



# Next-Generation Revenue Cycle— Is Now the Time?

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# Conflict of Interest Disclosure

Elaine Remmlinger, EdM, MPA,  
has no real or apparent conflicts of interest to report.

# Learning Objectives

- Recognize the state of the market
- Identify relevant issues
- Discuss best practices and lessons learned
- Develop an approach tailored to each participant's organization

# Benefits to be Realized

S

## SATISFACTION

- Improve registration and scheduling experience
- Patient portal provides access to online tools

T

## TREATMENT/CLINICAL

- Ease of access to care
- Care coordination

E

## ELECTRONIC INFORMATION/DATA

- Real-time dashboards and drill-down capabilities
- Improve financial performance

P

## PREVENTION & PATIENT EDUCATION

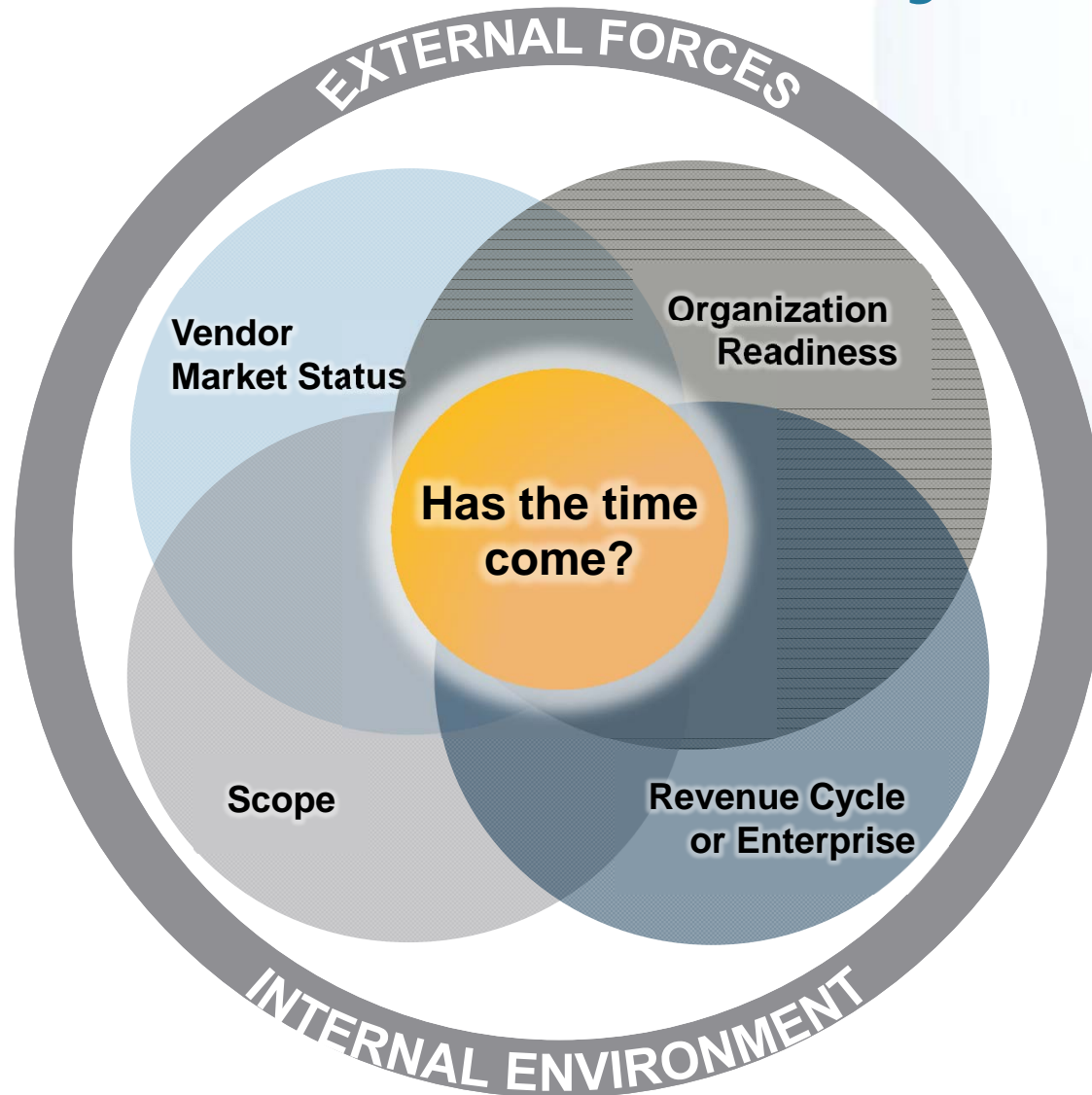
- Enhanced care management
- Support value-based purchasing

S

## SAVINGS

- Increase upfront collection of copays, deductibles
- Reduce denials
- Maximize collections and follow-up
- Support bundled payments

