CLINICAL SAFETY & EFFECTIVENESS COHORT # 21 TEAM 8

Registration Denials

Educating for Quality Improvement & Patient Safety

The Team

CS&E Participants

- **Division**
  - *La-Keisha Harrell, MBA - Business Administrator, Primary Care Center*
  - *Cassandra Martin, MBA - Practice Manager, UTHP Primary Care Center*
  - *Dedra Denay Garcia - Benefit Coordinator-Lead, UTHP Ortho MARC*
  - *Wilma Ware - Medical Office Billing Clerk Intermediate, UTHP ADM Registration*
  - *Alicia Wienckowski - Supervisor Patient Accounts, UTHP ADM Registration*
  - *Ray A. Bell II – Manager, Business Office Healthcare UTHP*

- **Sponsor Department**: UT Patient Financial Services
  - *Edward "Toby" Kennerdell, Sr. Director Patient Financial Services, UTHP ADM Executive Administration*

- **Facilitator: CS & E Program**
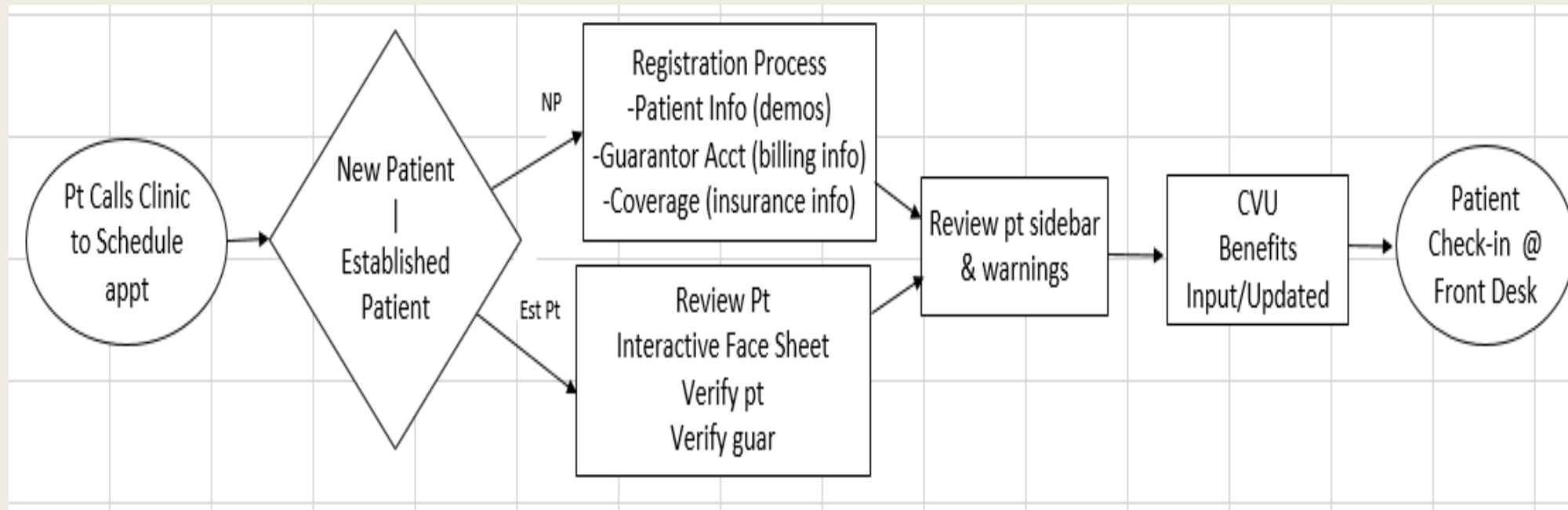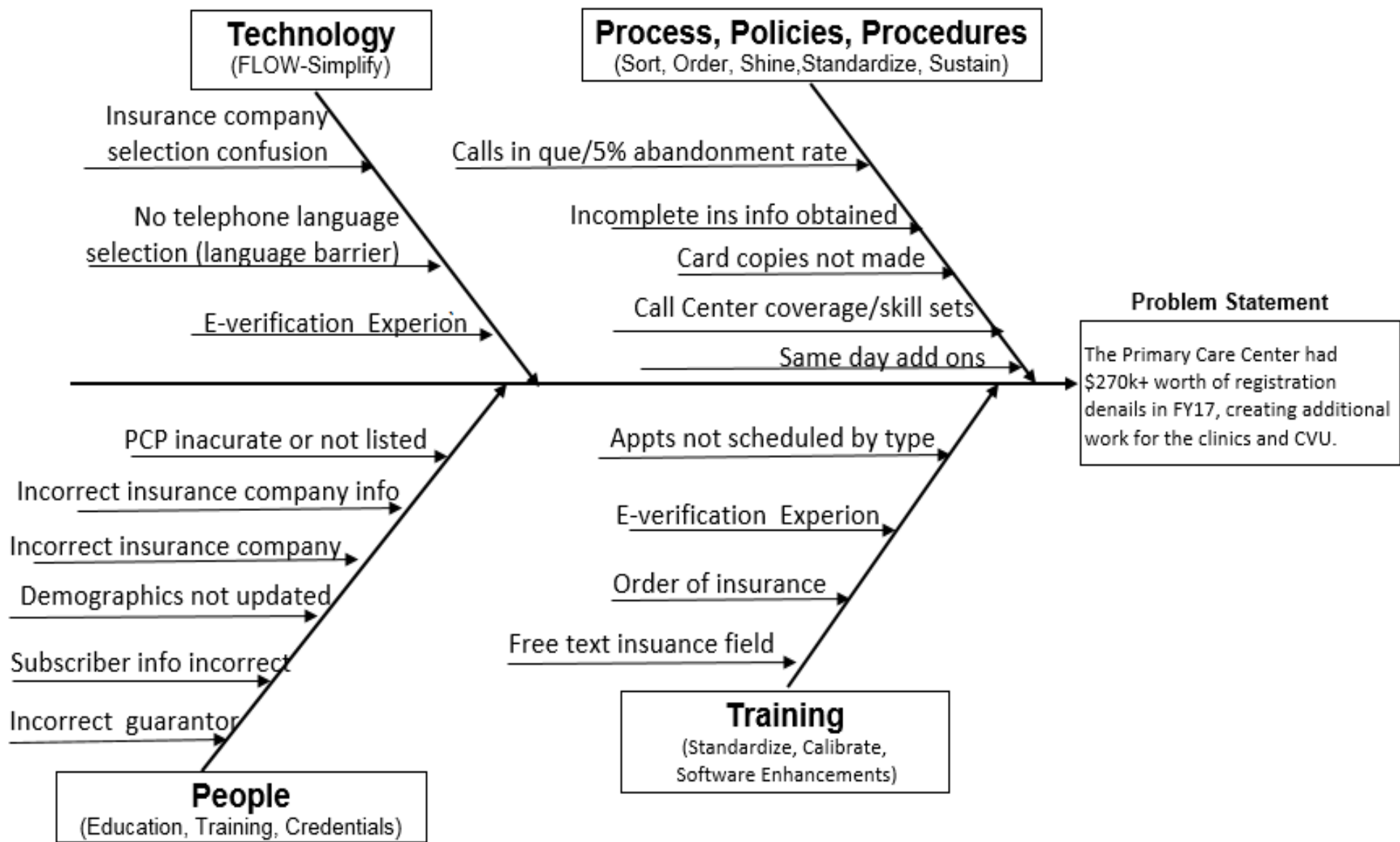 - *Yvonne B. Davila, BSN, RN, CHCQM, ALHC, CLNC*

