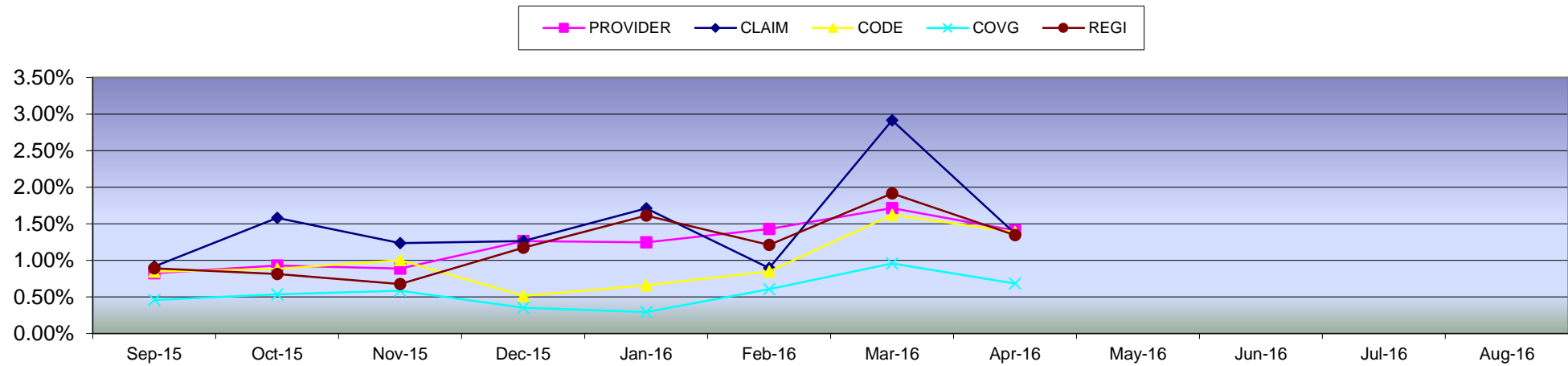
Denial Preview

RPT403 - DENIAL SUMMARY REPORT (EPIC)

Clinical Department: RADIOLOGY
 Clinical Division: RADIOLOGY IMAGING CENTER
 Place of Service: ALL
 For 8 months ended 4/30/2016

Sub Type	Denial Type	MTD 4/30/2016		YTD 4/30/2016		EPIC Denials as a % of Total Denial Volume (by Category)		EPIC Denials as a % of Claims Volume (by Category)		Entire Practice EPIC Denials as a % of Claims Volume (by Category)	
		Claim Volume	Amounts	Claim Volume	Amounts	MTD % Volume	YTD % Volume	MTD % Volume	YTD % Volume	MTD % Volume	YTD % Volume
PROVIDER	PROVIDER Total	61	\$35,142	419	\$233,564	22.78%	22.26%	1.41%	1.15%	1.01%	0.83%
CLAIM	CLAIM Total	62	\$13,610	515	\$118,661	22.06%	27.36%	1.37%	1.42%	2.19%	2.04%
CODE	CODING Total	66	\$11,287	338	\$72,770	22.42%	17.96%	1.39%	0.93%	2.15%	1.82%
COVG	COVERAGE Total	31	\$4,628	194	\$34,635	11.03%	10.31%	0.68%	0.53%	1.48%	1.22%
REGI	REGISTRATION Total	61	\$9,951	416	\$94,352	21.71%	22.10%	1.34%	1.15%	2.66%	2.68%
Grand Total		281	\$74,618	1,882	\$553,982	100.00%	100.00%	6.19%	5.18%	9.50%	8.61%

