

UTHSCSA SOM
Revenue Cycle
Enhancement Project

CS&E

No money. No mission.

--Sister Angela Claire Moran

Our CS&E journey:

- Initial CS&E project: Reduce inappropriate (by ACR criteria) CT and MR imaging studies at the MARC by 10% within three months--Delayed by software interface and acquisition issues.
- Second CS&E project: Reduce turnaround time of MRI reports @ UHS--Derailed by personnel issues

Genesis & Overview

Financial instability of the radiology department

29 FTE radiologists performing the work of 39 FTE

Radiologist compensation well below the academic mean
and far below community standards

Substantial opportunities for improved departmental (and SOM) cash flow
without increasing the clinical workload

Other clinical departments employing same EPIC billing processes/ASB teams
would benefit

Spirit of cooperation (and aligned financial incentives) with UHS partner

Strong support from both UT and UHS administrations

Parallel & Interacting RC PATs:

UTHSCSA SOM (ASB)

UHS

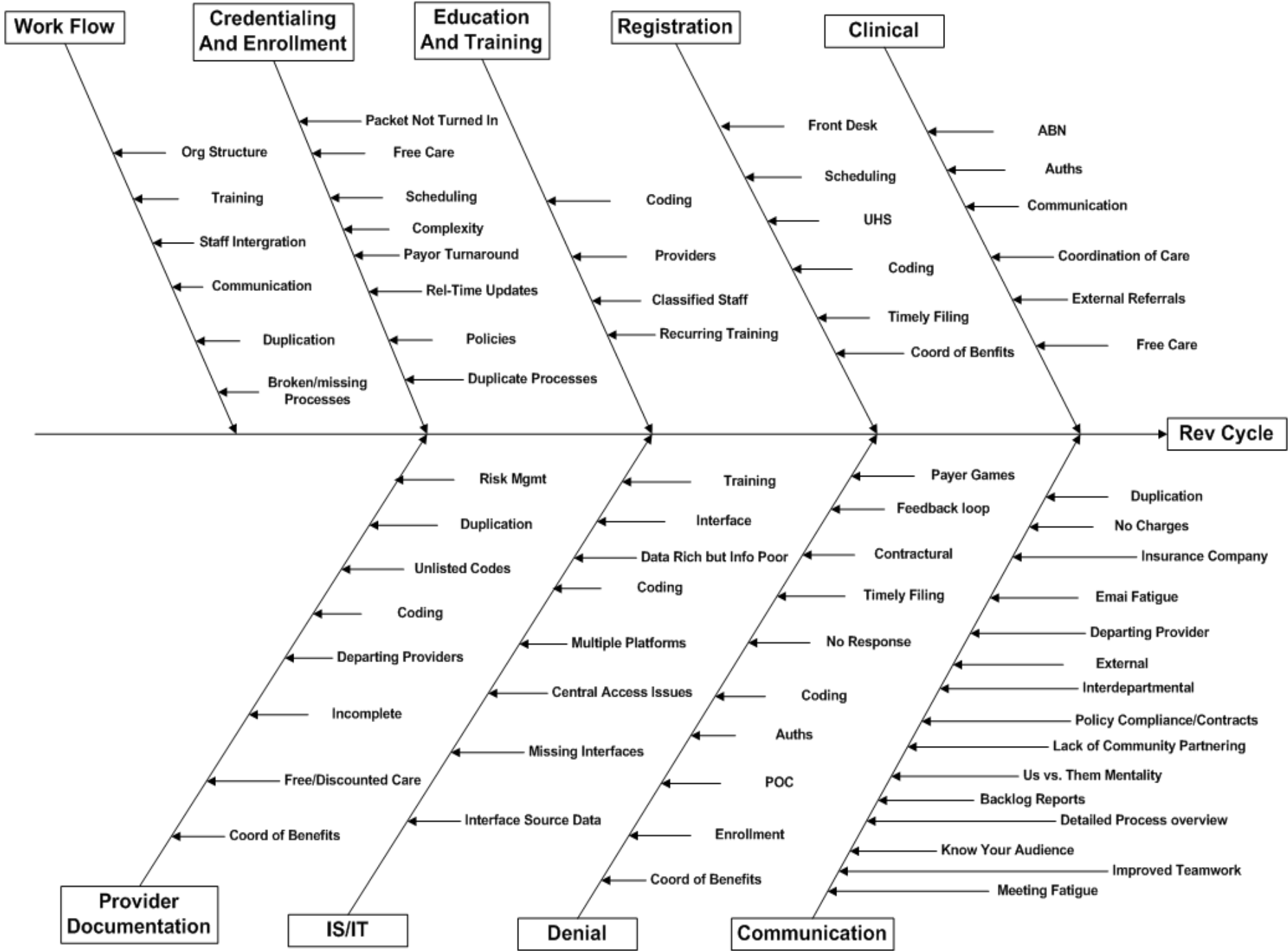
Established & led by Lowell Glassburn,
Administrator, Department of Radiology