# Next-Generation Revenue Cycle Systems



# Impetus for Change

## EXTERNAL FORCES

### **MERGER/AFFILIATION**

- Economies of scale
- Combined billing

### **REGULATIONS**

- ICD-10
- HIPAA
- Meaningful use

### **PATIENT ENGAGEMENT**

- Transparency
- Ease of access

### **VENDOR MARKETPLACE**

- Enterprise solutions
- Integration/interoperability

### **NEW PAYMENT MODELS**

- Volume to value
- Bundled payments

**Next-  
Generation  
Revenue Cycle  
Management  
Systems**

## INTERNAL FORCES

### **FINANCIAL PRESSURE**

- High-deductible health plans
- Declining reimbursement

### **DATA DRIVEN**

- Predictive analytics
- Dashboards & drilldowns

### **PATIENT SATISFACTION**

- Improved access
- Convenience

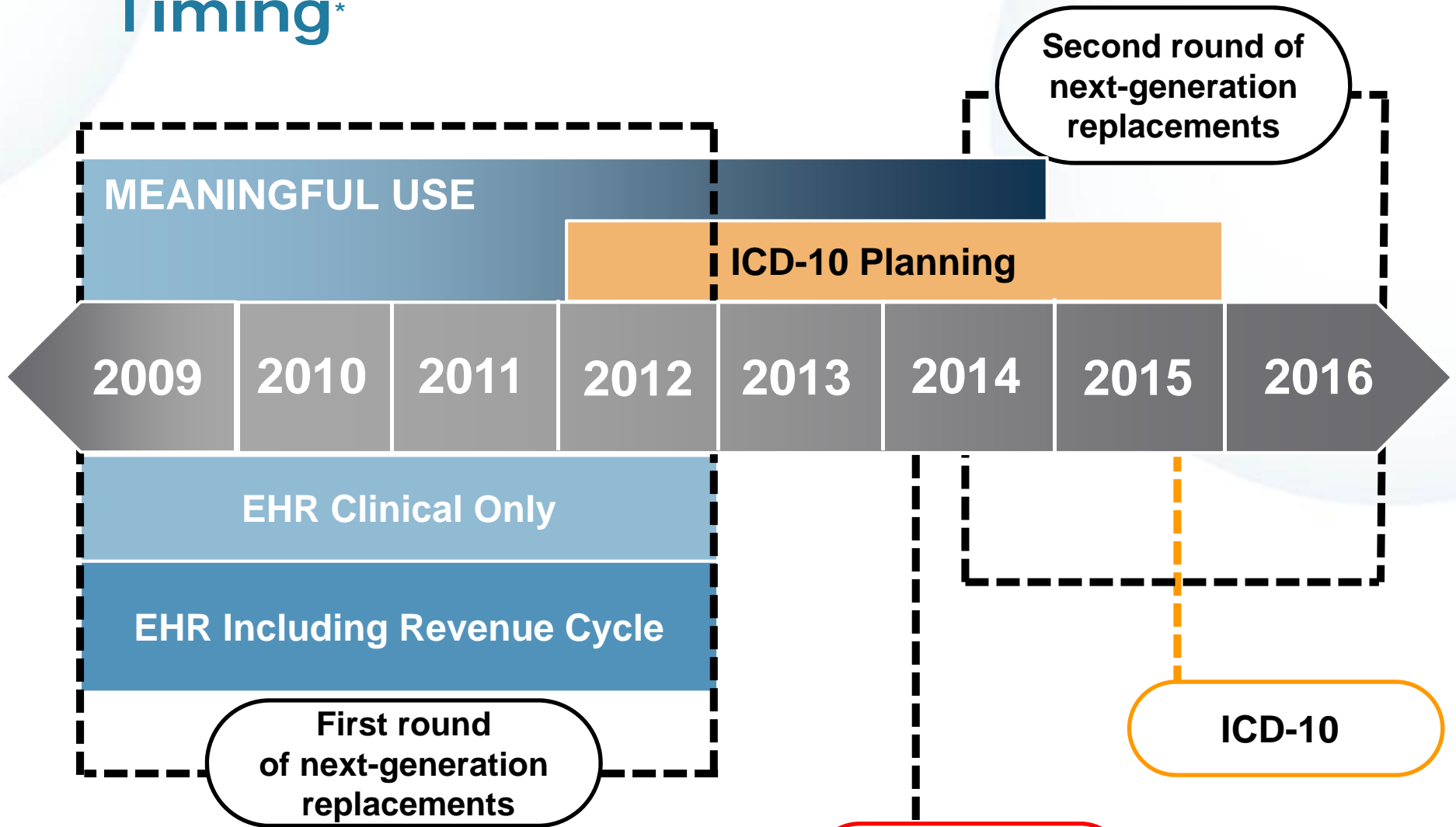
### **AGING LEGACY SYSTEMS**

- Fragmentation
- Outdated technology

### **EFFICIENCY/ EFFECTIVENESS**

- Improved processes
- Unification

# Timing\*

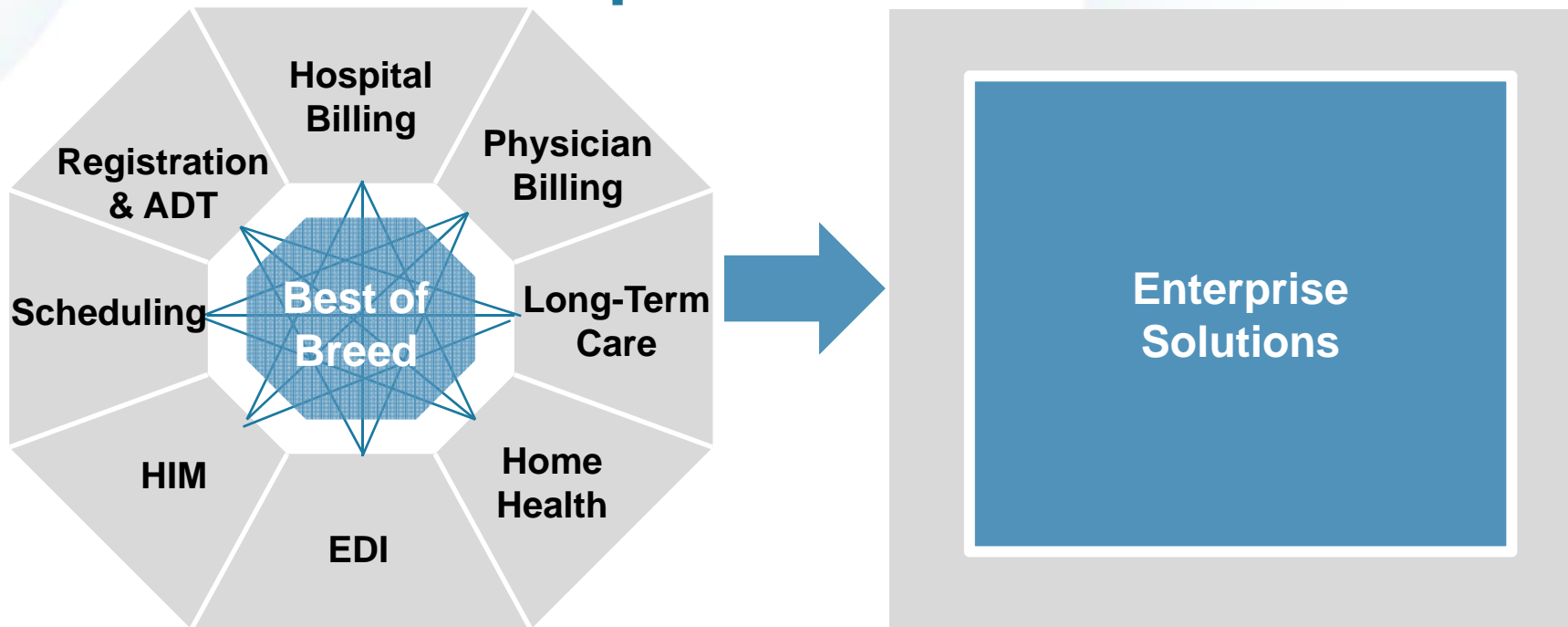


# Historical Perspective

TIMING	MARKET DRIVER	FOCUS
Pre 1980s	<ul style="list-style-type: none"> <li>• Fee for service</li> <li>• Retrospective reimbursement</li> </ul>	Traditional PM/PA systems
Mid 1980s	<ul style="list-style-type: none"> <li>• Prospective payments</li> <li>• Drags</li> </ul>	Major enhancements
Early to Mid 1990s	<ul style="list-style-type: none"> <li>• Managed care</li> <li>• Integrated delivery system formation</li> </ul>	Niche systems Multi-entity solutions Combined business office
Late 1990s	<ul style="list-style-type: none"> <li>• Outpatient prospective payment</li> <li>• Year 2000</li> </ul>	Niche systems Major enhancements
Early 2000s	<ul style="list-style-type: none"> <li>• HIPAA</li> <li>• Internet</li> </ul>	Workflow tools Web access
Mid 2000s	<ul style="list-style-type: none"> <li>• New payment models</li> <li>• ICD-10</li> </ul>	Enterprise solutions Continuum of care Analytics



