

Meet **Stillwater Medical**

An independent public trust health system serving north central Oklahoma

- 117 bed Main Campus Hospital
- 25 bed rural hospital
- 50 bed managed hospital
- 42 service locations
- 100 + employed providers
- 1400 employees



Our Focus...Intentional Excellence

- Modern Healthcare's top 100 Best Places to Work – 9 years
- IBM Watson Top 100 Hospitals
- Health Grades Outstanding Patient Experience Top 15 percent of hospitals
- CMS 5 Star Rating

“Together we set our sights on intentional excellence – a heightened awareness of opportunities to surpass the expected and the dedication to see it through”

Denise Webber, CEO

Stillwater Medical

Healthcare Disruption Challenges at SMC

- 5 different electronic health records across our health system entities.
- Payer authorization delays for patient outpatient testing.
- Creating a Consolidated Business Office (CBO) altered the “real time” revenue cycle charge capture, coding and patient account communication from our clinic/provider settings.

- Patients must navigate multiple portals.
- Difficulty closing the loop on physician referrals .
- Patient demographics and insurance discrepancies. No “reliable source of truth for patient demographic identifiers” across EHR systems.
- Limited Interoperability at SMC forces manual workarounds and back-end processing to lessen impact on patients, providers and patient care.

Interoperability???

Interoperability



Interoperability Definition...

- As proposed in 2019 by Health Information and Management Systems Society (HIMSS):

“the ability of different information systems, devices and applications to connect within and across organizations”

- **Stillwater Medical’s Interoperability Objective to reduce healthcare disruption for patients and providers:**

“Optimize our existing systems and enhance the ability to share and access patient information across our organization to:

- ✓ *Implement a single patient communication portal*
- ✓ *Tie patients across all systems and service areas through a single patient identifier*
- ✓ *Optimize business intelligence tools to analyze data across all systems*
- ✓ *Initiate an “ask one time” methodology for patient information to be gathered and trusted across the SMC continuum. Significantly reduce the number of times a patient is asked for the same information across our health system.”*

Provider Information Challenges Become Patient Care Disrupters

- **Issue:** *8-10% of lab results and patient phone calls are delayed due to the inability to match patients between hospital reference lab and clinic systems.*
- **Our Solutions:**
 - ☐ Compare and standardize required demographic data captured during scheduling/registration across all systems.
 - ☐ Teach and implement standard work for all frontline team members to gather and verify legal name, DOB etc., to meet defined standards regardless of the system they are using.
 - ☐ Implement a single patient identifier across SMC entities and systems.

Increase Patient Trust...“Ask One Time”

- **Issue:** In response to patient concerns, A recent Lean Team “Gemba Walk” following patients from ER through ancillary and clinic follow-up visits to specialist and outpatient surgery encounters found that a patient may be asked to repeat demographic and health history information up to 7 times through the course of a single case.
- **Our Solution in Progress:**
 - ❑ Enhance our patient focused culture by improving the reliability demographic data across all systems.
 - ❑ Ensure that patient medical history updates captured on paper are consistently updated in systems.
 - ❑ Read and acknowledge a patient’s chart information and ask only clarifying questions.
 - ❑ Configure and implement a new shared patient portal for patient communication and education capable of capturing demographic and medical history updates to be retrieved by each EHR system.

For Encouragement Anytime:

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Assistant Administrator – Revenue Cycle
tdyoung@stillwater-medical.org
405-533-6097