What We Are Trying to Accomplish?

AIM Statement

Decrease Initial Registration denials from 36% to 16% in the UT Health Primary Care Clinic on or before December 31st.

Patient Scheduling Insurance Verification Work Flow Diagram

Pt Calls Clinic to Schedule appt

New Patient | Established Patient

NP

Est Pt

Registration Process
-Patient Info (demos)
-Guarantor Acct (billing info)
-Coverage (insurance info)

Review Pt Interactive Face Sheet Verify pt Verify guar

Review pt sidebar & warnings

CVU Benefits Input/Updated

Patient Check-in @ Front Desk

Fishbone diagram.

Technology (FLOW-Simplify)
- Insurance company selection confusion
- No telephone language selection (language barrier)
- E-verification Experion

Process, Policies, Procedures (Sort, Order, Shine, Standardize, Sustain)
- Calls in que/5% abandonment rate
- Incomplete ins info obtained
- Card copies not made
- Call Center coverage/skill sets
- Same day add ons

People (Education, Training, Credentials)
- PCP inacurate or not listed
- Incorrect insurance company info
- Incorrect insurance company
- Demographics not updated
- Subscriber info incorrect
- Incorrect guarantor

Training (Standardize, Calibrate, Software Enhancements)
- Appts not scheduled by type
- E-verification Experion
- Order of insurance
- Free text insuance field

Problem Statement

The Primary Care Center had $270k+ worth of registration denails in FY17, creating additional work for the clinics and CVU.

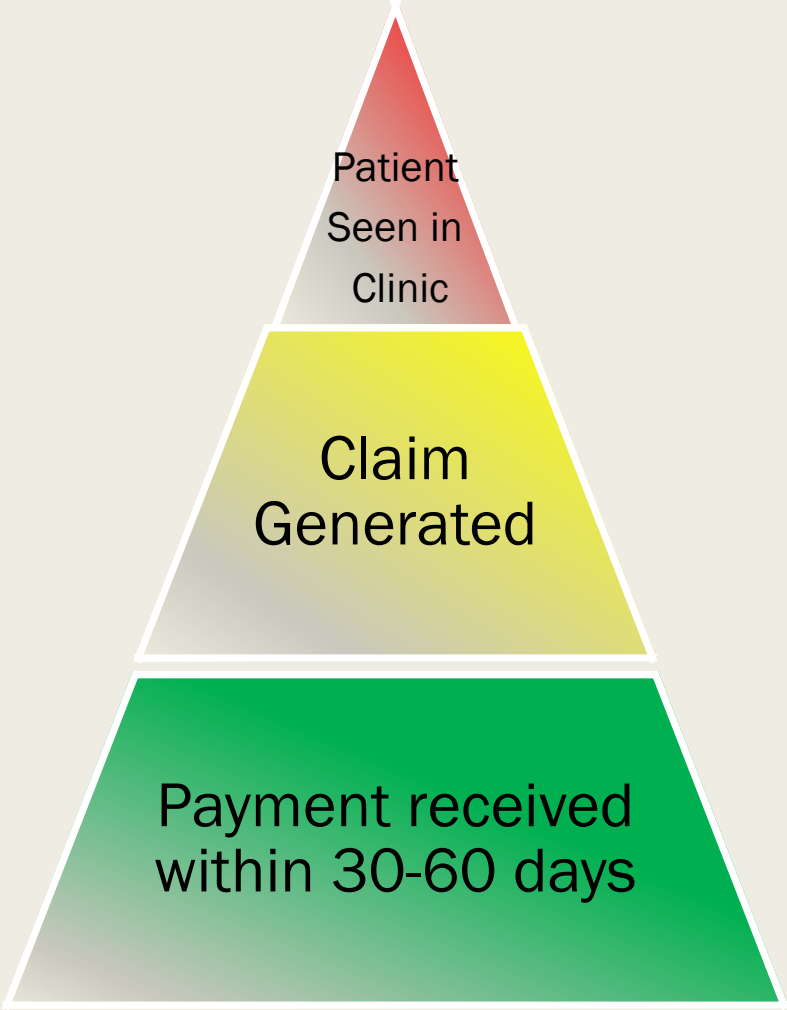# How Will We Know
That a Change is an Improvement?