% Volume of Claims Trend Report

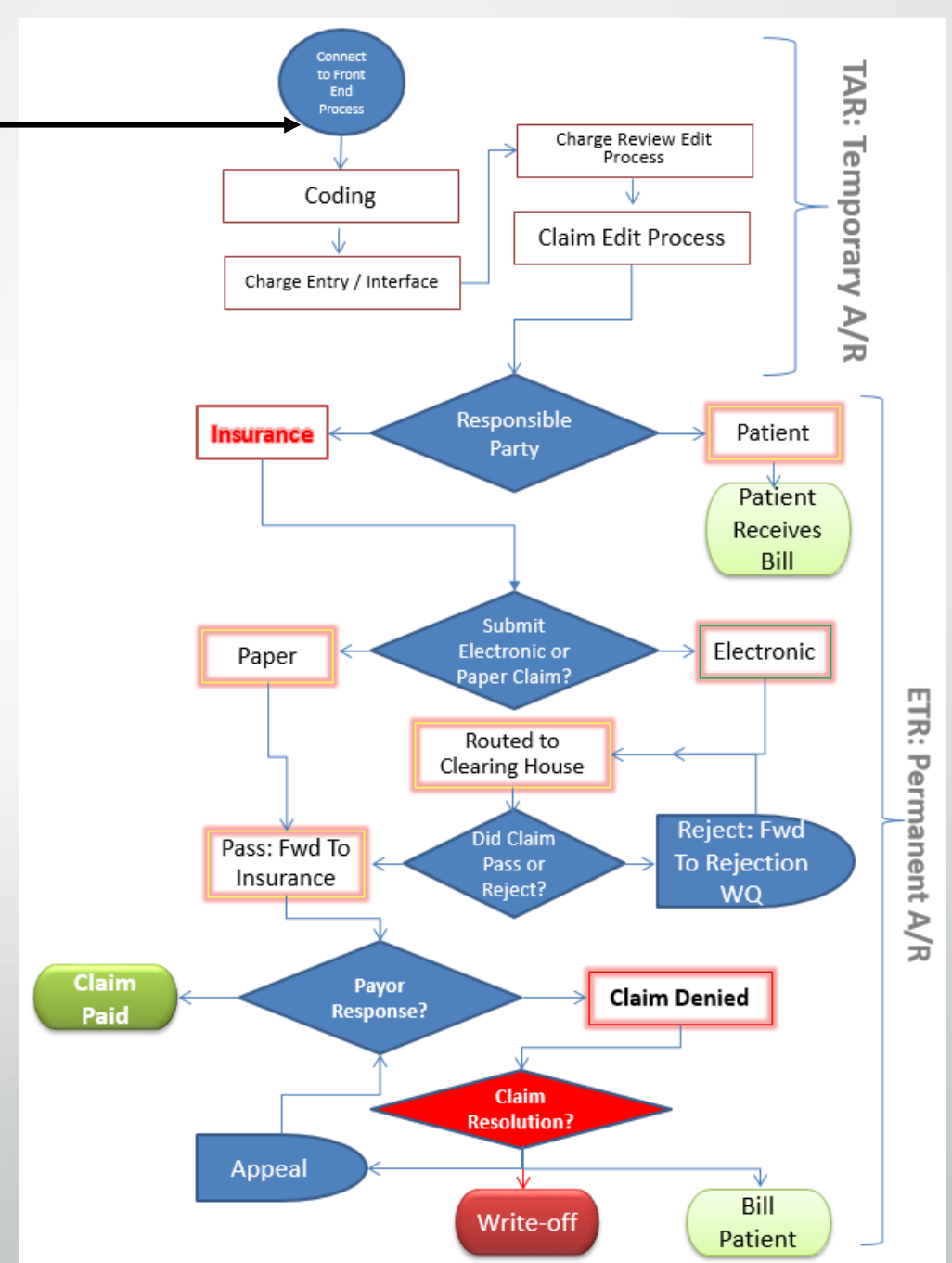
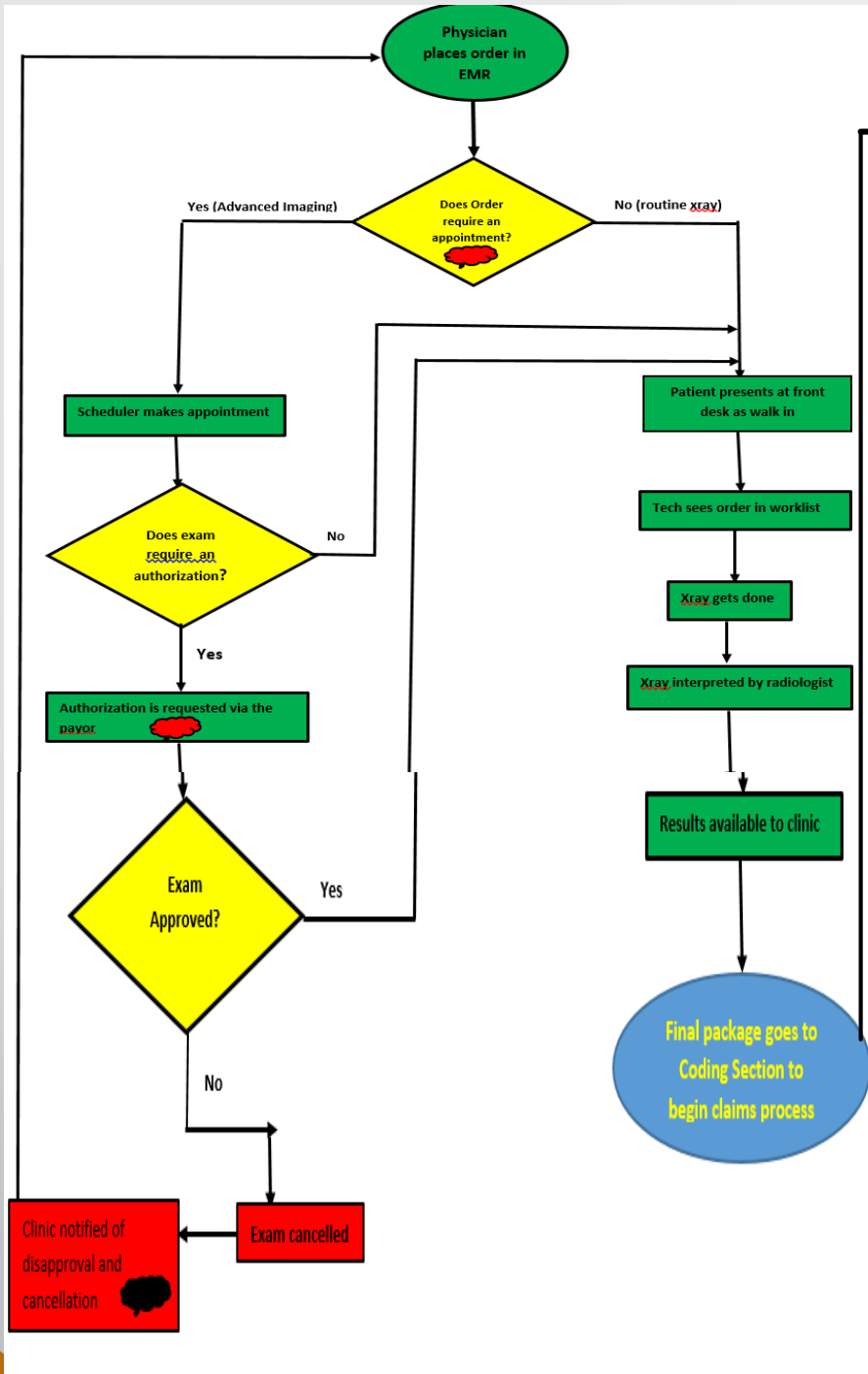