Stillwater **Medical**
Stillwater, Oklahoma



Using Continuous Improvement for Revenue Cycle Success



Colette Lasack

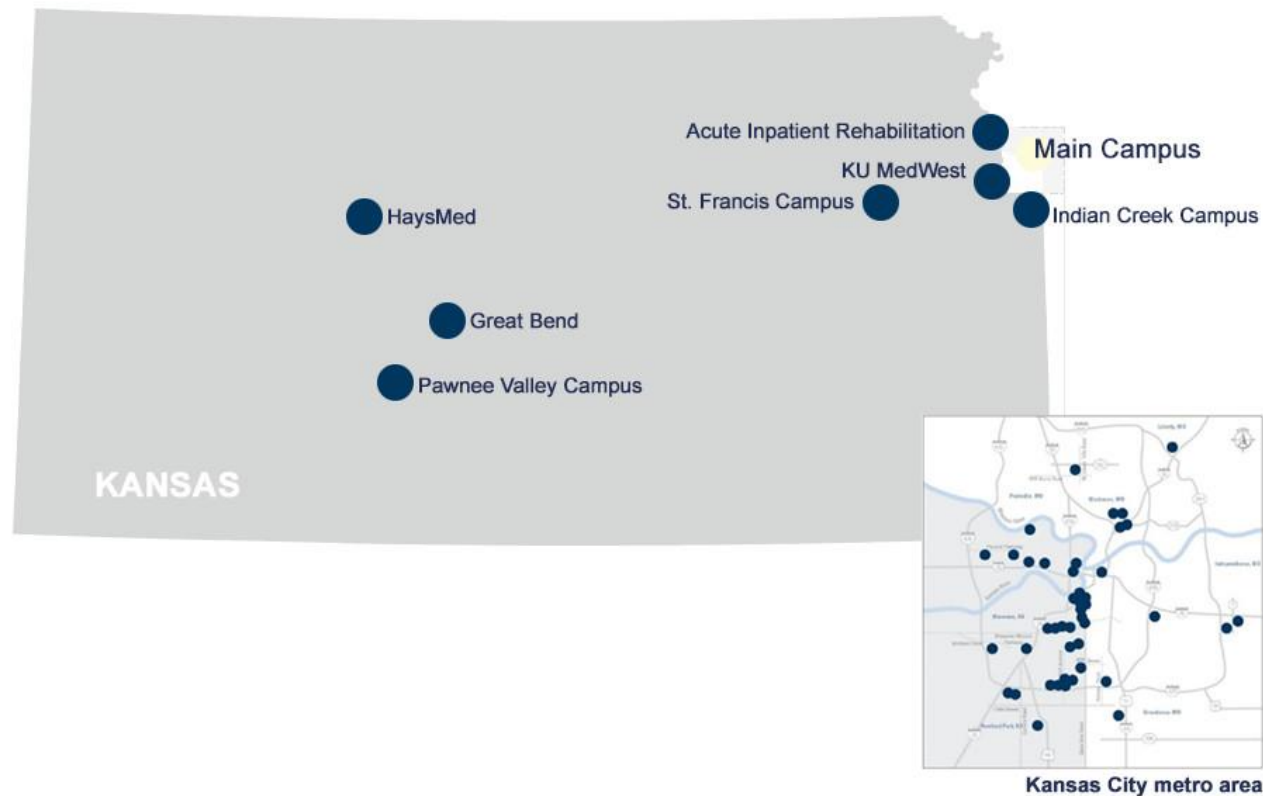
*Vice President of Revenue Cycle,
The University of Kansas Health System*



- **Our Vision:**
 - To lead the nation in **caring, healing, teaching, and discovering.**
- **Our Mission:**
 - As an academic health system serving the people of Kansas, the region, and the nation, The University of Kansas Health System will enhance the health and wellness of the individuals, families, and communities we serve.



Health System Today



At-A-Glance

- 4 Acute Care and 2 Behavioral Health Hospitals
- Over 1,500 licensed patient beds
- 47,263 Inpatient discharges
- 1,087,307 hospital-based outpatient encounters
- 74,556 Emergency Department visits
- 80+ locations
- \$2.7 billion in net revenue
- \$86.8 million of uncompensated care
- 11,500 employees
- 900+ employed physicians
- 1,000+ total physicians

2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017

Ranked Best. For Over a Decade.

U.S. News & World Report has named us among the nation's best for 11 consecutive years and counting. And, once again, The University of Kansas Hospital has been named the Best Hospital in Kansas City and Best Hospital in Kansas. These rankings are based on critically important outcomes data, such as patient survival. Why would you go anywhere else?



Learn about these awards and what they mean for you at kansashealthsystem.com/rankings.