– *Registration Process*

  ■ Re-work and same day add-ons

  ■ Coverages linked to appointment

– *Financial impact*

  ■ Total number of initial registration denials

– *Work queue volume*

  ■ Number of patients in the queue (new/established)

  ■ Number of patients already e-verified

– *Insurance Process*

  ■ Coordination of Benefit (COB)

  ■ Filing Order
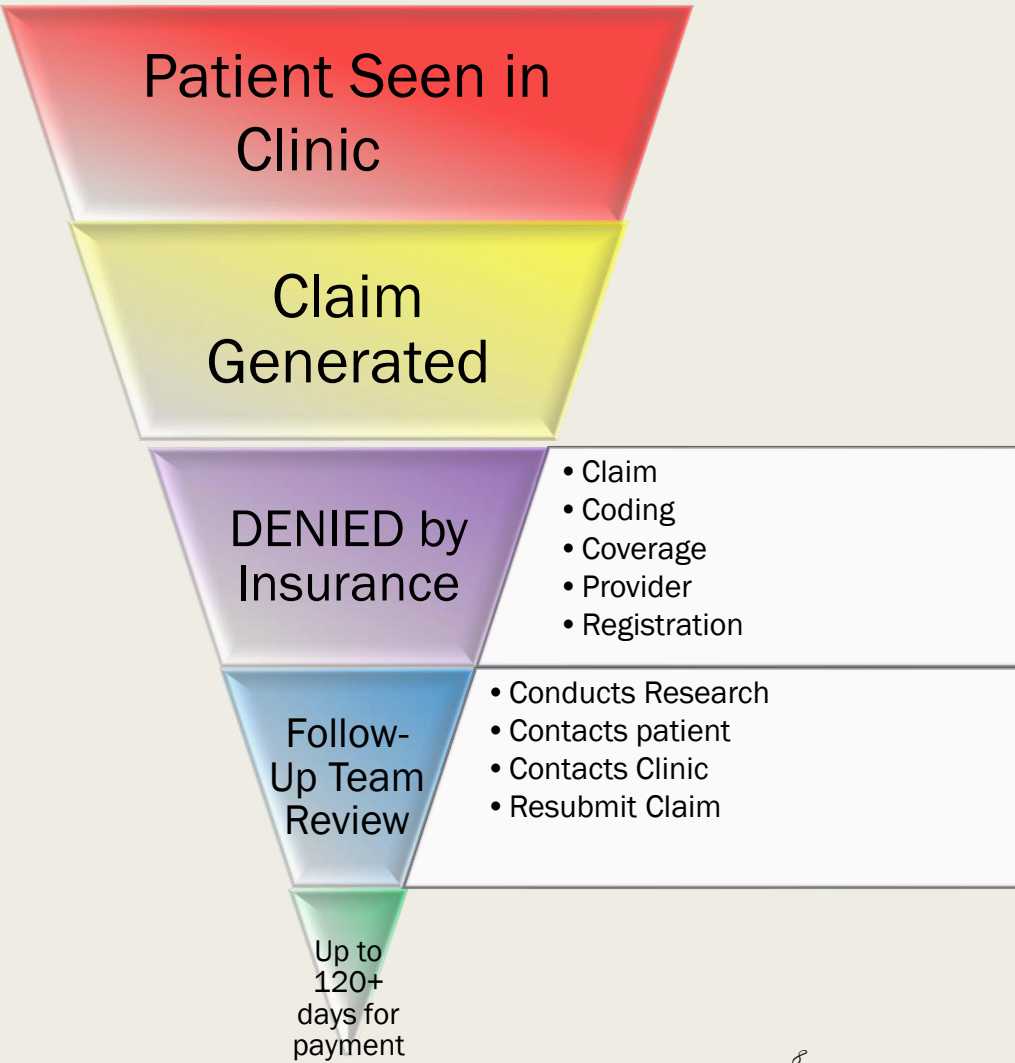
What Changes Can We Make That Will Result in an Improvement?