Team Members:

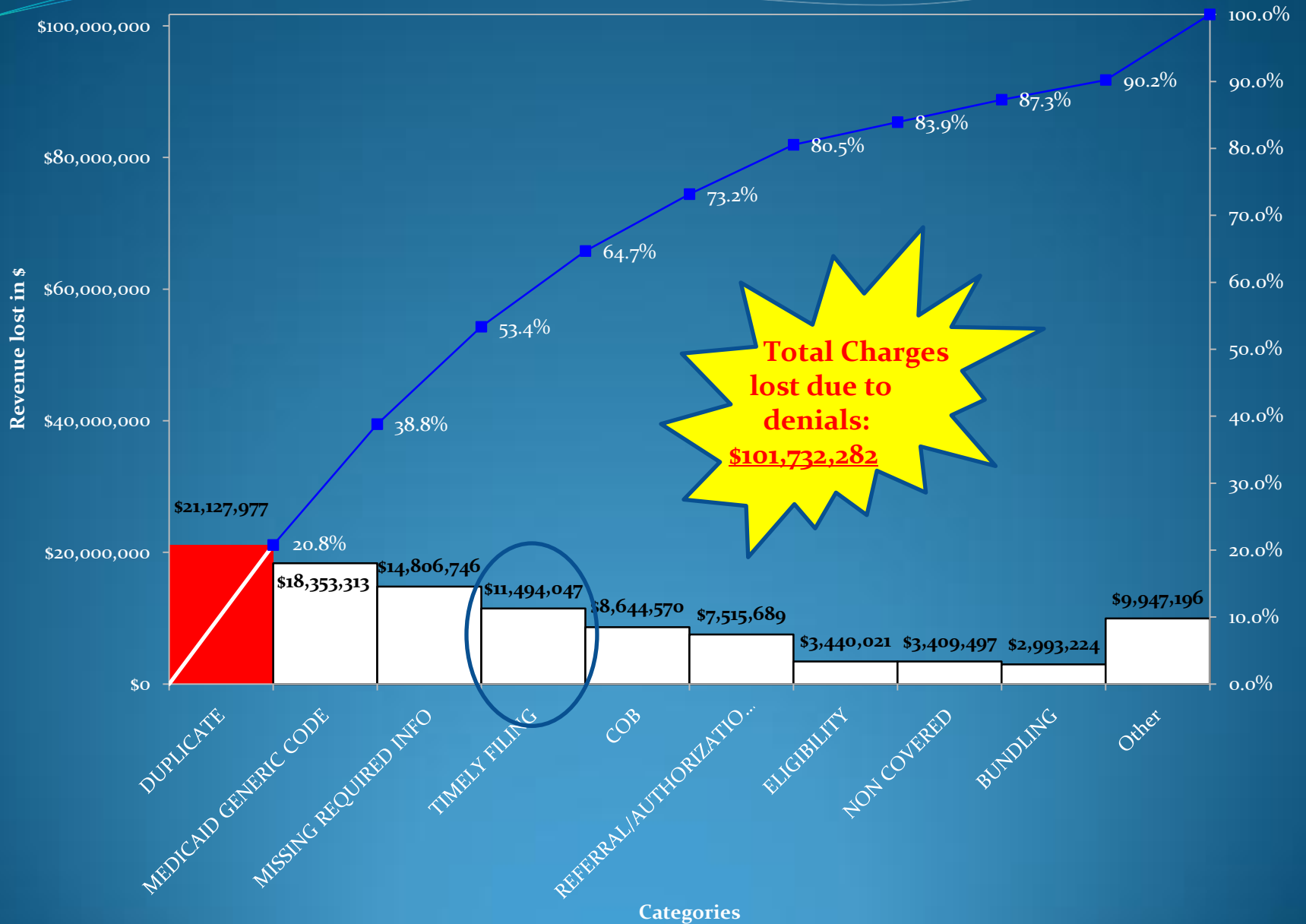
- Marti Pons – Chief Revenue Officer
- Roger Valdez – Manager, Department Relations, Provider Enrollment and Insurance Follow-up
- Susan Hilgers – Director of Information Systems
- Andrew Krecek – Sr. Director, Information Technology Services
- Pam Glasscock – Sr. Director, Clinic Business Operations
- Santiago Delgado – Team Leader, Follow-up
- Noel Duano – Sr. Medical Record Coder
- Lowell Glassburn – Administrator, Radiology
- Adam Ratner – Deputy Chair Radiology