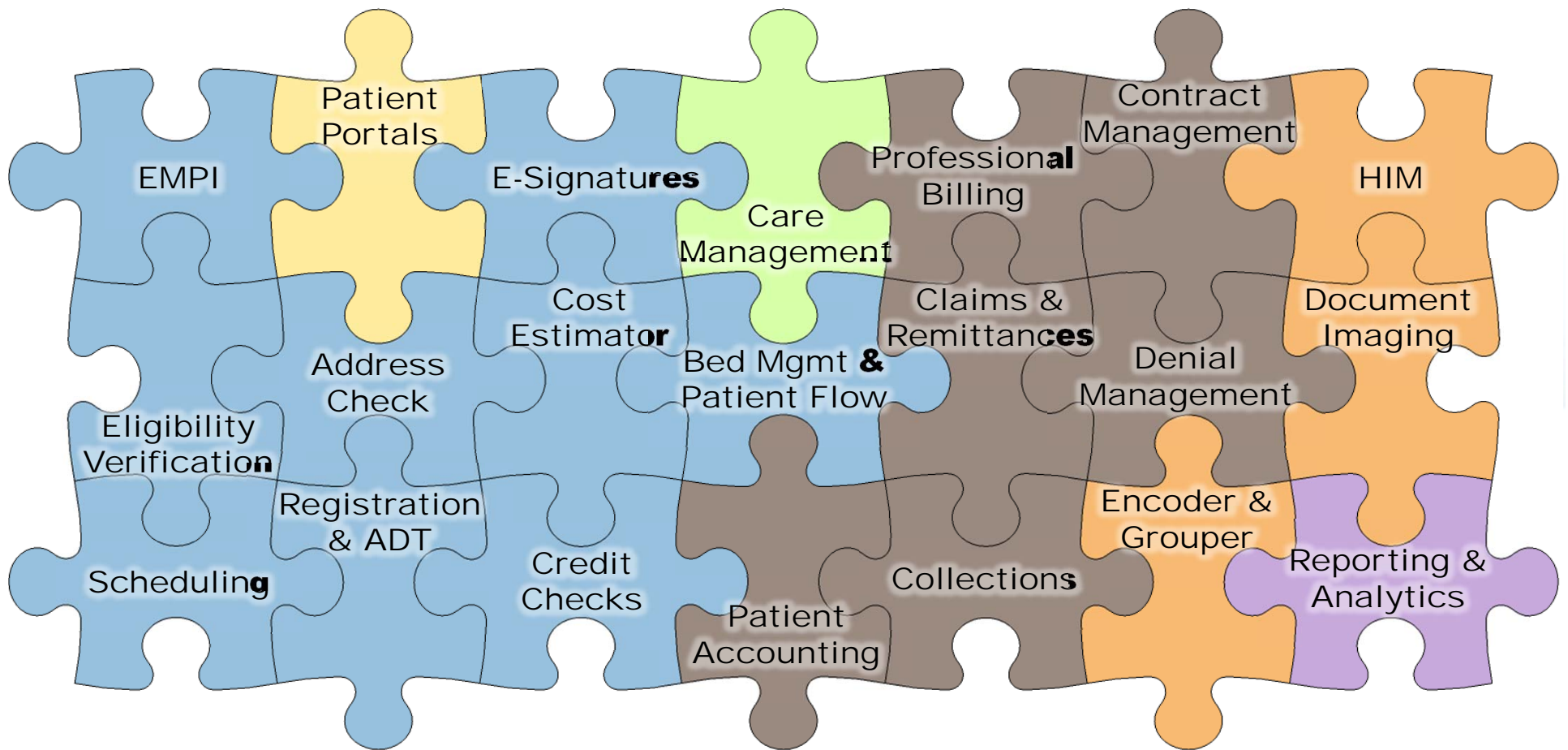
# Historical Perspective



- Multiple vendors
- Inadequate integration
- Add-on solutions
- Manual processes and workarounds
- Outdated technology
- Weak reporting

- Single or fewer vendors
- Integration/interoperability
- Fewer add-ons
- Improved processes and workflow
- Current technology
- Analytics and dashboards

# Functional Scope



# Current Focus

## **Patient Engagement**

- Higher co-pays and deductibles collected upfront
- Billing estimation
- Point-of-service bill pay, payment plans
- Self-service scheduling, registration, pre-visit data, bill pay

## **Mobility Solutions**

- Access to services
- Bedside registration
- Appointment reminders/texting
- Bill pay

## **Bed Management**

- Bed availability
- Patient flow
- Discharge management

## Current Focus (continued)

### **Continuum of Care**

- Acute, ambulatory, non-acute providers
- Data integration and segregation as needed

### **Non-Traditional Services**

- Wellness, spa, dental, retail pharmacy, vision, concierge

### **Care Management**

- Place of service
- Coverage
- Medical necessity

### **Audit and Compliance**

- RAC, ACO
- Coding

# Current Focus (continued)

## **Electronic Transactions**

- Direct-to-payor electronic data interchange (EDI)
- Electronic funds transfer (EFT)

## **New Payment Models**

- More complex insurance plans
- Capitation management
- Insurance exchanges
- Bundled payments and tracking

