



REVENUE CYCLE MANAGEMENT

STAYING FINANCIALLY HEALTHY

Care New England Reduces Costs with Document Management Technology

Utilizing SSI's Document Management System, Care New England has saved nearly \$100,000 per year on just reports.

Care New England was printing more than 47,000 reports per year at an average of 40 pages or 1,915,861 pieces of paper per year.

These reports required distribution, storage and access to the printed reports upon demand. Access to the reports usually meant a delay because they were stored at another facility. Reports had to be located, picked up and delivered by a courier service. On top of those expenses were the costs involved in shredding and archiving.

"As a healthcare provider, we are continually searching for ways to reduce costs and save money. One area we focused on was reducing the overall costs of producing reports," said Carl Lindewall, application specialist at Care New England.

"Our standards were pretty high when we chose SSI's technology for document management. We did look at other vendors, but the technology in SSI's solution met our needs."

– Carl Lindewall, Application Specialist, Care New England

"This factored in more than just the hard paper costs of the report," Lindewall continued. "By the time you factor in the paper, cost of the printer, toner and service contracts, the actual cost per printed page is 3.2 cents. That does not take into consideration other 'soft' costs."

As Care New England sought ways to reduce the costs associated with producing and distributing printed reports, an electronic document management system was seen as the best solution. Vendors were

About Care New England

Based in Providence, Rhode Island, Care New England serves the southeastern New England community. Care New England Health System was formed in February 1996 by founding members Butler Hospital, Kent Hospital and Women & Infants Hospital of Rhode Island.

Care New England is dedicated to the advancement of medical education and research. Butler Hospital serves as the principal teaching affiliate for psychiatry and human behavior for Brown Medical School; Women & Infants is Brown's primary affiliate in obstetrics, gynecology and newborn pediatrics; and Kent is affiliated with the University of New England College of Osteopathic Medicine.

researched, contacted and product demonstrations scheduled. Once the review period was completed, ClickON® Document Management System (DMS) from SSI was chosen as the product that could provide the best solution.

Care New England was already an SSI customer, utilizing the company's ClickON® Claims Editor for billing.

"Our standards were pretty high when we chose SSI's technology for document management," Lindewall said. "We did look at other vendors, but the technology in SSI's solution met our needs."

Utilizing SSI's Document Management System, Care New England has saved a significant amount per year associated with reports. This amount was a minimum

of \$61,308 in 2007 and since then has increased to an estimated \$100,000. “The savings we’ve experienced are simply the ‘hard’ costs,” Lindewall added.

Along with costs for the production, distribution and labor of producing reports, efficiency within Care New England’s operations have improved. For instance, the reports can be distributed electronically, and older reports can be accessed online. There is no longer a need for storage or paying a courier to deliver hard copy reports.

“In many cases, only the summary page – the last page – is needed from a report,” Lindewall added. “We used to produce volumes of paper just to get to that one page. Now, that one page can be accessed online and only that page can be printed.”

Savings continue to be realized at Care New England with SSI’s DMS application. It’s a long-term approach that is paying long-term dividends with a return on investment that has already been realized.

ABOUT SSI

Established in 1988, SSI has grown to become a leader in healthcare technology. Today, the company operates the nation’s second largest institutional healthcare claims

ClickON® Products Used

- ClickON® Compliance
- ClickON® E-Verify
- ClickON® Claims Editor (Direct)
- ClickON® Secondary Billing
- ClickON® Remit Posting
- ClickON® Reject Note Posting
- ClickON® Report Generator
- ClickON® Claims Audit Module
- ClickON® DMS (Document Management System)

clearinghouse. SSI offers a wide range of provider/payer/physician services and technologies for managing the revenue cycle, including ClickON® Technology which enables complicated processing tasks to be completed in less time with fewer people, by automating the billing process. For more information about SSI, please visit www.thessigroup.com.



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ADDRESSING REVENUE CYCLE MANAGEMENT NEEDS IN CHALLENGING TIMES

The health care industry is experiencing significant change – and organizations should heed all the unrest as a call to action. To succeed, financial leaders need to assess their organizations' current processes – and then implement technologies that can help them deal with emerging trends such as the move toward consumer-directed health care.

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A Proven Solution for Capturing More Cash

Now, more than ever, you need enterprise solutions that do more than just promise to improve your financial results. At CareMedic, we have focused for over a decade on helping hospitals Get PAID. Period. As a result, we've developed innovative solutions to the toughest revenue cycle challenges, providing automated workflow, integrated dashboard reporting and a patient-centric approach to data management.

Our customers have used CareMedic's solutions with impressive results over the last 12 years, finding revenue lost in black holes, reducing A/R days, increasing productivity and improving cash flow. As just one example, MultiCare Health System (MultiCare) has volunteered to share the story of its success using our Payment Management solution.