Aim Statement

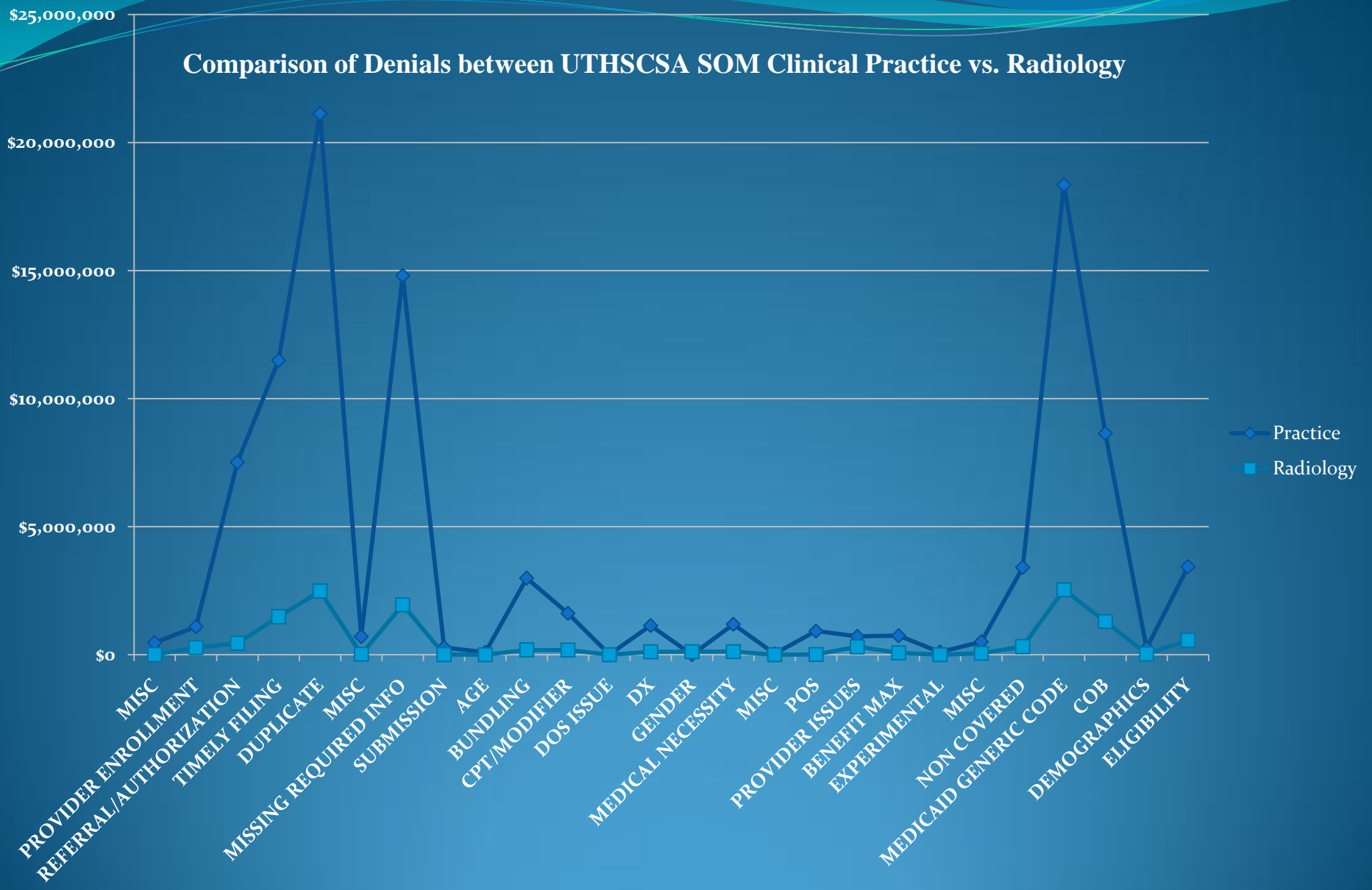
Increase revenue for all departments of the SOM Clinical Practice by a minimum of 2% by December 31st, 2010.