## **Workflow Automation**

- Intelligent edits
- Work lists

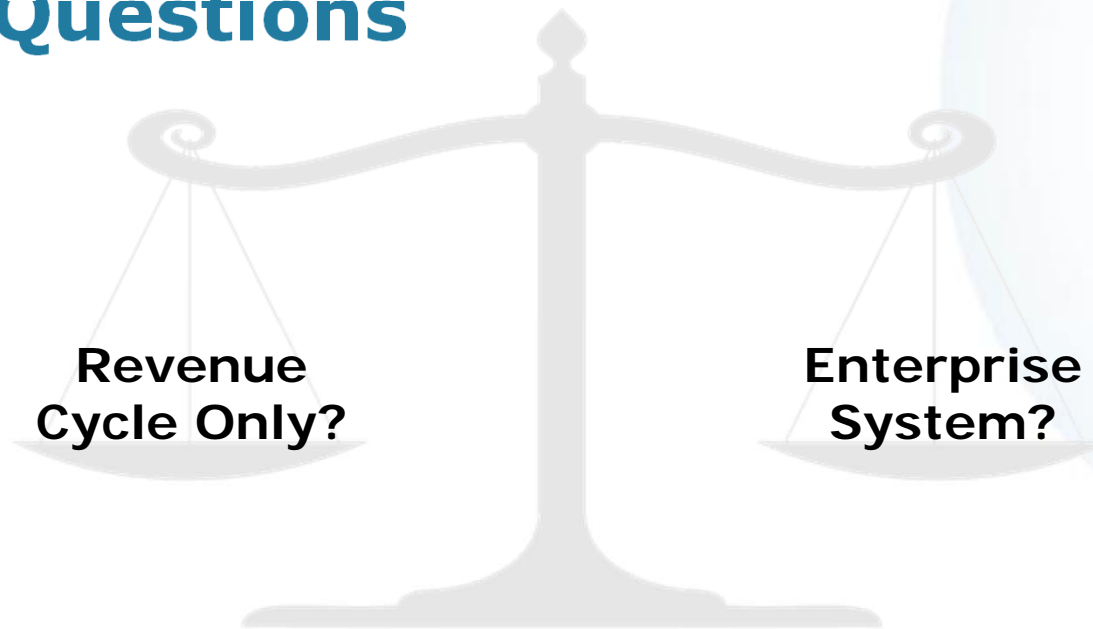
## **Analytics and Reporting**

- Dashboards, drilldowns, predictive analytics
- Financial performance, KPIs

# Transition to Next Generation

- Extended transition period > 10 years
- Few vendors with mature, ready-to-implement solutions
- Continued support of legacy solutions
- Focus on meaningful use and ICD-10
- Significant process and workflow transformation required
- Patient engagement is immature
- Blurred lines with clinical systems
- Continued need for bolt-on solutions
- Fear of financial impact of receivables conversion

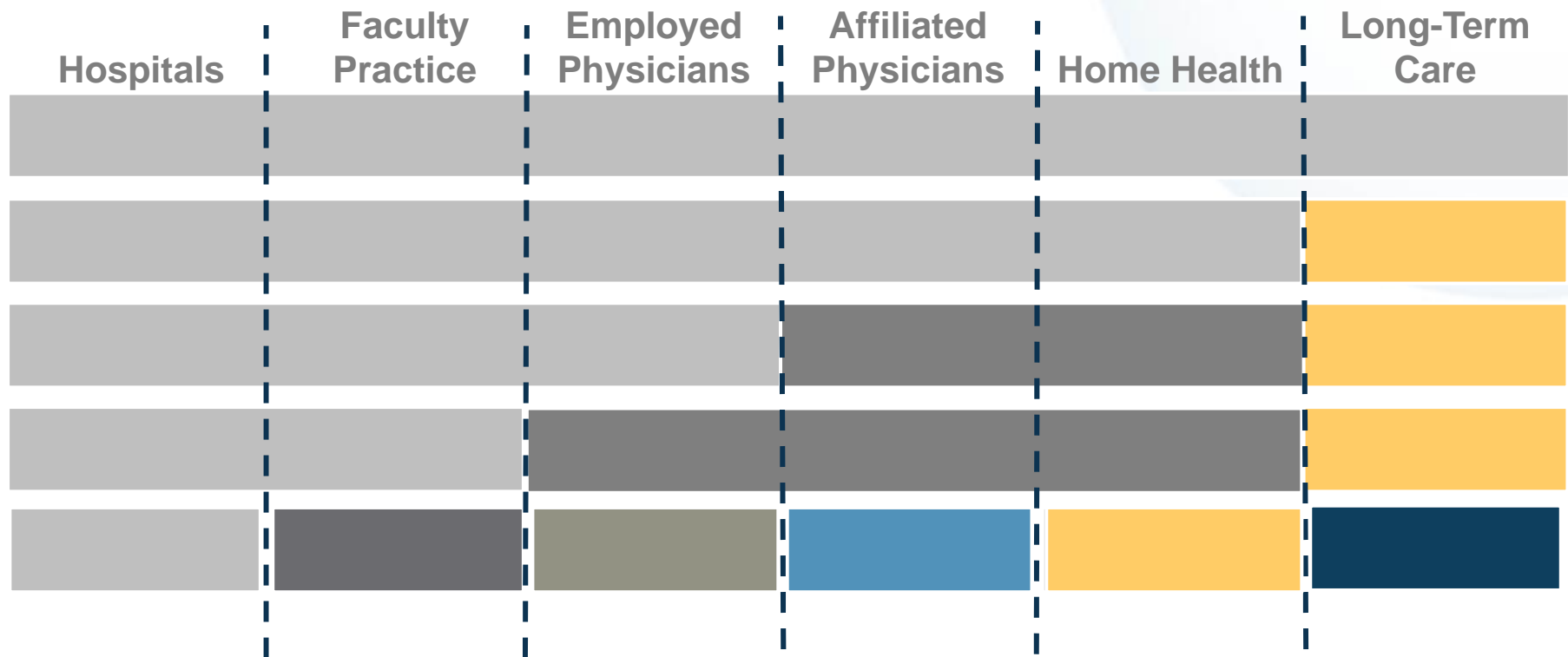
# Key Questions



- One or more legacy systems to replace?
- Is the vendor contract nearing end of term?
- Is enterprise integration a major strategic driver?
- Is revenue cycle integration a major strategic driver?
- Has the vendor announced a next-generation solution?