Rational for Targeting Authorizations

DEPT NAME	RADIOLOGY				
DIV NAME	RADIOLOGY IMAGING CENTER				
PERIOD	(All)				
Denials Through the End of April 2016					
DENIAL TYPE	SUB TYPE	Values Volume	Amounts Amount	% of Volume	% of Amount
CLAIM	DUPLICATE	50	\$ 11,402	2.66%	2.06%
	MISC-CLAIM	240	\$ 46,006	12.75%	8.30%
	MISSING REQUIRED INFO	198	\$ 54,239	10.52%	9.79%
	TIMELY FILING	27	\$ 7,014	1.43%	1.27%
CLAIM Total		515	\$ 118,661	27.36%	21.42%
CODING	BUNDLING	87	\$ 10,506	4.62%	1.90%
	CPT/MODIFIER	86	\$ 12,582	4.57%	2.27%
	DX	24	\$ 9,413	1.28%	1.70%
	MEDICAL NECESSITY	138	\$ 40,032	7.33%	7.23%
CODING Total		338	\$ 72,770	17.96%	13.14%
COVERAGE	BENEFIT MAX	11	\$ 3,013	0.58%	0.54%
	EXPERIMENTAL	1	\$ 969	0.05%	0.17%
	MISC-COVERAGE	9	\$ 2,647	0.48%	0.48%
	NON COVERED	173	\$ 28,006	9.19%	5.06%
COVERAGE Total		194	\$ 34,635	10.31%	6.25%
PROVIDER	MISC-PROVIDER	1	\$ 877	0.05%	0.16%
	PROVIDER ENROLLMENT	14	\$ 5,186	0.74%	0.94%
	REFERRAL/AUTHORIZATION	399	\$ 225,105	21.20%	40.63%
	REFERRING/ORDERING PROV	5	\$ 2,396	0.27%	0.43%
PROVIDER Total		419	\$ 233,564	22.26%	42.16%
Registration	COB	85	\$ 20,052	4.52%	3.62%
	ELIGIBILITY	309	\$ 65,219	16.42%	11.77%
	SNF-HOME-HOSPICE	22	\$ 9,081	1.17%	1.64%
Registration Total		416	\$ 94,352	22.10%	17.03%
Grand Total		1,882	\$ 553,982	100.00%	100.00%