- Standardizing the Registration Process
  - *Insurance Information*
    - Coordination of Benefits (COB)
    - Filing Order
  - *Type of Insurances*
    - PPO/HMO
    - Medicare/Medicaid
- Software Enhancement
  - *EPIC form router request*
  - *Loading more insurance plans in EPIC*
- Check List
  - *Facesheet to verify demographics and insurance information*
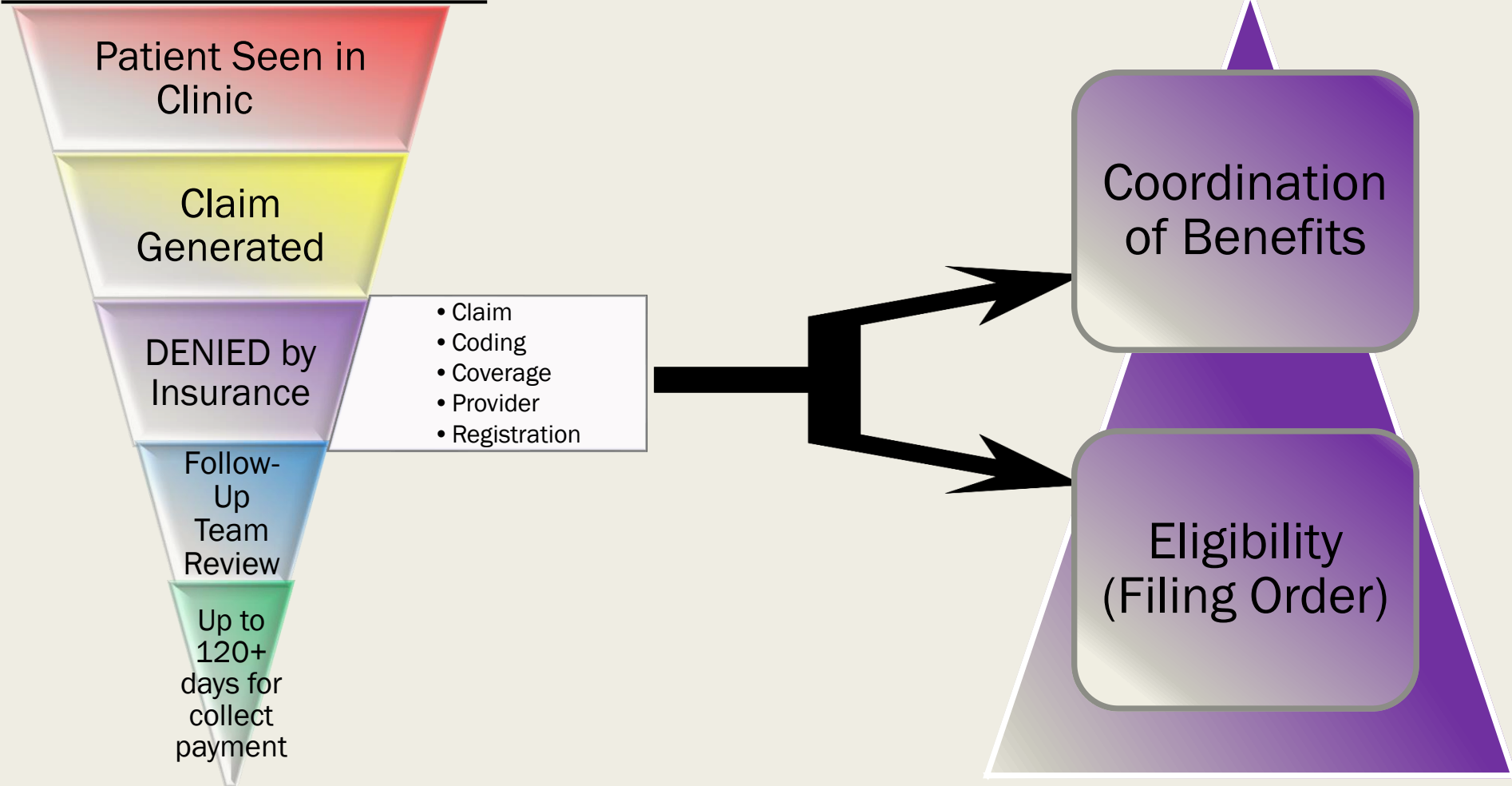 - *Job Aids*

Claim Cycle

Clean Claim

- Patient Seen in Clinic
- Claim Generated
- Payment received within 30-60 days

Claim with Errors

- Patient Seen in Clinic
- Claim Generated
- DENIED by Insurance
  - Claim
  - Coding
  - Coverage
  - Provider
  - Registration
- Follow-Up Team Review
  - Conducts Research
  - Contacts patient
  - Contacts Clinic
  - Resubmit Claim
- Up to 120+ days for payment

Most Common Registration Denials

Claim with Errors

Patient Seen in Clinic

Claim Generated

DENIED by Insurance

- Claim
- Coding
- Coverage
- Provider
- Registration

Follow-Up Team Review

Up to 120+ days for collect payment

Coordination of Benefits

Eligibility (Filing Order)

Understanding Differences between Insurance Plans

- HMO- Health Maintenance Organization
  - *Network of doctors and hospitals that have contracted rates*
    - Must see provider in network
    - Coverage restrictions (visits, treatments, test, referrals, authorizations)
    - Must see assigned PCP
    - Referrals required for specialty visits (ex: Ortho, Imaging, Derm)

- PPO- Preferred Provider Organization
  - *Network of doctors and hospitals that have fewer restrictions than HMO*
    - Not required to see provider in network
    - Fewer coverage restrictions
    - No assigned PCP
    - Referrals not required for specialties

Let's Talk About Medicare – Traditional Medicare

■ Traditional Medicare (known as Part A&B)

■ Works similar to PPO

■ Medicare A- Inpatient

   – *Hospital, Skilled Nursing Facility*

   – *Home Health, Hospice coverage*

■ Medicare B- Outpatient

   – *Clinic, DME, Labs*

   – *Imaging, Mental Health*

Medicare –
Replacement & Advantage Plans

- *Insurance plan that is a __replacement__ to traditional Medicare*
- *Medicare coverage will show active and current, but keep reading*

Examples of plans:

Advantage by Superior Health	Humana Medicare HMO & PPO
AETNA Medicare	Molina Medicare
Allegian Advantage	UHC Medicare (FKA SEC HORIZON)
Amerigroup Medicare	United Health Care Medicare
BCBS Medicare Advantage	Wellcare
CARE Improvement	Wellmed
Healthspring MCR (FKA Bravo)	Wellmed Amerivantage HMO

UnitedHealthcare Medicare Solutions — Pfizer

Health Plan (80840): 911

Member ID:

Member:

Payer ID: 87726

PFIZER

Part B Drugs

RxBin: 610494
RxPCN: 9999
RxGrp: COS

Copay: PCP $5   ER $65
Spec $15

H2001 PBP# 817

UnitedHealthcare Group Medicare Advantage (PPO)
Medicare limiting charges apply.