# Enterprise or Entity Focus?

What is your starting point and where are you headed?





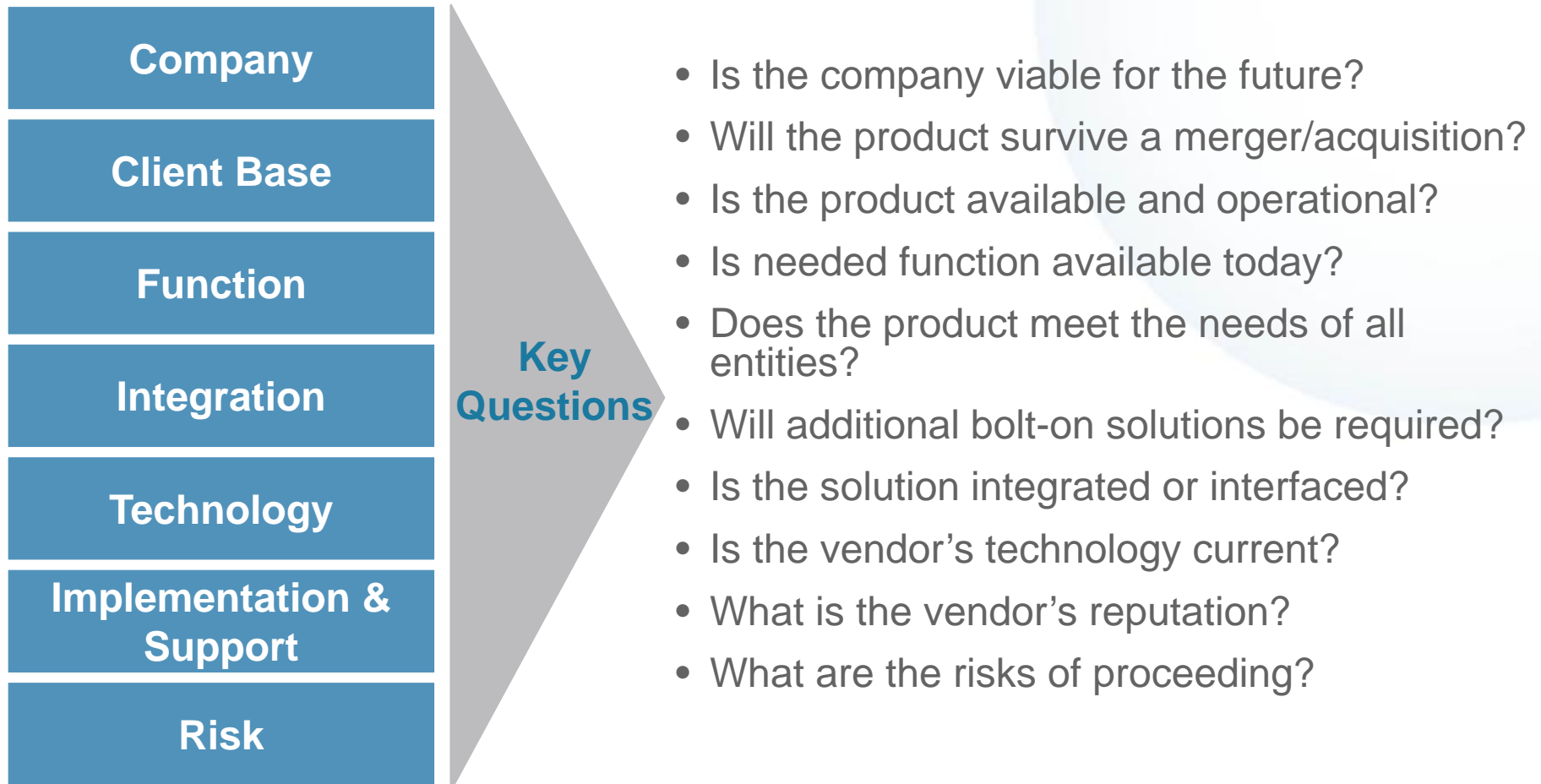
# Vendor Market Maturity



# Bolt-on Solutions



# Vendor Marketplace Readiness

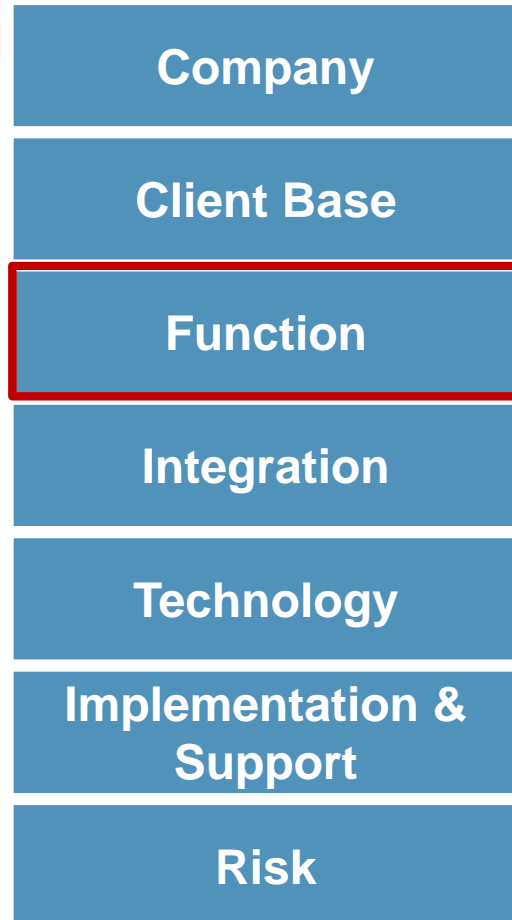


# Vendor Readiness Key Factors



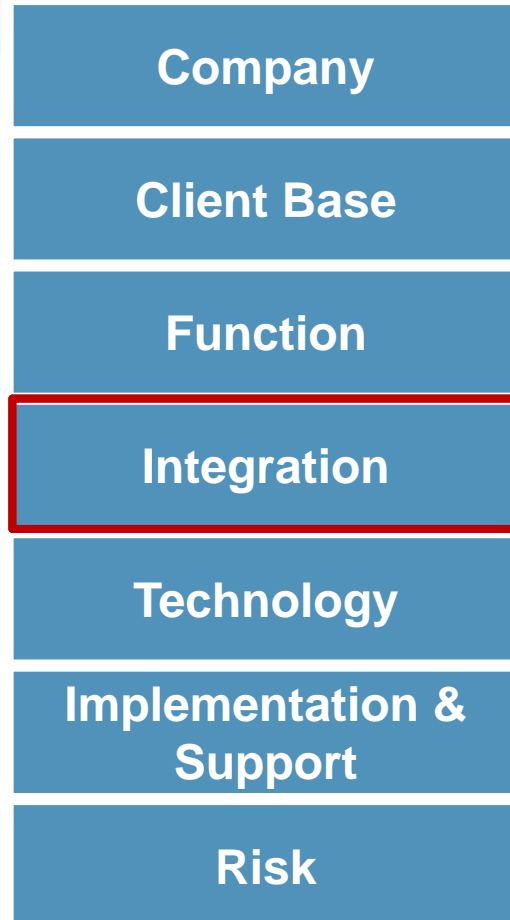
- Financial performance
- Size of client base
- New sales
- Losses to competitors
