

2023 NAHRI LEADERSHIP COUNCIL RESEARCH SERIES:

Essential Takeaways on Revenue Cycle Automation



HOSPITALS AND HEALTH SYSTEMS

HAVE FACED SEISMIC CHANGES over the past several years that have driven them to reimagine the revenue cycle. A variety of factors—ranging from coding and billing challenges, financial pressures, and changes in the workforce—have accelerated long-standing needs and exposed critical opportunities. Automation has emerged as one of the most powerful and promising tools in a modernized revenue cycle.

In partnership with 3M Health Information Systems, NAHRI released a survey in February 2023 to members of the NAHRI Leadership Council. Respondents discussed revenue cycle processes supported by automation, oversight of implementation, key benefits of automation and technology, and strategies for scaling up.

After conducting the survey, the NAHRI Leadership Council held two 60-minute panel sessions with Council members to dig into the survey findings and share tips and best practices from their own experiences.

UTILIZATION AND REACH

“Like many, our statements are 100% automated and run on a set schedule,” says **Karen Kennedy**, director of revenue cycle and revenue integrity with Cleveland Clinic.

She also emphasizes how basic automation has significantly enhanced work efficiency. “Simple automation has increased productivity incredibly. We can have computers do keystrokes, enabling our people to do other things and allowing us to get more pieces through the system in the same amount of time,” she adds.

Michele Bear, MBA, CHRI, CRCC, CHC, CPC, executive director of revenue integrity, CDM, data analytics, and team member engagement at Baptist Health in Jacksonville, Florida, says that automation is more prevalent in some revenue cycle areas of the organization, including HIM, which uses scanning solutions to move claim edits, DNBs, and stop bills into the EHR. Additionally, Baptist Health has automated appointment reminders, physician messages, and patient credit card payments. “We also employ 75% automation for simple visit coding for some of our outpatient services,” says Bear.



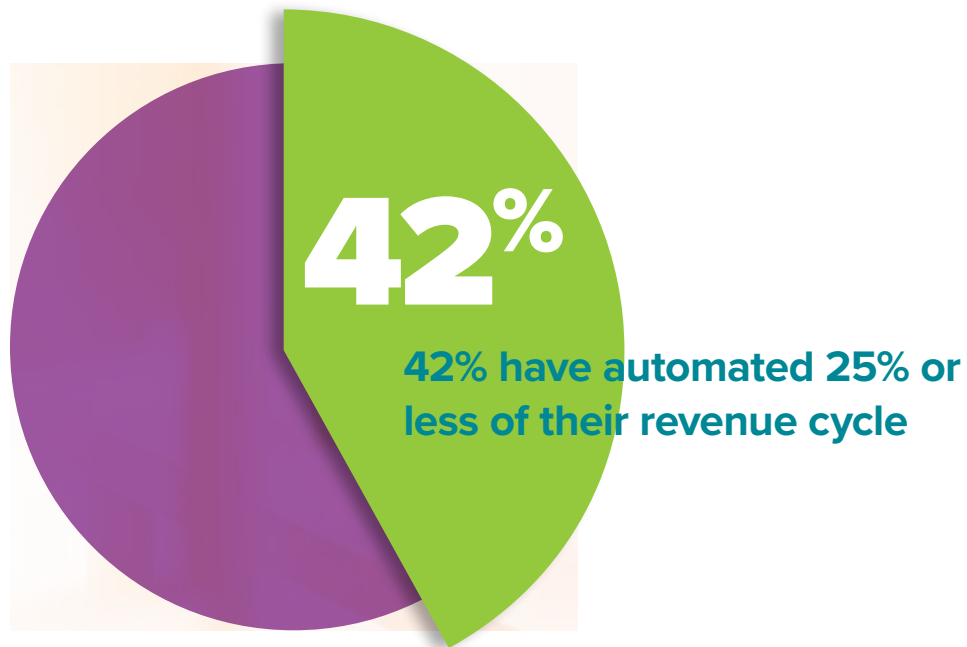
The top three areas automated in revenue cycle are charge capture (65%), claim edits (62%), and charge edits (61%)

UTILIZATION AND REACH

Bear says EHR automation now tackles many revenue cycle challenges that previously required manual intervention on the back end.

However, she also recognizes that there is still progress to be made. For example, Baptist Health is implementing a third-party vendor solution to automate prebilling charge capture leakage. The goal is to shift automation efforts upstream, thus improving the revenue cycle as a whole.

