

Employing HBI's Member-Driven Solutions to Bolster Internal Denials Prevention Efforts

Highlights

Profile

JPS Health Network

- Headquartered: Fort Worth, Texas
- Number of Hospitals: 3
- Net Patient Revenue: approximately \$236 million

Challenges

- JPS lacked a robust denials reporting system and could not gauge the extent of their financial impact
- Staff communication regarding denials was informal and sporadic, restraining the development of process improvements
- The organization was unsure how best to convey denials-related data to staff members to encourage denials prevention

Solution

- JPS partnered with Healthcare Business Insights' Member-Driven Solutions team for data analytics
- The MDS team compiles a monthly custom dashboard using JPS denials data
- JPS developed a Denials Prevention Task Force to review and act upon the dashboard provided by MDS

Results

- JPS has instituted technology and procedure changes to prevent authorization-related denials, yielding a significant decrease in initial denials for its oncology service line
- The organization has been better equipped to renegotiate processes to prevent timely filing denials
- Staff members are building a culture of accountability for denials management and prevention

As healthcare providers seek to safeguard reimbursement amid changing industry trends, one area of the revenue cycle with significant potential return on investment is denial management. According to a recent Academy survey, 100% of respondents with dedicated denials management staff members have them report directly to revenue cycle leadership, emphasizing this function's critical role in financial health.

However, building a denials management program from scratch can be daunting. An organization can find itself stymied as leaders attempt to identify the most effective metrics to measure and how to do so. Some healthcare providers also can struggle to devote the staff resources necessary to ensure a fledgling denials management program has the necessary oversight to become successful. Finally, if an organization cannot manage existing denials, it almost certainly cannot implement changes to prevent new ones.

Healthcare Business Insights' Member-Driven Solutions team can provide the data analytics and staff support required for an internal initiative to prosper. To learn more about incorporating MDS data analytic tools into denials management and prevention, The Academy recently spoke with Rhonda Johnson, Director of Patient Financial Services at Texas-based JPS Health Network.

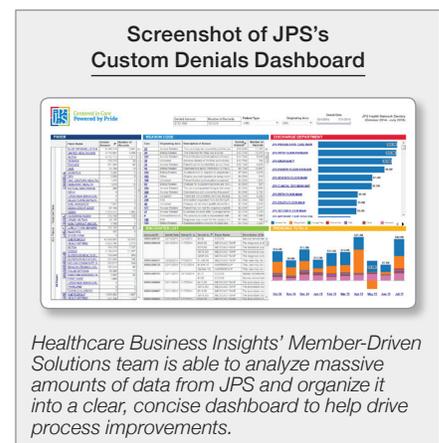
Challenge

At the time of a staffing change in 2014, it became apparent that JPS was finding it difficult to assess the full scope of denials at the organization, due to poorly defined communication channels and a dearth of detailed data. "I don't think we were able to provide the volume and the true impact," Johnson says.

Johnson faced the challenge of developing a denials management program that would educate staff members throughout the revenue cycle and encourage them to take ownership of denials without overwhelming them. "It's just not their world, so we wanted to make it very graphical so they could see pie charts, bar graphs," she says, "so they could see trending and the volume of denials, where most of them came from. What is the root cause?"

Solution

Johnson determined that JPS—already a member of HBI's Revenue Cycle Academy—should form a partnership with HBI's Member-Driven Solutions team and take advantage of a robust, customized dashboard. The MDS team analyzes monthly files from JPS and uses the dashboard to break down denials data in a convenient way (e.g., by patient type, service area, originating area) to help drive sustainable changes. End-users can filter the dashboard to view denials data specific to their departments and key root causes, such as a missing pre-authorization, or drill down to view individual patient account information. Department leaders easily can navigate the dashboard



MDS provides and identify information that most directly affects their areas of the revenue cycle.