DEPT NAME	RADIOLOGY				
DIV NAME	RADIOLOGY IMAGING CENTER				
POS_NAME	(All)				
PERIOD	(All)				
Controllable Write-offs through the end of April 2016					
ADJ_TYPE	CATEGORY	Values Volume	Amount	% of Volume	% of Amount
CONTROLLABLE WRITE OFF	ADMINISTRATIVE	41	\$ 3,803	8.13%	2.42%
	CODING	9	\$ 2,684	1.79%	1.71%
	COVERAGE	12	\$ 1,370	2.38%	0.87%
	CREDENTIALING	26	\$ 8,647	5.16%	5.50%
	DISCOUNT	23	\$ 645	4.56%	0.41%
	NO ABN	84	\$ 28,247	16.67%	17.96%
	NO REFERRAL / AUTHORIZATION	169	\$ 79,923	33.53%	50.83%
	PROVIDER	69	\$ 10,600	13.69%	6.74%
	TIMELY FILING - BILLING	67	\$ 20,095	13.29%	12.78%
	TIMELY FILING - FOLLOW UP	4	\$ 1,236	0.79%	0.79%
Grand Total		504	\$157,251	100.00%	100.00%

PRESENT PROCESSES



Drivers

Interventions

Overall Goal
Reduce Insurance Denials by 20% by August 31 2016
This goal directly impacts Controllable write offs

Registration Process

Added insurance card validation task at Front desk Registration (process change)

Improve Insurance Benefit Coordinators' EMR access

Secured EPIC access for Benefit Coordinators to PCP progress notes (technique change)

Billing Back End Changes
Payor Issues

Improved Filing Time by billers (process change)

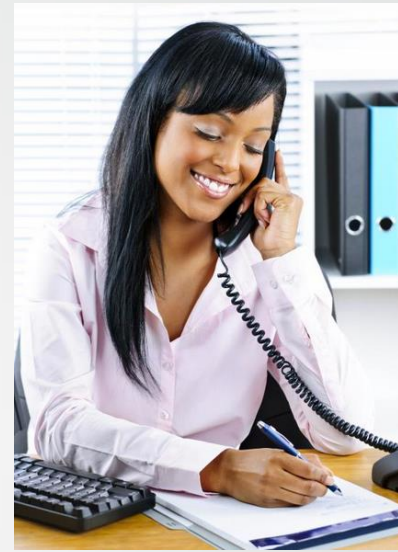
Initiated Contracted Payor Meetings adding a new process for appeals (process change)

Interventions

- **Intervention #1-**
- Changed Registration processes in January 2016
- Previous routine -front desk clerks greet and electronically “check in” patients. This serves to alert technical staff that patients have arrived.
- The “intervention” added the requirement to ask each patient for their insurance card and scan into system, if not already there.
- This was meant to confirm Coordination of benefits for all patients and decrease insurance denials
- **No appreciable improvement was noted in 60 days**