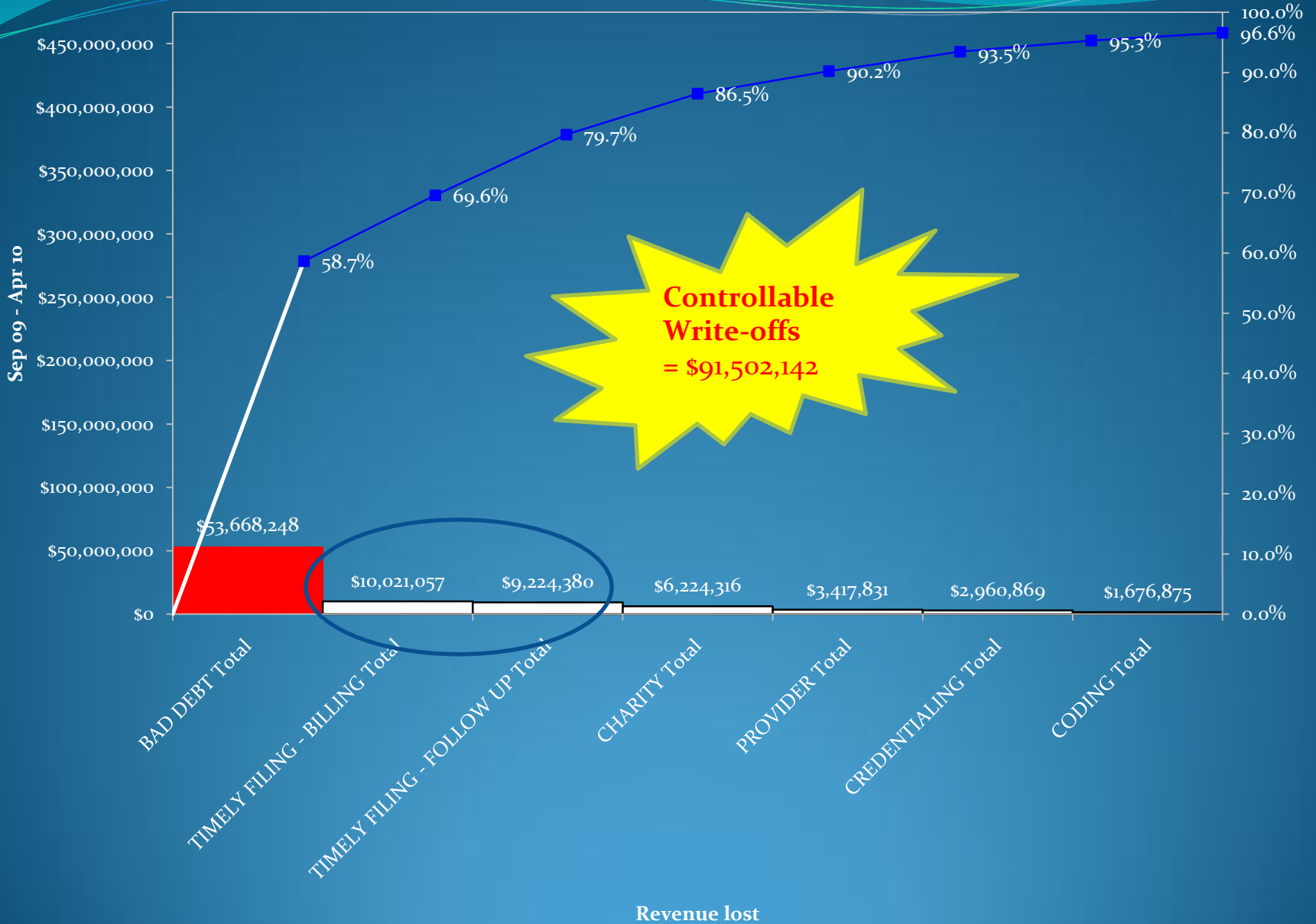
Pareto Chart showing categories for Denial