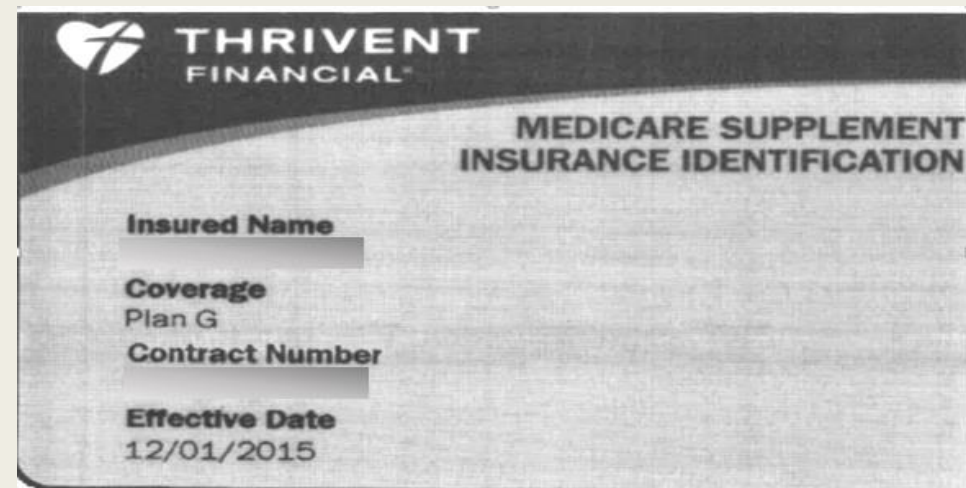Customer Service Hours: Mon - Fri 8 am - 8 pm   Printed: 05/16/17

For Members
Website: www.UHCRetiree.com/pfizer
Customer Service: 1-866-868-0329   TTY 711
NurseLine: 1-877-365-7949   TTY 711
Behavioral Health: 1-800-453-8440   TTY 711

For Providers www.unitedhealthcareonline.com   1-877-842-3210
Medical Claim Address: PO Box 31362 Salt Lake City, UT 84131-0362

Medicare Solutions   UHC
For Pharmacists 1-877-889-6510
Part B RX Claims OptumRx PO Box 29045, Hot Springs, AR 71903

Medicare – Supplemental Plans

■ Insurance plan that will cover traditional Medicare deductibles or co-insurance

■ Traditional Medicare is always primary insurance & Supplemental plan is always secondary

  – *Filing order:*
    ■ Primary: Medicare
    ■ Secondary: Supplemental plan
      – *AARP*
      – *Continental Life*
      – *Mutual of Omaha*

THRIVENT FINANCIAL®

MEDICARE SUPPLEMENT
INSURANCE IDENTIFICATION

Insured Name

Coverage
Plan G
Contract Number

Effective Date
12/01/2015

Background Data
<u>Pre-Intervention</u>

Primary Care Center
All Initial Registration Denials by Category-Pre-Implementation
FY17 June-August

Claim Denials
$35,537.08
21%

Registration Denials
$62,850.20
36%

Coding Denials
$33,811.06
20%

Provider Denials
$7,151.76
4%

Coverage Denials
$33,143.81
19%

- Registration Denials
- Provider Denials
- Coverage Denials
- Coding Denials
- Claim Denials
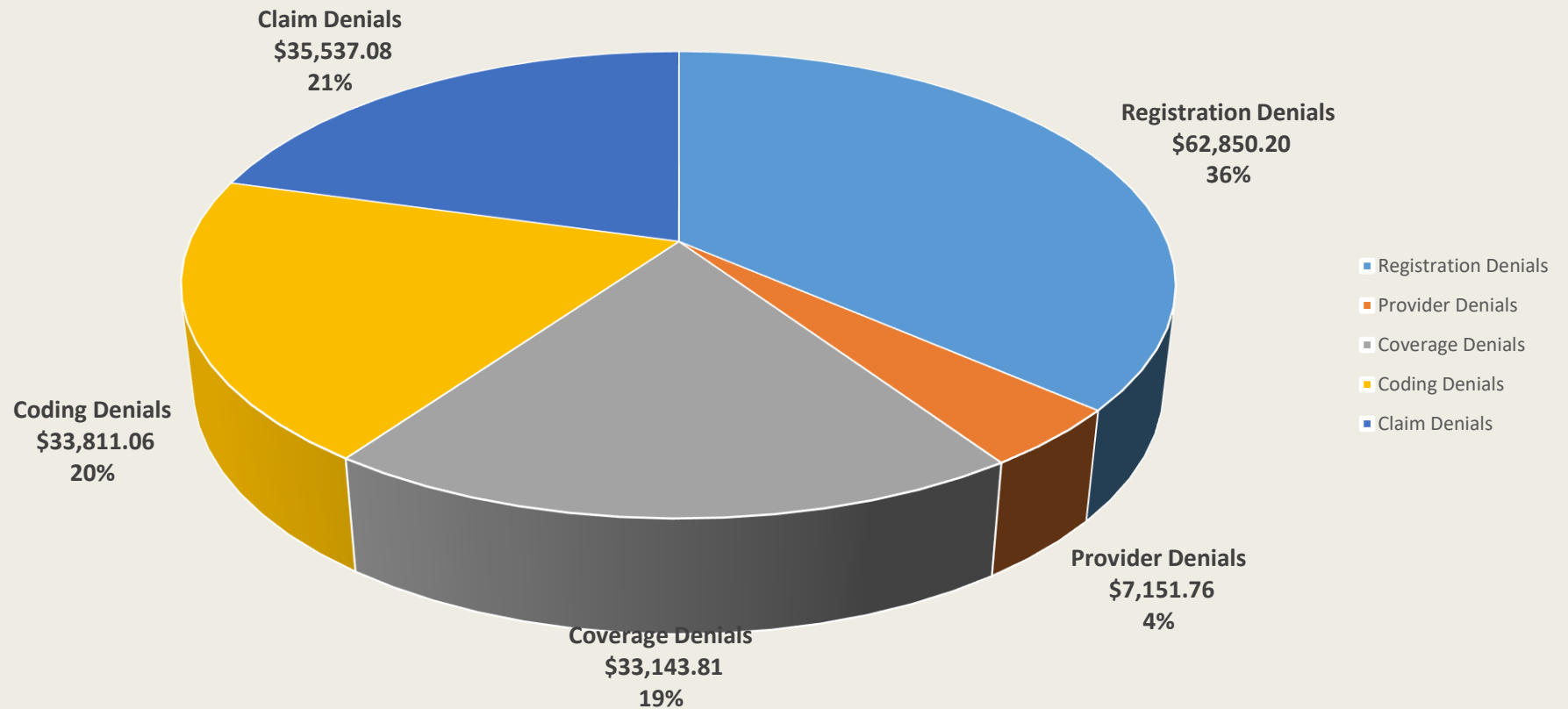
Pareto or Registration Denial Types
Data Source: FY17 June - August