“WE ALREADY HAVE [AUTOMATION] ON THE POST-BILLING SIDE, BUT OUR FOCUS IS ON OPTIMIZATION AS WE MOVE TOWARDS STABILIZATION,” SHE CONFIRMS.





55% work with one to two vendors for automation solutions

Third-party vendor automation tools can be invaluable in addressing revenue cycle needs that EHR applications may not fully meet. Baptist Health's Bear affirms that such vendors have been essential in reducing labor-intensive work involved with authorizations. "Being new to automation, it has had a huge impact as far as enabling us to pare down some of the manual work that happens with authorizations."

Kennedy from Cleveland Clinic underscores the value of employing automation for unique problems that require significant labor.

"WE CAN EASILY ADDRESS REOCCURRING ISSUES WITH AUTOMATION SINCE THE SAME PERSON PERFORMS THE SAME KEYSTROKES OR THE SAME FUNCTION EACH TIME, ALLOWING US TO CREATE A BOT OR SET UP SYSTEM ACTIONS. HOWEVER, IT WOULD BE NICE TO HAVE SUPER QUICK FIXES FOR [ISOLATED ISSUES]," SHE EXPLAINS.

For example, when an interface fails to populate a field correctly, resulting in thousands of work queue claim edits, Kennedy says it prompts the question: Should staff be assigned to resolve the issue over several days, or should time be invested in building a bot?



38%

38% use AI to support revenue cycle functions

According to Bear, Baptist Health works with more than 10 vendors due to IT bandwidth limitations. Although Baptist Health's EHR vendor dissuades against collaborating with bolt-on vendors, she emphasizes the importance of deploying solutions from other vendors, saying, "Third-party partnerships are necessary, as the EHR alone cannot meet all revenue cycle automation needs."

Kanivetsky shares that Tufts Medicine collaborates with more than five partners. She acknowledges that fewer vendors could potentially reduce interface and accessibility issues, but this is unrealistic, given the EHR's limitations. "Each vendor we work with is best in class," she adds. As vendor relationships have matured at Tufts Medicine, each revenue cycle division manages its respective vendor relationship, with Kanivetsky serving as the primary vendor liaison for revenue integrity-related matters.

"IT'S IMPORTANT TO HOLD MEETINGS AND DEVELOP THESE RELATIONSHIPS," SHE SAYS. "THIS APPROACH HAS ENABLED US TO ASK FOR MORE THAN WE MIGHT HAVE OTHERWISE ACHIEVED."

MAXIMIZING BENEFITS AND MEETING EXPECTATIONS

Johnny Tureaud, MS, MHA, CHAM, FHAM, regional director of revenue integrity at UnityPoint Health, emphasizes the automation advantage of enabling staff to function at their highest capability.

“WE WANT TO USE PEOPLE FOR THEIR COGNITIVE SKILLS, NOT BECAUSE THEY CAN FACILITATE THE SAME KEYSTROKE REPEATEDLY. THAT’S WHY WE HAVE LARGELY AUTOMATED PAYMENT POSTING,” TUREAUD SAYS.

Vrinda Kosgi, director of revenue integrity at Augusta University Medical Center, emphasizes the importance of reviewing and optimizing foundational processes before increasing automation. “We are an academic center with multiple bolt-on systems, and we are not on one standardized EHR. It’s crucial first to determine how good your processes are. Do you have certain workflows in areas that are standardized with systems that talk to each other properly?”



65%

Not surprisingly, survey respondents find reducing manual processes (65%) and alleviating burdens on revenue cycle staff (64%) extremely important.

14%

14% use in-house developed automation for price transparency functions

Kosgi also points out the shift in perceptions about automation post-COVID-19 pandemic:

“IT HAS TAUGHT US HOW TO DO MORE WITH LESS AND UNDERSCORED THE VITAL ROLE OF TECHNOLOGY.”

Tureaud shares that UnityPoint Health uses a combination of EHR and third-party vendors to perform automation. The hospital relies on its EHR to perform rules-based charge-conflict checks that route back to revenue integrity staff. “We’re also working with outside vendors to help us do automation heavily within our PFS functions, particularly in reaching out to payers to get a status on claims and bring back additional information to drive actions and quality interactions from our folks,” he adds. “We rely a lot on ‘if, then, else’ logic to help us automate lower-level decision making.” Further, Tureaud notes that UnityPoint Health is exploring how to automate front-end processes, including authorizations.