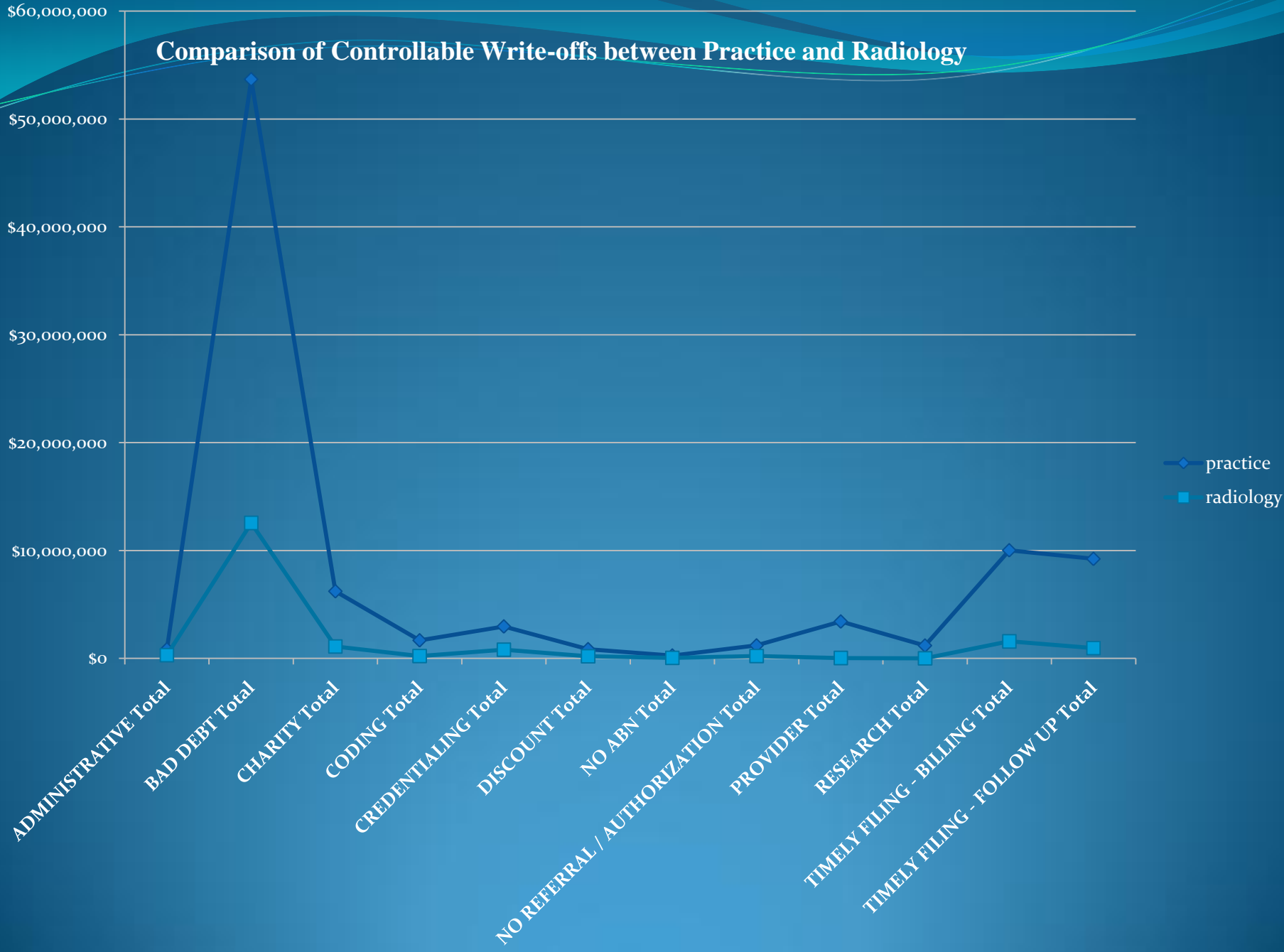
Comparison of Denials between UTHSCSA SOM Clinical Practice vs. Radiology



Pareto chart showing Write-off categories



Comparison of Controllable Write-offs between Practice and Radiology



Receipt of denied Claim

Routed to appropriate Follow-up WQ

Manual Review
Was it filed on time?

