Participating In Today’s Webinar

- You have joined today's Webinar listening through your computer's speaker system by default.

- If you would like to call in using the phone, locate your Audio Pane and select Use Telephone. The dial-in information and access code will then be displayed.

- You also have the ability to ask questions using your Questions Pane. Simply type in your question and click Send. At the end of the presentation we will do a Q & A session and take as many questions as we have time for.
NEXT GENERATION REVENUE CYCLE

Karen Miller, CFO, San Juan Regional Medical Center
Dave Boucher, Sr. Managing Director, Jacobus Consulting

March 15, 2016
10:30 AM PST/1:30 PM EST
TODAY’S OBJECTIVES

1. **Understand the foundations** SJRMC built for a fully integrated Patient Centric Revenue Cycle (vendor-agnostic)

2. **Comprehend the critical role of analytics** at SJRMC

3. **Learn how SJRMC is shifting their culture** from reactive to proactive management

4. **Understand the critical success factors** that SJRMC has adopted for lifelong patient-centered revenue cycle
Q1: Tell us a little about SJRMC?
LOCATION: Farmington, NM

SIZE: 194 bed, Level III Trauma Center

STRUCTURE: Non-profit, community-owned hospital

ACCOLADES:
2013: Healthgrades Distinguished Hospital Award for Clinical Excellence

2014: Healthgrades Patient Safety Excellence Award

Ranked among the top 5% in the nation for overall clinical excellence
**OUR MISSION:** personalize healthcare and create enthusiasm and vitality in healing

**OUR VISION:** to be recognized as the most personalized quality healthcare provider for our region
Q2: Prior to the development of the new Revenue Cycle, how was Revenue Cycle defined at SJRMC?
We thought we were doing well, but did not know if we could be doing better.

Revenue Cycle consisted mostly of PFS, Patient Access, & HIM - critical participants missing.

Revenue Cycle was not embedded in the organization’s DNA.

Lacked governance.

No visibility to KPIs.

General unawareness of shared responsibilities and what’s at stake.
Q3: What were some of the Revenue Cycle challenges that SJRMC faced?
SJRMС’S REV CYCLE CHALLENGES

We do not know what we do not know

- General lack of accountability & awareness of what to do and when
- No feedback loop / silo’s
- We spend our time billing, not collecting
- Lack of standardization
- Lack of HCIS knowledge - how can the system work for us, not against us
POLLING QUESTION
What challenges do you have at your organization?
Q4: What were SJRMC’s goals for their Revenue Cycle?
1. Define Revenue Cycle at SJRMC
2. Establish an integrated patient-centric Revenue Cycle
3. Design a Reimbursement Management & Revenue Integrity Program
4. Gain visibility to the health of the Revenue Cycle – proactive management
5. Enable the HCIS to work for us – eliminate workarounds and automate processes
6. Identify & solve inconsistencies in processes
7. Establish root cause denials management
Q5: What steps did you take to change how the Revenue Cycle is defined at SJRMC?
STEP 1: RECOGNIZE NEED FOR SUPPORT ACROSS SJRMC

We needed to support a Patient-Centered Revenue Cycle across the organization from Executives to the integrated delivery of Physician Practices and Hospital.
STEP 2: ADOPT NEW METHODOLOGY

Adopted Jacobus Consulting’s Patient Centric Revenue Cycle Methodology
STEP 3: BRING TOGETHER ALL STAKEHOLDERS

Jacobus’ 1-day Revenue Cycle Workshop enabled our teams to:

- **Strip our titles and acknowledge we are equal** players in the delivery of care to our patients
- **Share education on our roles** within Revenue Cycle
- **Understand how the interdependencies** within the triangulation of Systems, People, and Processes can make or break the Revenue Cycle
- **Learn the importance of analytics** - not how it’s displayed - but what does it mean, how is it defined, and how do we manage according to the data & trends
- **Learn how our HCIS can better serve us**
- **Establish an action plan** of top priorities for each Pillar
- **Define the vision** for Revenue Cycle Management at SJRMC
OUR VISION:

- To *strategize, design, build, implement, and support the foundational elements of San Juan Regional Medical Center’s fully integrate Patient Centric Revenue Cycle* – including the people, processes, and systems to streamline workflow, improve performance, provide for knowledge management and on-going training, in order to...

- ...*reduce bad debt, realize expected cash collections, increase revenue, and improve the patient experience* through superior customer service and care funding – while remaining compliant and transparent.
POLLING QUESTION
Do you have a Patient-Centric Revenue Cycle at your organization?
Q6: What are the critical success factors for transforming and redefining SJRMC’s Revenue Cycle?
PATIENT CENTRIC REVENUE CYCLE
CRITICAL SUCCESS FACTORS

- Governance
- Customer Service
- Financial Performance Metrics
- Partners in Care
- Monitoring & Control
- Information Systems
- Structure & Workforce Assignments
- Workforce Skills & Knowledge
- Communication & Collaboration
- Processes

Patient-Centric Revenue Cycle

ACHIEVE WHAT MATTERS MOST
Q7: How do you tackle it?