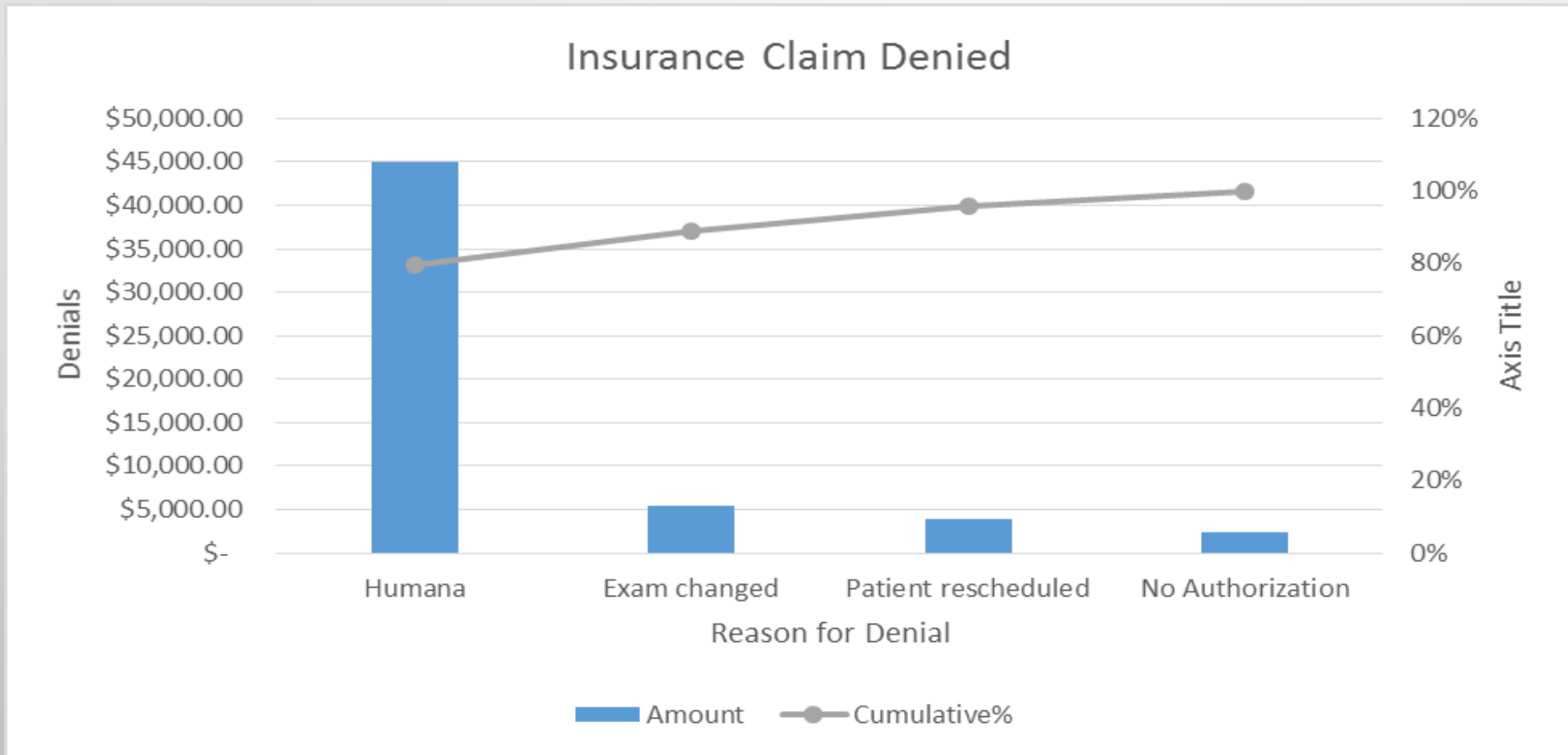


Interventions



- **Intervention #2**
- Benefit Coordinators did not have access to provider notes that are often needed to provide to various payors as “proof of need for procedure”
- Request was submitted to EPIC for security access
- Request was approved (3/10/16)
- Although appreciated by Benefit Coordinators, it has not been long enough to gauge improvement aside from employee satisfaction

As you can see....



INTERVENTIONS

- **Intervention #3**
- New IDT Collection Process
- When referring departments order incorrect diagnostic tests, the charges associated to these tests were treated as a controllable write-off.
- Process was established to charge the referring department for these services in an effort to reduce controllable write-offs
- This process has been successful in limiting interdepartmental ordering errors - minimal errors occurring.

INTERVENTIONS

- **Intervention #4**
- Set-up meeting with payors regarding erroneous denials that directly affect controllable write-offs
- Met with Humana to address tax ID issues, approved high level appeal for 44k. As of 05/20/2016, all claims have been adjudicated for payment.
- New denials are appealed through the Humana Concierge Appeal Unit until the issue is corrected.
- Humana is indicating the issue should be resolved by June 10th, 2016

Next steps...

- Continue meeting with Payors that produce erroneous denials.
- Expand on the IDT process and create an official policy.
- Continue education with the front desk staff to reduce errors and missed opportunities.
- Continue evaluating the front-end operations process to calculate our ROI because of the lag time in billing and follow-up.