NO

Write Off

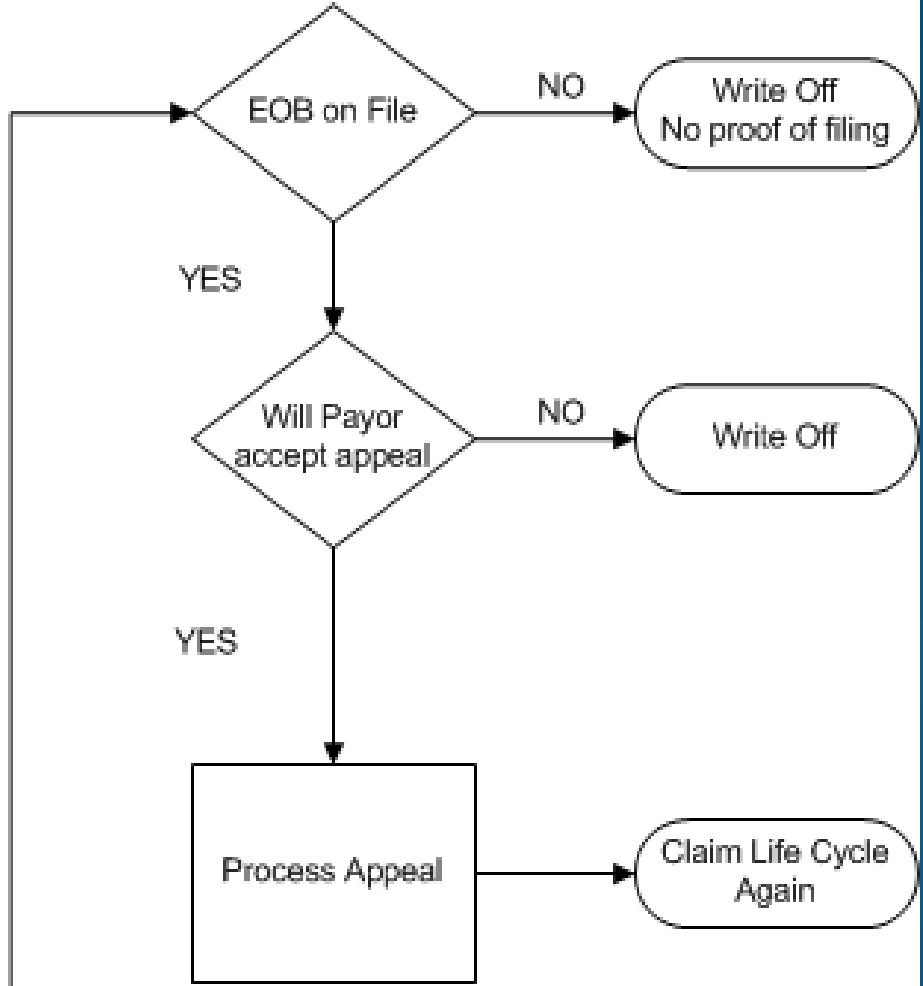
YES

Was the bill initially submitted to the patient or payor?