- Reference sites

# Vendor Readiness Key Factors



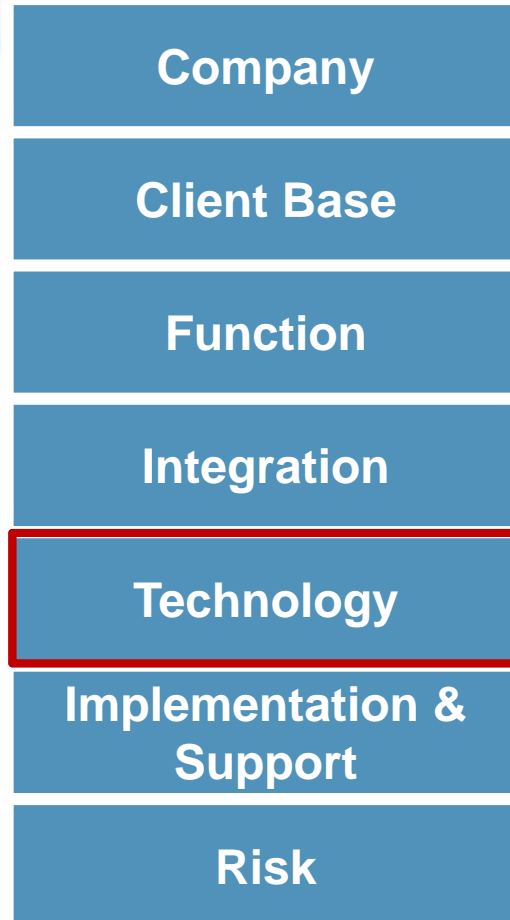
- Product live or in development
- Product roadmap
- State regulatory requirements
- Gap analysis
- Supports all entities
- Eliminates bolt-ons

# Vendor Readiness Key Factors



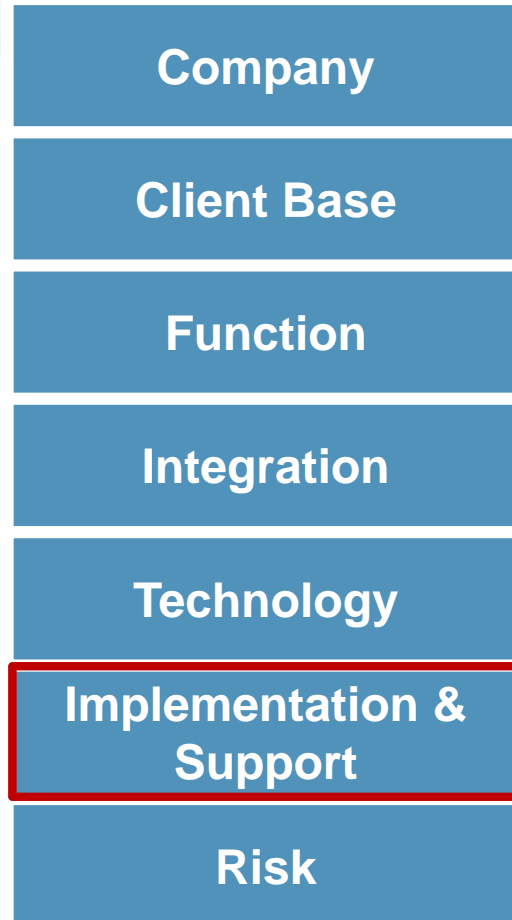
- The number of solutions
- Integration or interoperability
- Seamless user experience