MultiCare is a not-for-profit, leading-edge, integrated health organization with 93 locations across four Pacific Northwest counties. Despite being a recognized health information technology leader, it faced a never-ending struggle to streamline payment posting workflows.

THE SITUATION

The organization's billing office managed both hospital and physician cash postings, and relied on manual procedures to post payments to the patient accounting system. They routinely faced excessive amounts of unallocated payments, and were forced to use expensive temporary staff to keep up with the workload.

"Because we were very manual, it required a large quantity of FTEs to post and reconcile payments," said Jason Adams, MultiCare's vice president of revenue cycle. "Our cash posting challenges were resulting in excessive amounts of unposted cash—literally millions of dollars unposted each day. In addition, we might have had patient payments in the bank, but because of our cash posting lag time, our billing follow-up staff didn't know it."

THE SOLUTION

CareMedic's Payment Management provided a totally paperless remittance processing solution that streamlined and automated procedures so that cash is posted faster and more accurately, significantly reducing labor costs.

THE RESULT

- Saved \$400,000 in temp staff expense
- Reduced daily unallocated cash from an average \$1.5 million to \$100,000
- Improved posting accuracy
- Eliminated unnecessary follow-up calls to payers
- Eliminated seven FTE positions
- Required minimal internal IT support

PAYMENT MANAGEMENT offers an efficient, paperless solution for managing and automating payment processes—and a single point of access to insurance payment data. It captures electronic and paper explanations of benefits (EOBs), converts them to standard electronic format, automates posting and provides single-patient 835 views. Its advanced dashboard reporting enables analysis of remittance and payer issues, including root causes of denied payments.



"After implementing CareMedic's Payment Management Solution, we're operating in an optimal performance environment," reports Adams. "By enabling our staff to work accounts by exception, we've been able to phase out unskilled and expensive temporary staff and vastly improve productivity by avoiding unnecessary follow-up work on payments we had received but just hadn't yet reconciled."




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Just a glance through the recent findings from the Healthcare Financial Management Association's Financial Pulse makes one thing readily apparent: Things are bleak.

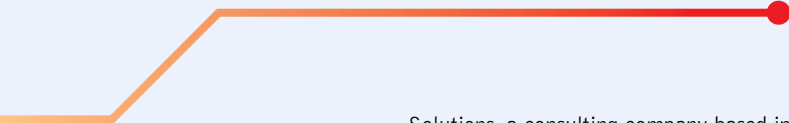
Consider the following: More than half of hospitals are reporting negative total margins. Non-operating revenue has declined in more than 78% of all hospitals, 43% of all hospitals have realized a 25% or more decline in investment portfolio performance and patient revenue has declined in 43% of hospitals, according to findings from the project, which is designed to track the financial performance of hospitals in real time.

"CFOs are being confronted with a situation unlike any they have ever been confronted with in their work history. Investment portfolios have tanked. Patient revenue is down," says Mike Evans, chief operating officer at Revenue Cycle



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— Bill Poole, Principal, Revenue Cycle Solutions



Solutions, a consulting company based in Pittsburgh. "Because of this situation, this is not the time for financial executives to bury their heads in the sand. This is the time to make certain that the revenue cycle is running optimally."

Provider organizations, for example, simply cannot ignore the fact that health care reimbursement models are changing – and, as a result, revenue cycle management practices need to change as well.

For example, health care providers now are dealing with a significant rise in consumer directed health care plans (CDHP), which require patients to pay for a greater portion of their total health care costs.

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Although these plans are designed to provide consumers with more control over their care and, in theory, help to reign in overall costs, the problem is that about 80% of patient self pay revenue is never collected, according to a report from the Advisory Board Company, Washington, D.C.

To meet the challenges associated with the current financial environment, health care providers need to take a look at the overall situation — “people, processes and technology” — and then implement changes, according to Bill Poole, principal at Revenue Cycle Solutions.

“You have to make sure that you look at the whole picture. You also have to make sure that the software just doesn’t sit in a box. People have to know how to use it,” Poole says.



“PATIENT REVENUE IS DOWN. BECAUSE OF THIS SITUATION, THIS IS NOT THE TIME FOR FINANCIAL EXECUTIVES TO BURY THEIR HEADS IN THE SAND. THIS IS THE TIME TO MAKE CERTAIN THAT THE REVENUE CYCLE IS RUNNING OPTIMALLY.”

— Mike Evans, Chief Operating Officer, Revenue Cycle Solutions

When taking this holistic approach, providers are likely to realize that they need to find a way to improve access management – the functions that facilitate patients’ entry into the health system. With a consumer centric model, it is more important than ever before to collect information needed for treatment as well as payment at the beginning of the patient interaction process.