Chart — X-axis: Registration Denial Type; Y-axis (left): # Occurrences; Y-axis (right): percentage.

Registration Denial Type	# Occurrences	Cumulative %
Not Covered by Payor. Send to Correct Payor	137	48.9%
Denied Record, may be Covered by Other Payor	71	74.3%
Expenses Incurred Prior to Coverage	26	83.6%
Patient Can't be ID as Our Insured	25	92.5%
Expenses Incurrec After Coverage Terminated	21	100%

Implementing the Change

Action Plan

Aim Statement:
Decrease Initial Registration Related Denials from
36% to 16% on or before December 31st

Action ↓	Action Driver ▼	Action ▼	Who? ▼	Why? ▼	Start ▼
Strong	Language Barrier (phone tree does not offer language selection)	Update Phone Tree Language / Language skilled agents	Call Center Mgmt Leadership	Redesign the Process Minimize prolonged calls conferencing intrepreter line	TBD
Strong	Insurance Company Selection Confusion Free text insurance field	Remove Generic Plans and Load Additional Plans	CVU Form Router Request	Simplify / Reduce Incorrectly Input Carriers	November
Strong	Incomplete Insurance information	Generate weekly report on missing PCP (temp) Update EPIC to add Hard Stop for PCP Field (perm)	Epic	System Change Prevent Claims from Denying due to missing PCP	11-Oct
Strong	Increased TAT on coverage verification	Standing meetings communicating trends	CVU / PCC	Correct issues immediately, Decrease unnecessary rework, Share knowledge, Improve TAT of coverage verification	November
Intermediate	Other areas pulled to assist with incoming calls	Increase in Staffing / Balance Workload Crosstrain	Call Center Mgmt Leadership	Decrease abandoned calls / Eliminate error by speed due to calls holding in queue	November
Intermediate	Incorrect guarantor assigned, Coverage not assigned to appt, Demos not updated, Insurance card copies not made	Enhance documentation & accurate registration	Scheduling/FD Staff	Delaying coverage verification Rework	October
Intermediate	Incorrect filing order/COB, Medicare Replacement/Supplements Errors	Cognitive Aid	PCC Staff	Standardize training and process	Week of 11/6
Intermediate	Incorrect filing order Demos outdated	Facesheet Front Desk will Print Facesheet for Patient to Verify Demographics and Insurance Information	Front Desk	Check list	Week of 11/6
Intermediate	Standardized training refresher training	Insurance Concepts training	All Current Staff + Incoming New Hires	Standardize training and process	TBD

Results/Impact

- Educated staff on different types of insurance plans and coverages

- Increased awareness on the importance of insurance information (Primary/Secondary)