# Vendor Readiness Key Factors



- In-house or remotely hosted
- Web-based
- Cloud-based
- Portals
- Mobile technology
- Workflow engines

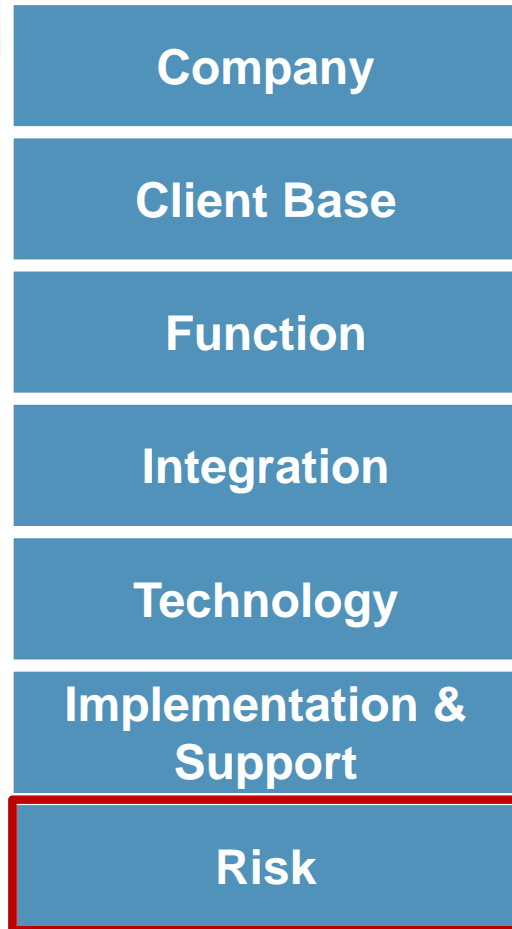
# Vendor Readiness Key Factors



- Vendor's reputation
- On time and on budget
- Methodology
- Track record

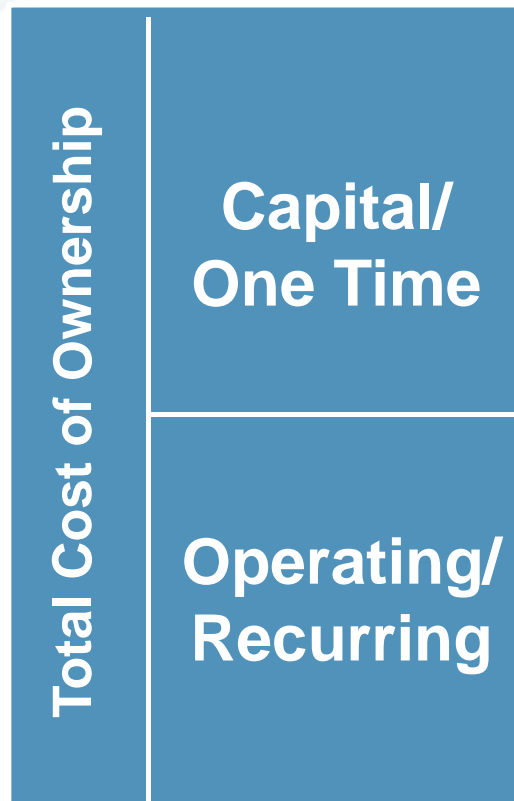


# Vendor Readiness Key Factors



- Technical risks
- Schedule risks
- Financial risks
- Receivables risks

# Total Cost of Ownership



- Vendor Software/Subscriptions
- Interfaces
- Third-Party Solutions
- Hardware/Infrastructure/Devices
- Hosting
- Labor (Internal, Vendor, Consultant)
- Backfill/Productivity
- Training
- Conversion
- Expenses

# Contract Negotiations

- Make sure all costs are identified
- Protect against nickel-and-diming for add-ons
- Guarantee against accounts receivable spikes
- Incorporate needed function and enhancements
- Include federal and state regulatory guarantees
- Protect against product sunset and replacements
- Be clear on implementation scope and timeline
- Include performance guarantees for technical environment
- Make sure to get the vendor's "A" team for implementation
- Tie payments to milestones and performance

# Transformation Initiatives

*Technology is an enabler and alone is insufficient without fundamental change*

Patient Engagement

Financial Clearance

Unified Front End

Charge Capture

Single Business Office

Single Patient Statement

# Organizational Readiness



# Risks to be Mitigated

- Workflow/Process Changes
- Staffing Adequacy
- Testing Completeness
- Robust Training Program
- Sound Technical Environment
- Data Conversion Strategy
- Receivables Impact Minimized
- Go-Live Plan

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# Questions?

# Thank You!

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