UTHSCSA SOM
Revenue Cycle Enhancement Project

CS&E
No money. No mission.

--Sister Angela Claire Moran
Our CS&E journey:

• Initial CS&E project: Reduce inappropriate (by ACR criteria) CT and MR imaging studies at the MARC by 10% within three months--Delayed by software interface and acquisition issues.

• Second CS&E project: Reduce turnaround time of MRI reports @ UHS--Derailed by personnel issues
Genesis & Overview

Financial instability of the radiology department

29 FTE radiologists performing the work of 39 FTE

Radiologist compensation well below the academic mean and far below community standards

Substantial opportunities for improved departmental (and SOM) cash flow without increasing the clinical workload

Other clinical departments employing same EPIC billing processes/ASB teams would benefit

Spirit of cooperation (and aligned financial incentives) with UHS partner

Strong support from both UT and UHS administrations
Parallel & Interacting RC PATs:

UTHSCSA SOM (ASB)

UHS

Established & led by Lowell Glassburn, Administrator, Department of Radiology
Team Members:

• Marti Pons – Chief Revenue Officer
• Roger Valdez – Manager, Department Relations, Provider Enrollment and Insurance Follow-up
• Susan Hilgers – Director of Information Systems
• Andrew Krecek – Sr. Director, Information Technology Services
• Pam Glasscock – Sr. Director, Clinic Business Operations
• Santiago Delgado – Team Leader, Follow-up
• Noel Duano – Sr. Medical Record Coder
• Lowell Glassburn – Administrator, Radiology
• Adam Ratner – Deputy Chair Radiology
Aim Statement

Increase revenue for all departments of the SOM Clinical Practice by a minimum of 2% by December 31st, 2010.
Pareto Chart showing categories for Denial

Total Charges lost due to denials: $101,732,282
Comparison of Denials between UTHSCSA SOM Clinical Practice vs. Radiology
Pareto chart showing Write-off categories

Controllable Write-offs = $91,502,142
Comparison of Controllable Write-offs between Practice and Radiology
Initial Intervention - Timely Filing

• Low hanging fruit
  • CareLink
    • 42% Radiology
    • 21% Practice

• Not receiving notification of status change
• Automated File Available
  • Implemented end of April 2010
CareLink Denial Impact

- Radiology: 42%
- Practice: 21%
Monthly Denial Charges

- Practice Denial Charges
  - Monthly Average
  - $574,702

- CareLink Denial Charges
  - Monthly Average
  - $123,042
Monthly Denial Charges

- Radiology Denial Charges
- Monthly Average $74,335

CareLink Denial Charges
- Monthly Average $31,442
Projected Return on Investment
Timely Filing
CareLink Only Intervention Data

- 20-Month, Monthly Average Collection on Charges = 20%
  - Practice $123,042: 20% = $24,608
  - Radiology $31,442: 20% = $6,288

- Can’t Stop There:

- Estimated collection for no other denial categories = 80%
  - Practice $24,608 : 80% = $19,686 monthly
  - Radiology $6,288 : 80% = $5,030 monthly
Moving Forward
Revenue Cycle Enhancement
Should Never Stop!

• UHS Revenue Cycle Enhancement
  • Already in Place
    • Interventions
      • Timely Filing
      • Pre-Authorizations
      • Medical Necessity

• Many other areas to improve
  • Communication
  • Missing Required Info
  • Provider Enrollment
  • Credentialing
  • Medicare