In support of the patients we serve, we strive for the highest quality and shortest lead time in the revenue cycle process by eliminating all possible waste.

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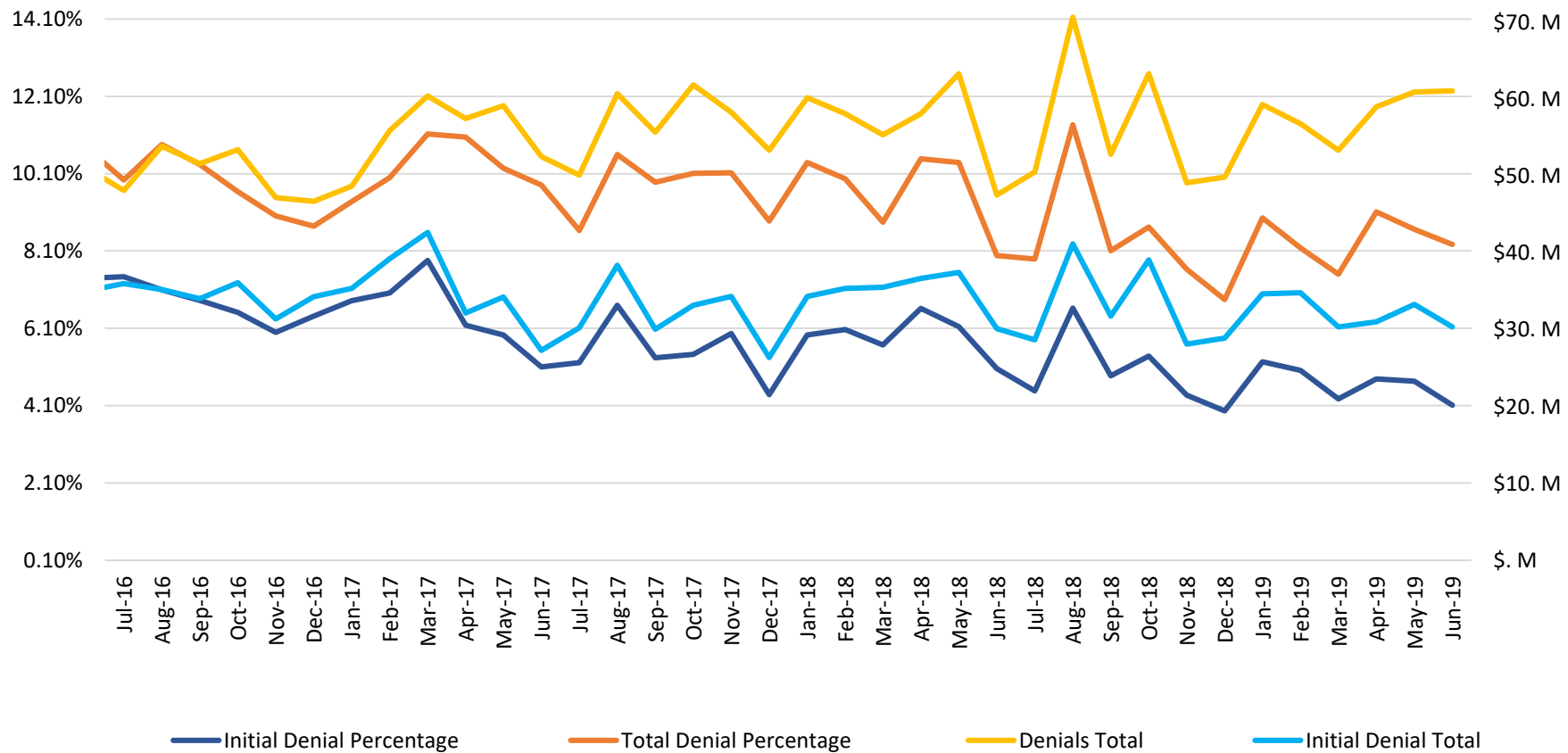
Great Patient Financial Care

Areas of Focus for Rev Cycle Improvement

- Denials
 - Transfer Center
- Single Statement
 - One statement for all hospital and physician services