Patient

Write Off
No proof of filing

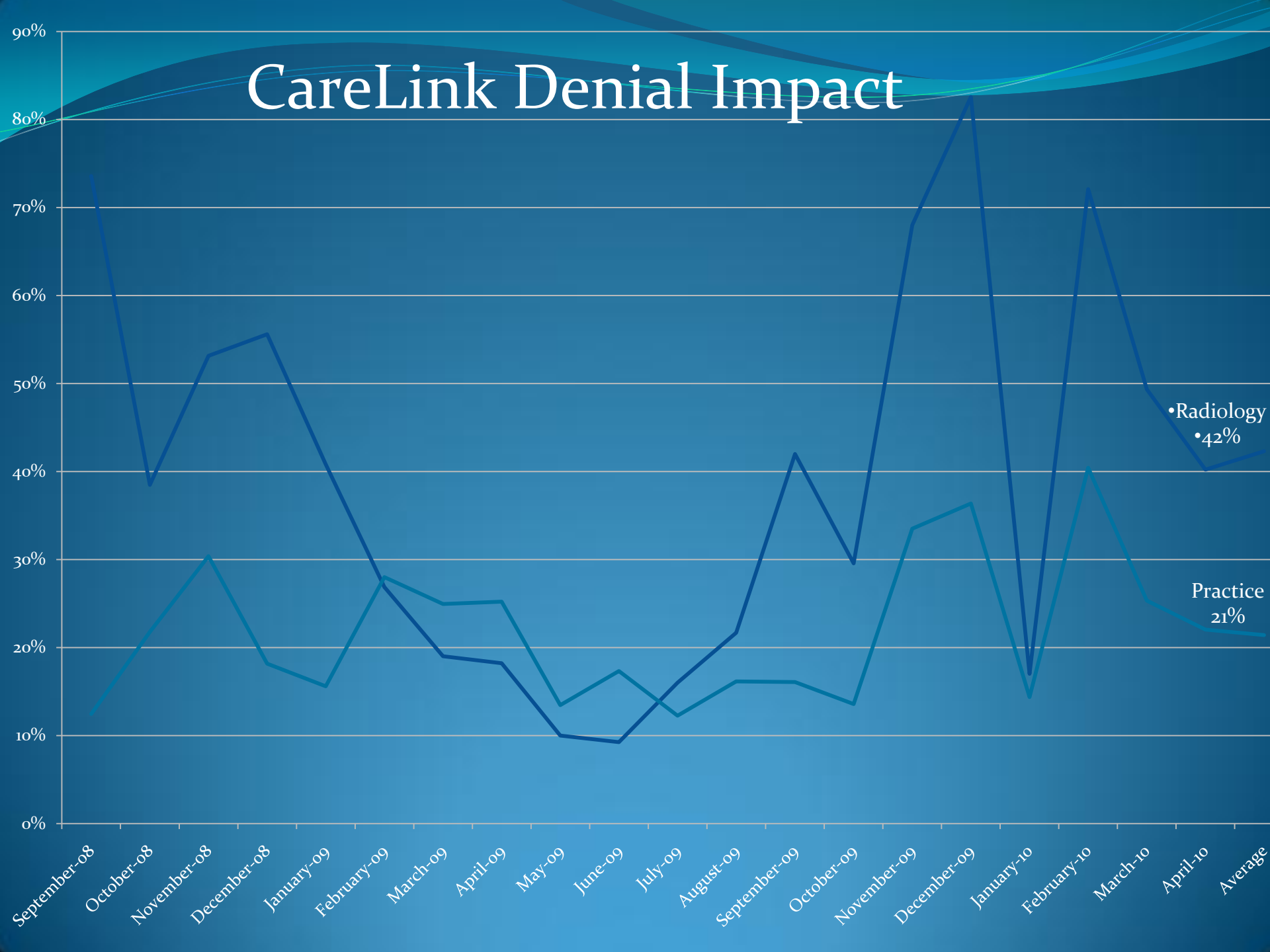
Payor



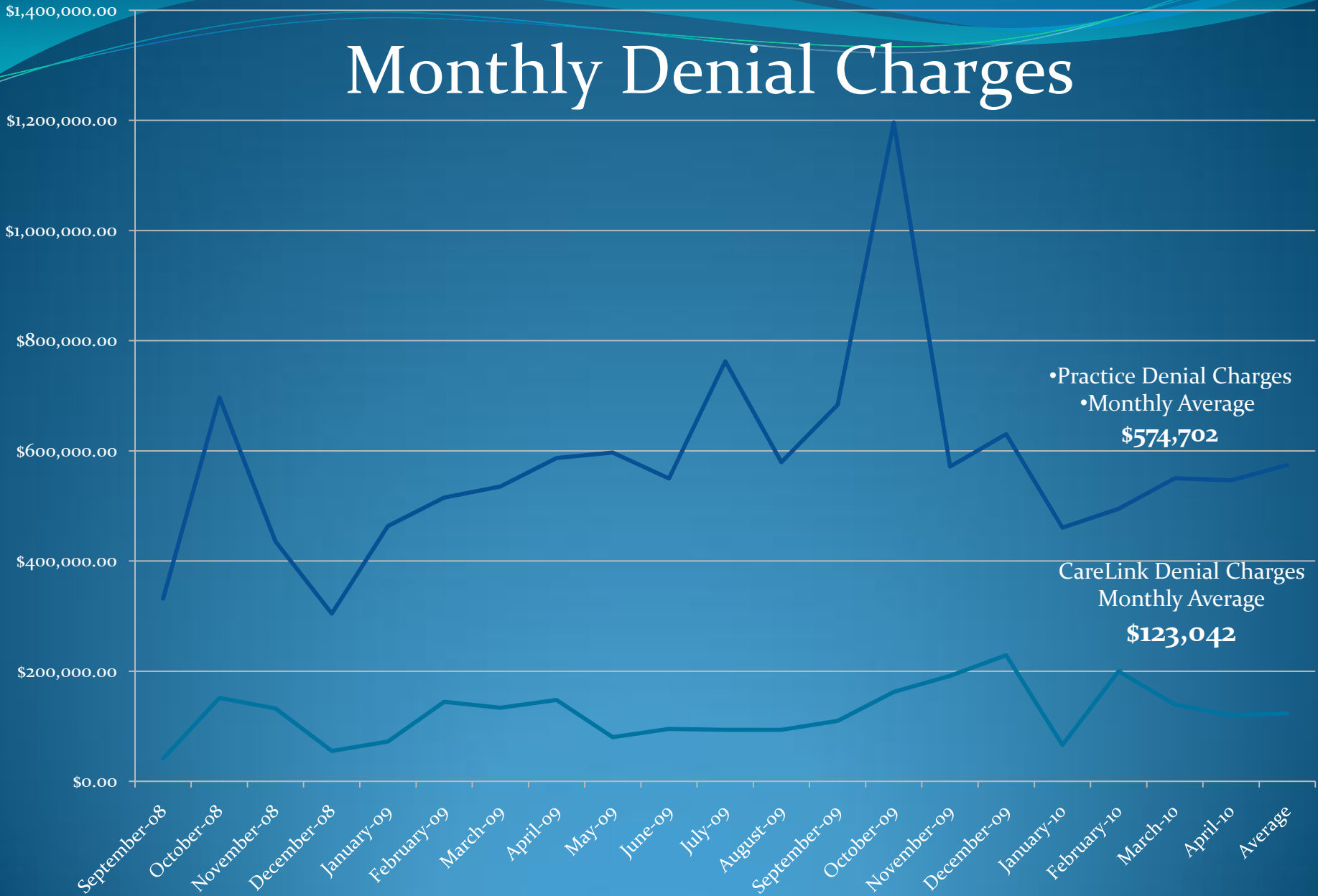
Initial Intervention - Timely Filing

- Low hanging fruit
 - CareLink
 - 42% Radiology
 - 21 % Practice
- Not receiving notification of status change
- Automated File Available
 - Implemented end of April 2010