- Streamlined the processes between CVU and the clinics
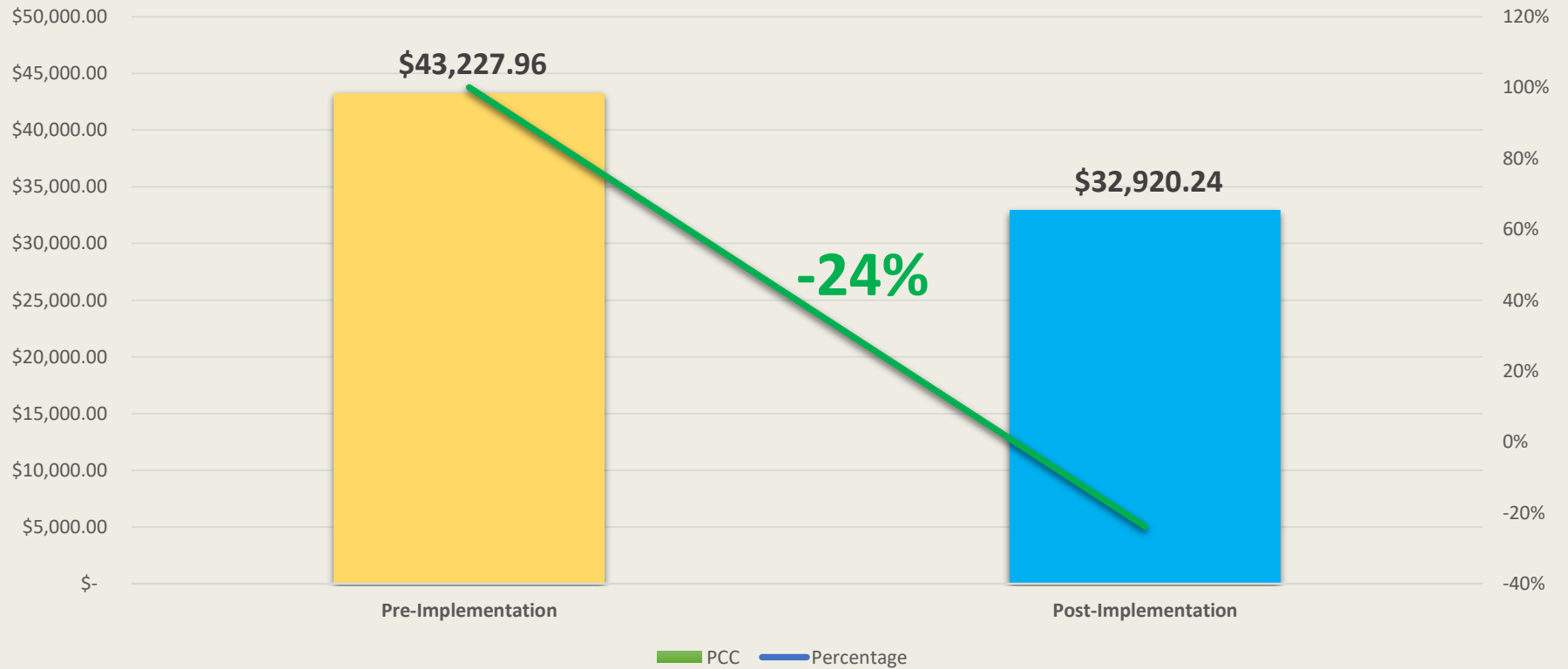
- Created practice wide insurance training