HB Denial Rates & Dollars

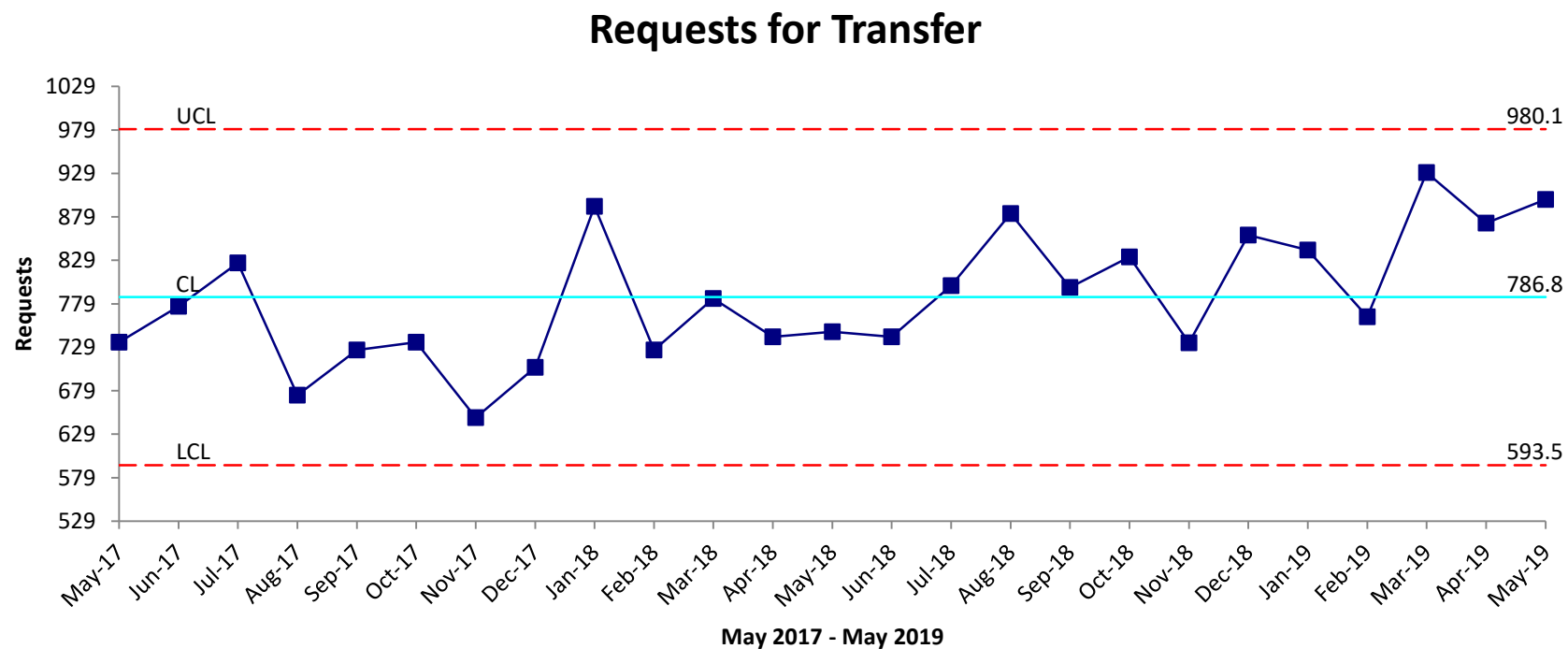
Total & Initial Denials as a Percentage of Two Month Lagged Gross Revenue
July 16 – June 19