The problem? Many existing revenue cycle management processes and systems do not accommodate this upfront collection of information. As a result, providers need to deal with significant delays and substantial rework because information is not collected at the beginning of the process.

For example, financial clearance tools are becoming increasingly important as patients take on more financial responsibility. These tools can help providers determine not only patient eligibility but also patient’s ability and willingness

CONTINUED ON PAGE 11



Core Competency?

What's Your Bottom Line?

Cash may be at the core of your health-care business. But patient-care is the bottom line. So, why be distracted from what you do best? We're Ontario Systems. We provide the best revenue-cycle management services in your business. If we didn't, we wouldn't lead ours.

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From a retired billing system!

When the health system implemented a new hospital billing system, a strategic decision was made to do minimal data conversion from its old mainframe system. The idea was to start fresh with its new system and work the accounts receivable (A/R) on the old system until it was financially, legally and medically reasonable to retire it.

The health system recognized the value of the data and initiated a process to analyze how the data could be feasibly retained and accessed to meet five, seven and 10 year requirements. Although the data could be "spun off" to reports, microfiche or even an imaging system, these methods did not provide the business

office with simple and speedy access to or analysis of its data. A newer technology was available to the health system that allowed for the off-site storage of its retired patient accounting data to an active environment with Web access and retrieval of that data, all without a data conversion.

After the retirement of the old system and its selection of Legacy Data Access to meet its data storage and archiving needs, LDA provided the health system with robust revenue cycle functionality that allowed payment and adjustment posting, UB print image editing, insurance and demographic updates, agency management as well as appropriate interfaces.

The health system is able to continue access to patient accounting and clinical information, provide accurate detail for internal or external audits, meet regulatory requirements to make data available for ten years past the date of the last activity and reproduce bills, statements or other forms as needed.

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CONTINUED FROM PAGE 8

to pay healthcare costs. In addition, medical necessity checking functionality can also help providers by helping to reduce Medicare denials and maximizing reimbursement.

Taking a holistic approach also is leading some health care providers to adopt a new computing model as well. For example, many health providers formerly added functionality via “bolt-on” systems. However, these providers are now discovering that this strategy is difficult to follow in the long-term because the constant addition of systems is too cumbersome and costly, says Chad Mulvany, a technical manager with the Healthcare Financial Management Association, Westchester, Ill.

“Providers are looking to go sole source with their next generation revenue management systems,” Mulvany says. “Before if they wanted to add eligibility checking, demographic checking, credit checking or medical necessity verification or some other functionality, they would add separate systems that would then need to be integrated.

As time goes on, that is becoming more and more of a nightmare in terms of the time and expense required to maintain these systems. Now, many providers are looking for one product that does it all.”

In addition, providers also are looking for revenue management systems that can easily integrate with clinical systems, specifically with electronic health records. With the American Reinvestment and Recovery Act offering about \$19 billion to providers to implement electronic health records (EHRs), the move toward such systems is accepted to accelerate. At the same time, though, providers would be wise to make sure these systems integrate with their financial systems, Mulvany advises.

“Providers are being given the opportunity to implement electronic health records. When doing so, they should make sure that data flows from these clinical systems directly into the billing systems. It is a real opportunity to make sure that data is collected on the front end is used to its full advantage,” Mulvany says. ●

PASSPORT: The Health Care Community's Partner of Choice

Since 1996 Passport Health Communications, Inc. has built a reputation for delivering measurable revenue cycle value and for providing outstanding service and support. Maybe that's why Passport is the partner of choice for more than 5,300 health care providers in all 50 states. But don't take our word for it...

“Using Passport's real-time and batch products and services has made a real impact on our bottom line through increased efficiency and accuracy, fewer denials and increased cash flow.”
Cheri – Grady Health System, Ga.

“We love Passport. When you are used to performing financial tasks manually it is absolutely amazing and saves us a whole lot of time.”

Marcy – Hoag Memorial Hospital Presbyterian, Calif.

“I work a lot on the weekends, but never expected to get such great customer service on Saturday and Sunday. Try this with Microsoft or IBM...they could not get close to Passport's customer service staff.”

Joyce – Richardson Regional Medical Center, Texas

“I have had the privilege of using Passport for several years, and your products have tremendously decreased my job load. What used to take me several hours to accomplish now takes me minutes. Thank you for providing such a valuable resource!”

Denise – Baptist Memorial Hospital, Miss.

“Address verification is a wonderful tool. The number of accounts that we send to collection from returned mail has decreased by 75 percent.”

Fran – Windham Hospital, Conn.

“Health care changes so fast, we tend to patch here and there and don't always identify where the real problem lies. But six sigma is all about finding better ways to do things from the root. Passport has proven to be one of those ways.”

Jane – AmeriPath, Fla.



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