Registration Denials

Registration Denials for June-December 2017
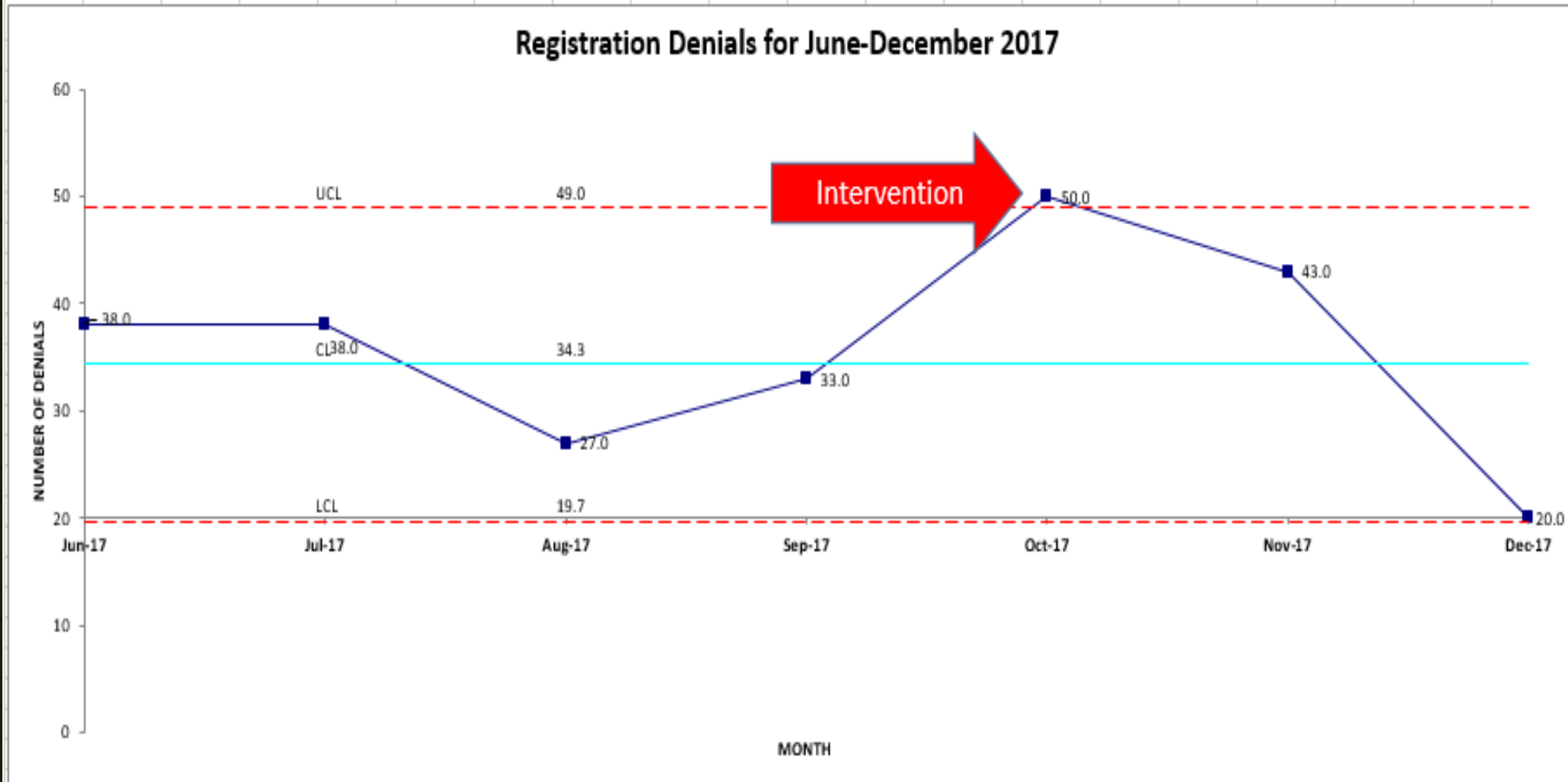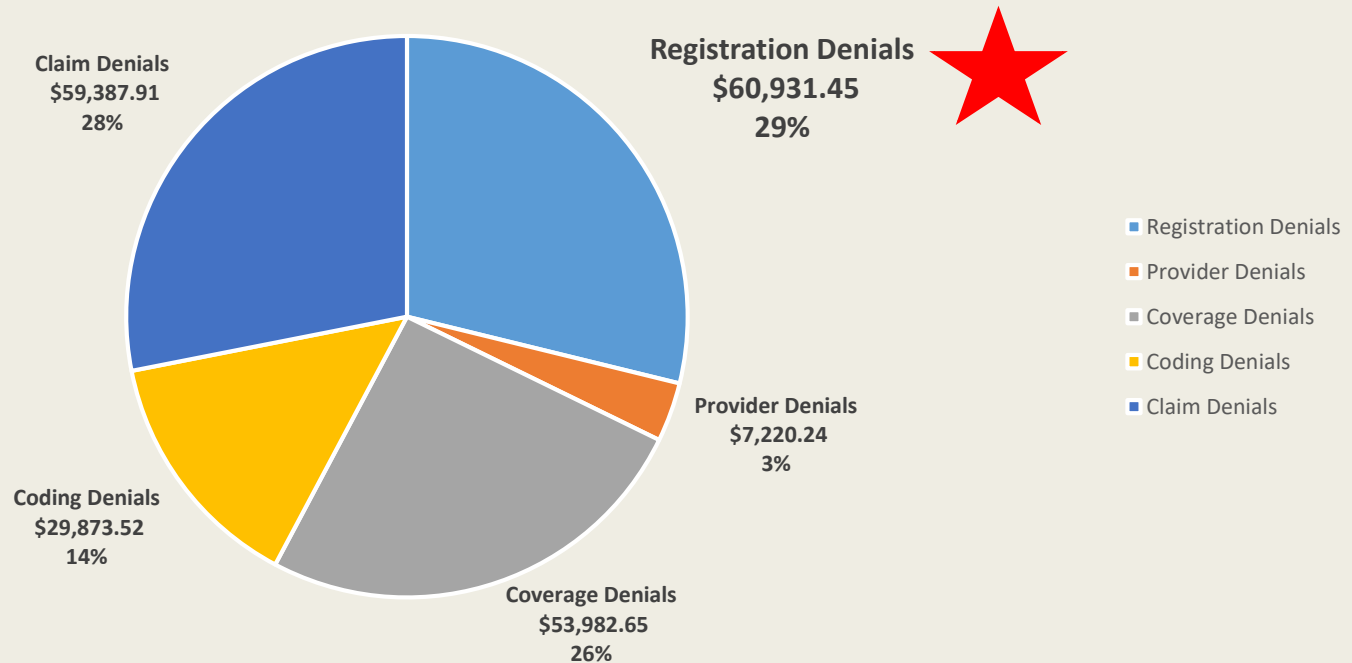
Results/Impact cont'd

Initial Registration Denial Codes (109/22)
Pre & Post Implementation
June 2017 -December 2017

$43,227.96

$32,920.24

-24%

Pre-Implementation

Post-Implementation

PCC   Percentage

ReviewingBackgroundData Post-Intervention

Primary Care Center
All Initial Registration Denials by Category
FY18 October-December

Claim Denials
$59,387.91
28%

Registration Denials
$60,931.45
29%

Provider Denials
$7,220.24
3%

Coverage Denials
$53,982.65
26%

Coding Denials
$29,873.52
14%

- Registration Denials
- Provider Denials
- Coverage Denials
- Coding Denials
- Claim Denials

Maintaining The Gains

- CVU Insurance Concepts Class for all new employees

- Monthly Updated job aid training classes for both CVU and clinics

Return on Investment

- FY17 Initial Registration Denials
  - *PCC* totaled *$266,990*
    - Total Write-Offs 9.53% or **$25,435** (Lost Revenue) or 1 FTE

  - *UT Health Physicians* totaled *$2,244,658*
    - Total Write-Offs 12.60% or **$282,998** (Lost Revenue) or 11 FTEs

Potential PCC Revenue Savings

$41,231

What's Next

- Tackling Other Clinics

Department Name	Fiscal Calendar 2017	Fiscal Year 2018 Annualized
PRIMARY CARE CENTER	$ 267,610.71	$ 240,764.79
RADIOLOGY	$ 221,634.63	$ 235,640.10
ORTHOPAEDICS	$ 230,665.52	$ 232,203.00
NEUROSURGERY	$ 147,411.00	$ 205,868.88

- Implement an insurance training for all UT Health staff
  - *Create/Update Job Aides*
  - *Educate Clinic Managers on using Form Router Request*

- Increase interaction with the Clinics and CVU
  - *Initiate a monthly meeting between clinics and CVU to discuss any issues that need corrective action*

Thank you!

Educating for Quality Improvement & Patient Safety