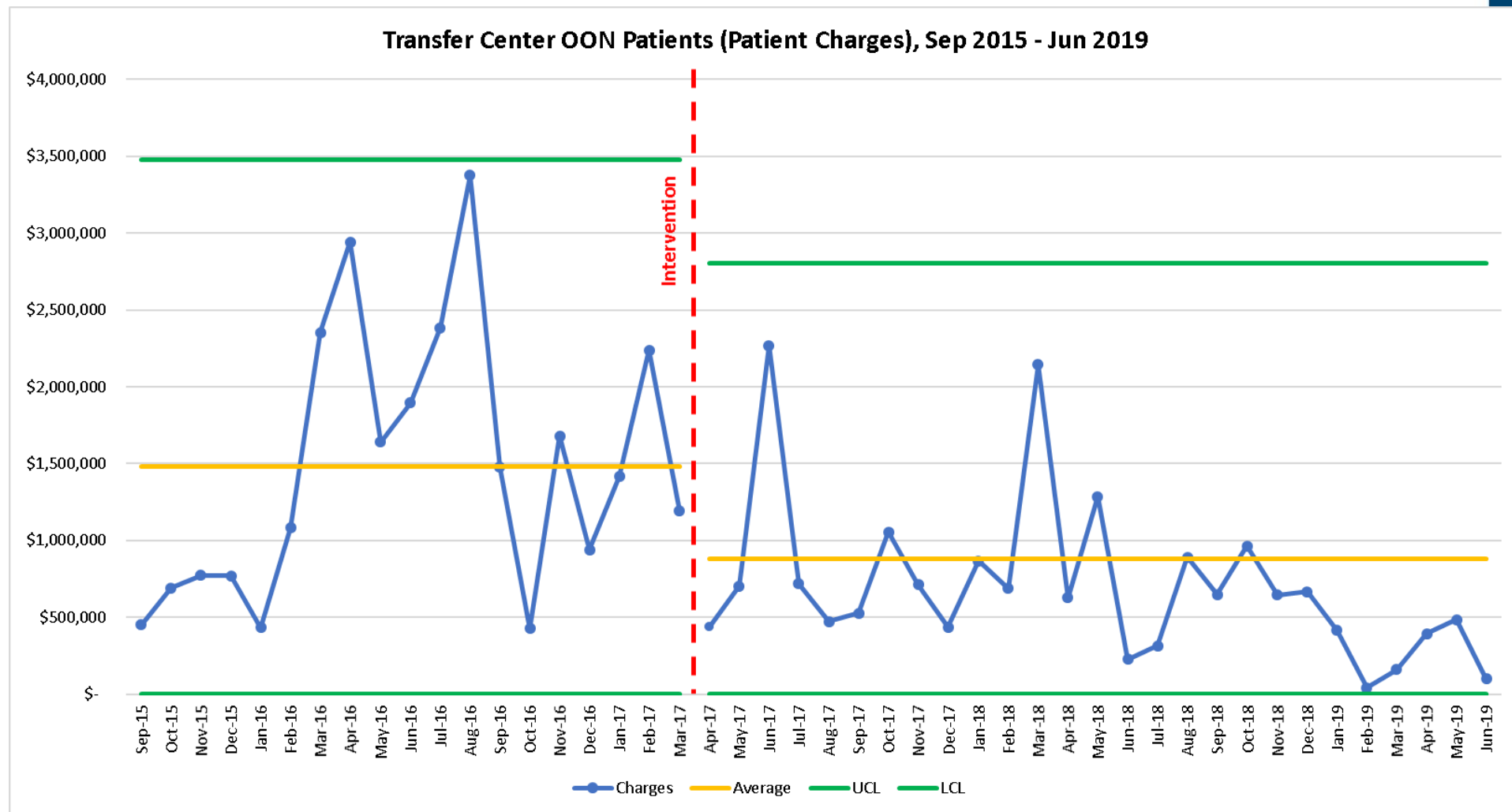


Transfer Center

- Long standing culture of “take everyone”
- Many referring physicians trained at KU which reinforced this culture
- Understanding EMTALA
- Creating Physician Advisors (champions)
- Working with key service lines
 - Neuro, CV and Oncology
- Changing culture and misconceptions over time
- Communication with referring hospitals/physicians
- Adoption of New Financial Clearance Policy that included transfer center
- Making data visible
 - At workgroup level
 - At executive level

Transfer Center Call Volumes





Single Statement

- It's what our patients want
- EPIC, version 2018
 - Single Billing Office (SBO)
- Clinically Integrated Health System
 - Employed Physicians (2016)
- Supported by:
 - Centralized Customer Service Center
 - One Phone #
 - Consistent Patient Billing & Self Pay Policies
 - Online Patient Portal
 - MyChart
 - Guest Pay
 - Paperless Statement Option
 - Long term patient financing vendor