Value Connection to Execution
1: STRATEGY
Assess RC. set performance improvement strategy, establish a plan

2: PROCESS
Analyze current state, streamline workflows, improve efficiency, establish standardization

3: TECHNOLOGY
Establish HCIS and 3rd party apps, automate and streamline, implement new enabling technologies

4: PEOPLE
Governance & commitment across structures and collaboration, training and monitoring of productivity, continual collaboration and customer service

PATIENT CENTRIC REVENUE CYCLE IMPLEMENTATION APPROACH
Q8: What is the timeline for transforming SJRMC’s Revenue Cycle from start to finish?
PATIENT CENTRIC INTEGRATED REVENUE CYCLE IMPLEMENTATION TIMELINE: PHASE 1

**PHASE 1**

- **SEPTMBER**
  - RC Workshop

- **OCTOBER**
  - RC Executive Sponsor Launch & Structured Meetings
  - RC Stakeholder Launch & Structured Meetings
  - RC Cross Pillar Collaboration Launch & Structured Meetings

- **NOVEMBER**
  - PFS/CBO Access
  - Rev Integrity Assess
  - Reimbursement Mngmt Assess

- **DECEMBER**
  - PFS / CBO Optimization – Phase 1
  - Revenue Integrity Optimization – Phase 1
  - Reimbursement Management Implementation

- **JANUARY**
  - HIM Assessment
  - Patient Access Assessment
  - Case Management Assessment

- **FEBRUARY**
  - Phase 1 Complete
Q9: Can you share some of the early results of this Revenue Cycle transformation at SJRMC?
PHASE 1 REVENUE CYCLE WINS

1. Fully integrated Revenue Cycle awareness, commitment, and collaboration
2. Visibility and Proactive Management to RC KPIs with goal establishment and threshold management
3. Process Improvements / reduction of touch points / automation of processes – acceleration of cash
4. Establishment of Revenue Integrity & Reimbursement Management Programs
5. No charge left behind / charging for all services rendered – increased gross revenue
6. Establishment of consistent pricing policies according to APC guidelines
IT’S ALL ABOUT THE DATA

Cash Management

Denial Management

Late Charges - % of Volume
Q10: What are the immediate next steps for your Revenue Cycle at SJRMC?
**PATIENT CENTRIC INTEGRATED REVENUE CYCLE IMPLEMENTATION TIMELINE: PHASE 2**

<table>
<thead>
<tr>
<th>PHASE 2 Launch</th>
<th>Process Reengineering, Build, Test, Train</th>
<th>Phase 2 Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARCH</td>
<td>RC Executive Sponsor Meetings</td>
<td></td>
</tr>
<tr>
<td>APRIL</td>
<td>RC Stakeholder Meetings</td>
<td></td>
</tr>
<tr>
<td>MAY</td>
<td>RC Cross Pillar Collaboration Meetings</td>
<td></td>
</tr>
<tr>
<td>JUNE</td>
<td>PFS / CBO Optimization – Phase 2</td>
<td></td>
</tr>
<tr>
<td>JUNE</td>
<td>Revenue Integrity Transition</td>
<td></td>
</tr>
<tr>
<td>JUNE</td>
<td>Reimbursement Management Transition</td>
<td></td>
</tr>
<tr>
<td>JULY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUGUST</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACHIEVE WHAT MATTERS MOST**

**PHASE 2**

- **MARCH**: RC Executive Sponsor Meetings
- **APRIL**: RC Stakeholder Meetings
- **MAY**: RC Cross Pillar Collaboration Meetings
- **JUNE**: PFS / CBO Optimization – Phase 2
  - Revenue Integrity Transition
  - Reimbursement Management Transition
  - Patient Access Optimization
  - Case Management Optimization
  - HIM Optimization
  - Ambulatory CBO Assessment
Q11: How is SJRMC planning to evolve as the Revenue Cycle demands change and continue to center around the patient, their families, and their community?
THE DRUM BEAT OF REVENUE CYCLE SPONSORSHIP, STAKEHOLDERS, AND CROSS PILLAR COLLABORATION IS NOW PART OF OUR DNA

✔ Maintain a trusted and metric driven Revenue Cycle

✔ Proactive Management
  – Of Revenue Cycle fueled by KPI goals & thresholds
  – Of payer trends, reimbursement, and contractual variances

✔ Integrate the ambulatory care

✔ Root Cause Denial Management

You can’t manage what you can’t measure.
POLLING QUESTION
What best describes your approach to denials management?
YOUR QUESTIONS

Send your questions through the chat pane
We’ll ask our team your questions live
COMING SOON...

UPCOMING WEBINARS

- Reimbursement Management
- Revenue Integrity
- The Power of A/R Analytics
- Results of a Transformed Revenue Cycle
- Predictive Analytics: What do I do with all this data?
  - March 31, 2016 | 10:00 am PST/1:00 pm EST
  - Dr. Clyde Wesp, Adjunct Professor USC & Executive Clinical Strategist

Register: www.jacobusconsulting.com
THANK YOU!

Karen Miller, CFO
Contact info

Dave Boucher
Senior Managing Director
401.480.2804
dboucher@jacobusconsulting.com

Get the PPT and recording on: www.jacobusconsulting.com