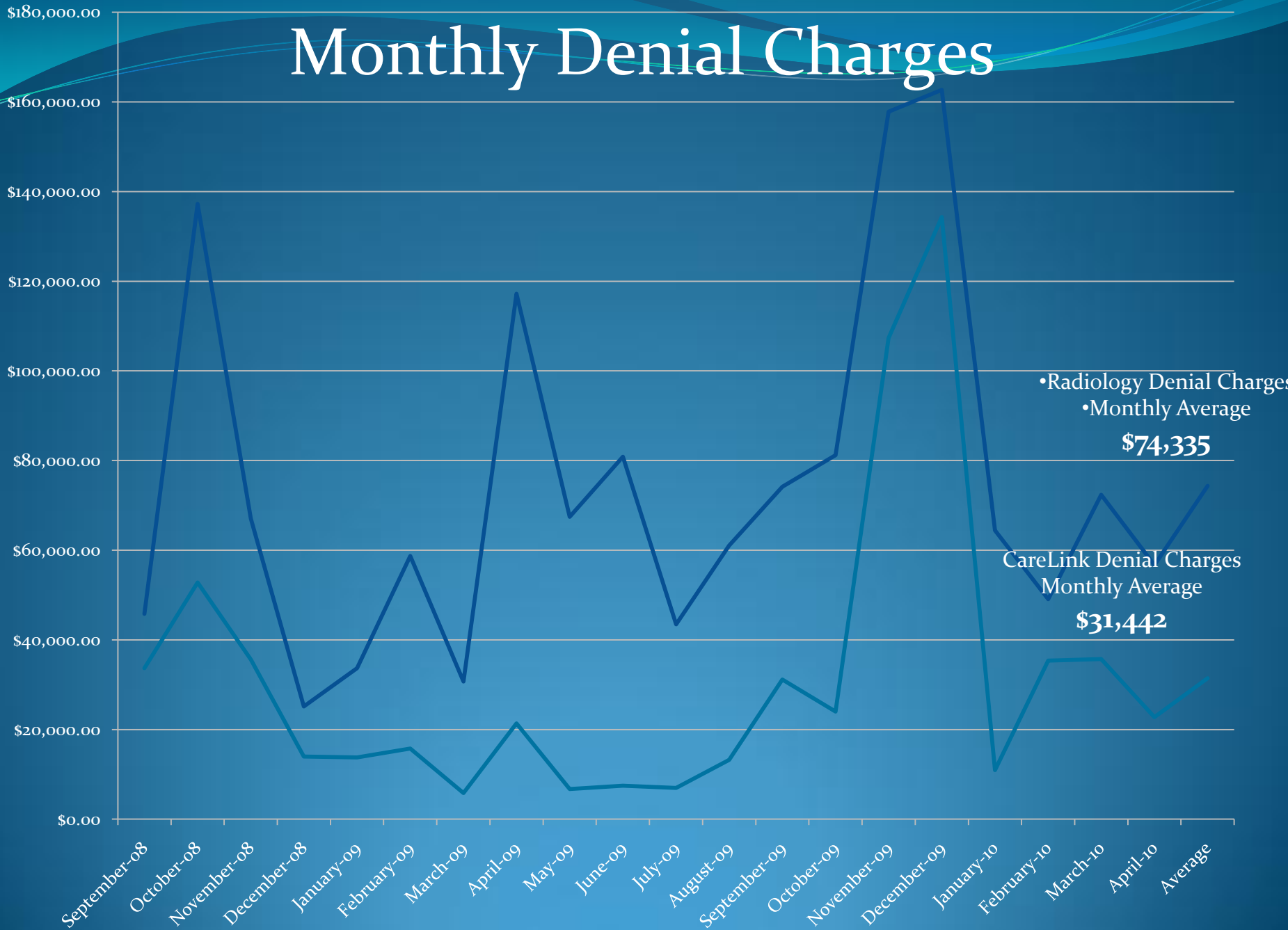
CareLink Denial Impact



Monthly Denial Charges



Monthly Denial Charges



Projected Return on Investment

Timely Filing

CareLink Only Intervention Data

- 20-Month, Monthly Average Collection on Charges = 20%
 - Practice \$123,042: 20% = \$24,608
 - Radiology \$31,442: 20% = \$ 6,288
- Can't Stop There:
- Estimated collection for no other denial categories = 80%
 - Practice \$24,608 : 80% = **\$19,686 monthly**
 - Radiology \$6,288 : 80% = **\$ 5,030 monthly**

Moving Forward

Revenue Cycle Enhancement Should Never Stop!

- UHS Revenue Cycle Enhancement
 - Already in Place
 - Interventions
 - Timely Filing
 - Pre-Authorizations
 - Medical Necessity
- Many other areas to improve
 - Communication
 - Missing Required Info
 - Provider Enrollment
 - Credentialing
 - Medicare