 THE UNIVERSITY OF KANSAS HEALTH SYSTEM
PO Box 955801 • St. Louis, MO 63195-5801

K



If paying by credit card, please provide information below:			
MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Number		Payment Amt	
Signature		Security Code	Exp. Date

The University of Kansas Health System
PO Box 955801
St. Louis, MO 63195-5801

000-02049139

Please make checks payable to The University of Kansas Health System

Guarantor No	Patient Name	Stmnt Date	Pmt Due Date	Page	Please Pay This Amt	Amt \$
		07/23/19	08/13/19	1	\$2,049.13	

Please detach and return top portion with your payment.

Thank you for choosing The University of Kansas Health System

Your health is our priority and we understand that medical billing and insurance can be confusing. Our goal is to make your billing experience as easy as possible so you can focus on your health. Our representatives are here to help you through the process if you have any questions or need assistance.

Your balance is currently past due.

Please submit payment of **\$2,049.13** by **August 13, 2019** to avoid collections or call us at 913-588-5820 if you would like to make payment arrangements.

Guarantor Summary

Total Charges	
Insurance Payments/Adjustments	
Your Payments/Adjustments	0.00
Your current total balance	2,049.13
Minimum patient amount due by August 13, 2019	\$2,049.13

MyChart

Pay quickly and easily:

mychart.kansashealthsystem.com
Choose pay as guest, or sign up to view statements, make payments, send secure messages and more.

Activation Code: SHRQB-J9CCH-RDB7U

Pay by Mail

Complete the form above and return in the enclosed envelope.

Pay by Phone

Call 913-588-5820 to pay by credit or debit card. 8:30 AM to 4:30 PM Monday through Friday.

Need long term payment plan options?

Call 913-588-5820 or 877-287-6268 for details.

Please use this space to make corrections to your address or insurance information

Name: _____ Guarantor Nbr: _____ Phone: _____
Address: _____
Employer: _____ Work Phone: _____
Employer Address: _____
Insurance Company: _____ Effective Date: _____
Insurance Company Address: _____ Phone: _____
Insurance Policy No or Contact No: _____ Group No: _____
Policy Holder's Name: _____ Phone: _____
Policy Holder's Date of Birth: _____ Policy Holder's Gender: ☐ M ☐ F Policy Holder's SSN: _____
Patient's Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other _____

The University of Kansas Health System - Payment Policy

The University of Kansas Health System takes pride in providing the highest quality healthcare to all patients, regardless of their ability to pay. We know healthcare billing can be confusing. We also know expenses associated with healthcare may cause financial difficulty for some. To address these needs, the Health System has made the following changes:

- 1) For services rendered by your physician and/or by the hospital, you will receive a single statement* from the Health System that includes almost all of the charges associated with your care.
- 2) Each visit to a physician, inpatient admission or outpatient visit to a hospital or clinic will have its own "account" in our billing system. This will help us more easily locate information for each episode of care provided to you (or the patient, if not you) when contacting us. When applicable, these accounts are billed separately to your insurance company, even though they may be summarized on a single statement.
- 3) Any unpaid balances from services received within the Health System are still the responsibility of the patient. To assist with meeting this financial obligation, the Health System will bill the appropriate insurance carrier(s) when a valid insurance ID card and/or information regarding insurance coverage is presented at the time of registration/appointment.
- 4) Payment plans may be set up to satisfy outstanding balances on multiple accounts. Under these plan agreements, you agree to make regular, set payments to satisfy account balances over an agreed upon amount of time. Please contact Customer Service at 913-588-5820 (toll-free at 877-287-6268) if you would like to make payment plan arrangements.

Financial Assistance Program

In certain cases, patients experiencing extreme financial difficulty may qualify for partial or full forgiveness of hospital and/or physician debt. Contact Customer Service at 913-588-5820 (toll-free at 877-287-6268) to inquire about your eligibility.