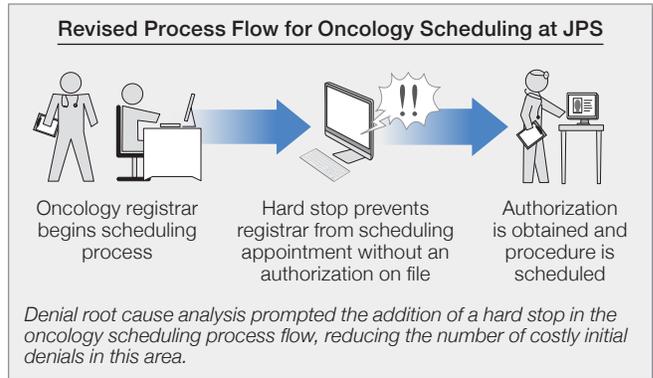
To ensure the organization would receive the maximum benefit from the dashboard, Johnson developed JPS's Denials Prevention Task Force, a group that includes representatives from the entire revenue cycle and some clinical areas. The task force meets monthly to discuss how individual departments have used the denials information to identify process gaps.

Results

The Denials Prevention Task Force began meeting in early 2015; members have been gaining familiarity with the dashboard and are beginning to use the data to propose new processes and procedures to mitigate the denial root causes already measured. For example, at a recent task force meeting, JPS's Patient Access Manager discussed a targeted root-cause prevention project recently undertaken by his staff. Team members reviewed a selection of recently denied claims to identify the points at which denials were caused, such as a no-authorization denial that stemmed from an improper setting change within the patient's electronic medical record to indicate, wrongly, that no authorization was required. The Patient Access Manager was able to determine which staff member had made the error and to provide targeted education. The task force discussed whether this type of action within an EMR could be prevented or if additional documentation should be required when similar changes are made.

During the task force meeting, members also discussed possible improvements to the organization's eligibility screening process in response to a specific timely filing denial and a broader issue stemming from Medicaid coverage determinations throughout the organization. In future meetings, task force members will discuss reviews of other departments and workshop additional denial prevention initiatives.

The effects of the MDS partnership and the task force already are being felt throughout JPS. For example, the organization has identified a lack of authorizations as a major denial root cause, especially in radiology. Armed with that initial information, JPS was able to determine that while the organization often did obtain



pre-authorizations for imaging services, radiologists frequently provided unapproved services without obtaining an add-on authorization. Armed with this data, this department developed a process to call in same-day, add-on procedures for non-urgent services.

The task force has prompted individual staff members to think more critically about denials. For example, coding staff noticed one physician was generating denials by providing a Medicare inpatient-only procedure on an outpatient basis. "We were able to jump on it pretty quickly, provide him with education, and so now he's doing the right thing," Johnson says. JPS has used the dashboards to obtain greater leverage in discussions with payers and recently redesigned the process for sending clinical information to a major payer to prevent timely filing denials.

Finally, JPS has seen a significant return on investment, especially in the oncology unit. In this service line, high-dollar services often were scheduled without authorizations on file, resulting in a large volume of authorization-related denials. Now, a new workflow in the scheduling system has a hard-stop preventing these services from being scheduled if an authorization has not been obtained. The percentage of authorized referrals in this service line increased from 17% to 50%, which in turn reduced initial denials related to access root causes by 29%, roughly \$5 million. Additionally, the organization's behavioral health service line was able to justify the hiring of several FTEs based on the cost-savings from increased attention to denials prevention.

Johnson says that without the assistance of the MDS team and the dashboard, JPS would face dramatic challenges in monitoring denials and designing process improvements. "I love the fact that we can get down to the accounts that compiled the data, because that's more meaningful to me," she says, adding that the dashboard arranges information in a clear, concise way and applies filters in a way that is intuitive for even the least tech-savvy user. "The tool itself has been a god-send. It's making my job so much easier," she says. +

Sample Staff Groups Represented on JPS's Denials Prevention Task Force

- Patient Access
- Patient Accounting
- Coding
- Case Management
- Clinics
- Information Technology

JPS's task force includes representatives from many clinical departments and areas of the revenue cycle, helping the organization take a holistic approach to denials prevention.

About HBI's Member-Driven Solutions

- HBI's Member-Driven Solutions team is experienced in utilizing a combination of data analytics, operational interviews, and patient survey information to provide a detailed picture of the current state of your operational workflows and patient experience.
- Together, HBI will craft a work plan with you to ensure the necessary processes, staffing resources, and technology utilization are

in place to secure full and appropriate reimbursement, in addition to a high level of patient satisfaction.

- For more information about HBI's Member Driven Services Team, email MDS_team@hbinsights.com, call [888.700.5223](tel:888.700.5223), or visit healthcarebusinessinsights.com.