“Standardized processes are vital,” says **Frank Cantrell, CHRI**, director of corporate compliance at Penn Highlands Healthcare. “The same information has to be in the same place every time for the technology to go and grab it.” He further emphasizes that tools must fulfill their marketed promises and drive an ROI. “The technology should yield an ROI, but that is not necessarily dollars in the door,” remarks Cantrell. ROI might manifest as previously unclaimed revenue or as staff time savings.

Kosgi adds, “I look at if automation helps us work smarter versus harder.” For example, in critical areas like denials tracking and management, the technology must enable organizations to work denials more quickly, efficiently, and accurately.

18% use a third-party vendor, other than their EHR vendor, to support claim submission

OPPORTUNITIES AND CHALLENGES

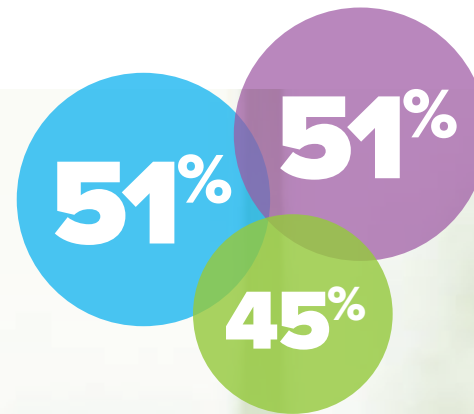
For Kosgi, the early stages of the revenue cycle demand greater automation to prevent denials from happening in the first place. “Due to the ever-increasing and diverse payer rules, especially in areas like authorization, more upfront automation could dramatically cut down backend work related to denials.” She underscores the pressing need for automation to cater to specific-payer functions, elaborating, “There are lot more payers now with medical benefits and pharmacy benefits.”

Kosgi of Augusta University Medical Center points out that ensuring that any automation delivers on its promise is vital: “The hesitation often lies in the ‘if, then, else’ statements. Can we truly automate it, and if so, to what extent? In tasks like authorizations, the aim is to prevent staff from repeating work. We want to save them time so they can authorize more accounts.”

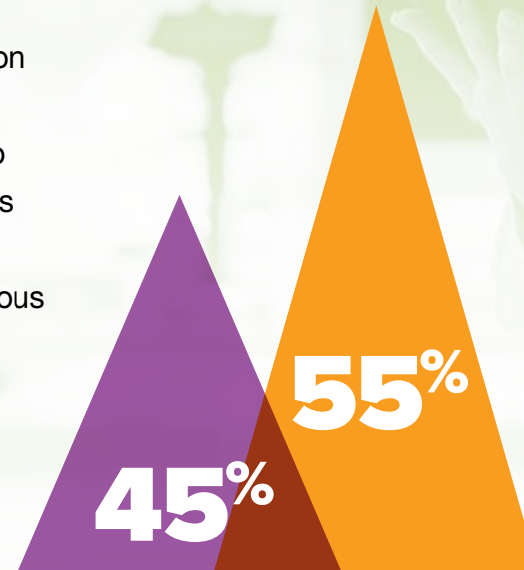
“We’re at a stage where the mood leans toward cautious optimism,” says Tureaud from UnityPoint Health.

“One of the first hurdles in an organization that doesn’t have a lot of automation is truly getting people to understand that the goal isn’t workforce reduction,” says Cantrell. “It’s to enhance their roles and give them more responsibility to do the more critical work,” he observes, sharing insights from Penn Highlands Healthcare, which is also in its early automation stages. “Once you put something in place and they see how it works, that’s when you get that cautious optimism.”

“There are several reasons for the persistence of manual processes. A lot is about not being aware of the available options or understanding whether the technology is fully automated or only initiates part of the process,” Cantrell notes.



Denials management (51%), denials tracking (51%), and authorizations (49%) are functions with low or no levels of automation but are prime opportunities for automation



Demonstrating ROI (55%) and difficulty coordinating between internal teams, such as between IT and revenue integrity, (45%) are the two biggest obstacles to automation

CONCLUSION

The roundtable discussion and survey results shine a light on the current state of revenue cycle and revenue integrity automation, major needs and questions, and how organizations can use automation to continue to enhance revenue cycle functions. Revenue integrity departments are taking methodical steps to ensure automation delivers on its promise and exploring how to track and understand ROI. They're looking for opportunities at each point of the revenue cycle, and they're ensuring that automation supports staff members' needs and potential for growth. As they look to the future, revenue integrity departments are focused on integrating and expanding automation.

We hope you learned something valuable from this collaboration. Download the complete three-part series on nahri.org.

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