**This statement may include charges from The University of Kansas Health System, The University of Kansas Cancer Center (including Community Cancer Program locations), Cardiovascular Medicine, MidAmerica Thoracic & Cardiovascular Surgeons, Jayhawk Primary Care, Jayhawk Urgent Care and The University of Kansas Physicians.*

Guarantor Nbr: _____ Resp. party: _____ Stmt Date: July 23, 2019

If you have questions regarding your account, please call Customer Service at 913-588-5820 (toll free at 877-287-6268)
For Financial Assistance: <http://www.kansashealthsystem.com/financialassistance>

Health Plan Changing?

If your insurance plan has changed (or will be), please inform your providers of the change and bring your new insurance ID cards to your next visit at the Hospital or with your Doctor.

Appointments
Professional Services at The University of Kansas Health System - General Surgery

Acct # [REDACTED]
May 17, 2019

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Balance Forward	[REDACTED]	[REDACTED]	\$0.00	\$50.00
	Your Responsibility				\$50.00

Hospital Services at The University of Kansas Health System - Indian Creek OR

Acct # [REDACTED]
June 03, 2019

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Balance Forward	[REDACTED]	[REDACTED]	\$0.00	\$1,455.05
	Your Responsibility				\$1,455.05

Professional Services at The University of Kansas Health System - Indian Creek OR -

Acct # [REDACTED]
June 03, 2019

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
PROVIDER: Lemons, Douglas, MD					
Jun 03	PR REPAIR ING HERNIA,5+Y/O,REDUCIBL (qty: 7)	[REDACTED]	[REDACTED]		
	BCBS KC Payments and Adjustments				
	Your Responsibility				\$88.20

Professional Services at The University of Kansas Health System - Indian Creek OR -

Acct # [REDACTED]
June 03, 2019

Date	Description	Charges	Insurance Pmts/Adjs	Patient Pmts/Adjs	Patient Balance
	Balance Forward	[REDACTED]	[REDACTED]	\$0.00	\$455.88
	Your Responsibility				\$455.88

Guarantor Nbr: [REDACTED] Resp. party: [REDACTED] Stmt Date: July 23, 2019

If you have questions regarding your account, please call Customer Service at 913-588-5820 (toll free at 877-287-6268)
For Financial Assistance: <http://www.kansashealthsystem.com/financialassistance>

Thank You

Disruption in Revenue Cycle-Panel Discussion

AUGUST, 2019



UnityPoint Health

Sepsis

Wellmark- adopted the Sepsis 3 criteria which was released in March 2016

June 1, 2017, White Paper not recommending the adoption of Sepsis 3.

- a. treating practitioner final judgement
- b. practitioner can choose criteria
- c. maintaining severe sepsis as a diagnosis
- d. coding continues to process claims consistent with ICD-10 CM

Sepsis (continued)

Wellmark uses Cotiviti Corporation to perform DRG validations. Cotiviti is a Recovery Audit Contractor (RAC)

UPH-Des Moines Medical Director of Health Information

- a. several face to face

- b no resolution to the differences

April 2019-UPH submits a letter to Wellmark's Executive Vice President regarding unresolved issues with DRG validation/audit in regards to Sepsis

Should have response in August 2019

Total loss to UPH related to sepsis codes being reclassified to a lower level for years 2016-2018 is over \$2,500,000

Sepsis (continued)

United HealthCare (UHC) MCO comes into the Iowa market in April 2016

UHC MCO- left the Iowa Market July 1, 2019

June 2018 UHC MCO indicated MedReview would be conducting DRG Audit Validations.

- a. June 2018-March 2019-requested 2,150 medical records
- b. 239 Records were for Sepsis
- c. Approximate loss for Sepsis \$720,000

Appeals and reconsiderations are sent to MedReview with no input to UHC MCO

UPH-DM Medical Director is requesting a conversation with the Medical Director at UHC

UnityPoint in News

On June 28, 2019 UnityPoint Health and Sanford Health signed a letter of intent to explore joining brands.



The combined company would:

- rank among the top 15 largest non-profit health systems
- Employ more than 83,000 staff
- 2,600 physicians
- Operations in 26 states and nine countries

UnityPoint in the News



Leadership

Kelby Krabbenhoft-President and CEO

Kevin Vermeer –Senior Executive Vice President



Unified Board

- New governing board consisting of representatives from both legacy organizations.

Care Delivery:

- Both organizations will continue to operate their respective fully-integrated medical groups

Revenue Cycle Disruption



UnityPoint Message to our Patients

What won't change:

- Your physician
- Care Team
- Hospital
- Insurance Coverage



We will have opportunity in Research, more powerful impact on our patient's lives, while maintaining our Midwestern roots.

UnityPoint Message to Staff

- The letter of intent is a non-binding agreement.
 - Leaders intend to have the transaction be completed by the end of 2019.
 - Leaders will keep staff informed through Frequently Asked Questions, emails and other communications.
 - Nothing changes in our day to day operations-business as usual
 - Exciting time for UnityPoint Health and Sanford Health.
-

Thank You

LeAnn R. Delin, MJ, CPC
Regional Revenue Integrity Director
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leann.delin@unitypoint.org



UnityPoint Health

Nebraska Medicine

HFMA Region 8





- 809 licensed beds
- 2 Hospitals
- 40 Specialty & Primary Care Clinics
- 1,000+ Physicians

MISSION:

To lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care.



Authorization Disruptions

- Currently Nebraska Medicine does not have a deferral policy.
 - We have chosen to provide services when an authorization is not in place.
 - Peer to Peers are done sporadically
 - We initiate authorization for private practice doctors
- Provider:
 - The hospital/provider has the possibility of not being reimbursed
 - Impacting the patient experience
- Patient:
 - The patient receives an EOB showing they are not liable
 - We will appeal the decision
 - Send the patient an advisement letter
- Payer:
 - The payer is sending an EOB with little to no payment
 - Patients call the payer confused



Denials Taskforce

- A taskforce that includes: Access, HIM, PFS, Compliance, Physician Advisor, Utilization Management, Revenue Cycle Training/Education
- Discussion topics:
 - Hot payer issues
 - Authorization - subcommittee
 - Timely filing - subcommittee
 - Recommendations for changes in contracts
 - Review denial data from the previous month



Denial Management

Update Denial

New Status:

Created

Next Follow-up Date:

Comments:

Denial

Field	Value
Reason Code	AUTH
Reporting Code	
Denial Category	Authorization
Preventable?	
Days Denied	
Source Area	Insurance Services
Owning Area	Patient Financial Services
Source Department	
Source User	
Root Cause	
Clinical Root Cause	
Revenue Codes - Override List	1
Cpt® Codes - Override List	1
Recovery Type	
Expected Recovery Amount	
Actual Recovery Amount - User	
Write-off Amount - User	
Actual Recovery Amount - System	
Write-off Amount - System	

Accept

Cancel

Nebraska
Medicine

April 1, 2019

RE:

Dear :

In an effort to keep you informed of your account status, this letter is to notify you that we are in receipt of a denial from your insurance company for charge(s) related to the visit on in the amount of \$. At this time, Nebraska Medicine is appealing the denial from the insurance company as we believe payment should be made on this account.

It is important for you to understand that although you may not have a balance due at this time you may have one when a response from the appeal has been received. Your exact liability will be determined when the appeal process has been completed. Balances listed as your liability will be billed to you upon receipt from the insurance company. You will also receive a new Explanation of Benefits from your insurance company.

If you have any questions, please contact us at (402) 559-3140

Sincerely,

Patient Financial Services
Nebraska Medicine

Patient Financial Services - 988140 Nebraska Medical Center - Omaha, NE 68198-8140



Out of network Patients

We flag patients based on their insurance as

- Non-contracted
 - This drives to WQ's for Financial Counselors
- Contracted

Coverage Info

Member ID:

Subscriber ID:

NEB MED Contracted Status:

Non-Contracted



Out of network Patients cont'd

- Education to the patient
- Patients receiving payments directly
- Financial Assistance
- Impacts to the Providers who want to see patients
- Gap Exceptions





**NebraskaSM
Medicine**

