

Panel

Applying automation to fill in staffing gaps and improve engagement

2023 Fall member retreat

David Cavataio
System Director,
Patient Accounting

Bronson Healthcare Group

Chris Johnson
Vice President, Patient Financial Experience
and Vendor Partnerships

Advocate Health

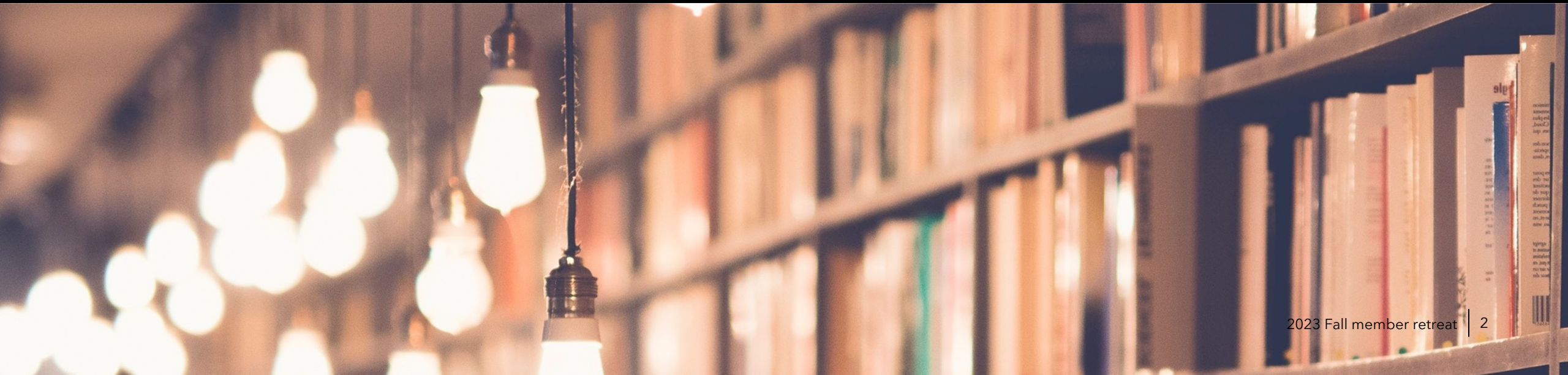
Karen Veselsky
System Vice President,
Revenue Cycle

LCMC Health

Learning objectives

Applying automation to fill in staffing gaps and improve engagement

- Listen to peers about where they have or plan to apply AI and advanced automation, view example workflows, and the ROI they have estimated or realized
- Learn from organizations that have seen first-hand how such tools can help to address staffing shortages, engagement or career progression, and expand the organization's vision and pathway forward
- Compare strategies, engage in discussion, and ask questions to derive solutions, possible partners or future applications and strategies surrounding your most pressing automation challenges



2023 Fall member retreat panelist

Our first panelist:



David Cavataio

System Director, Patient Accounting

David has been with Bronson Healthcare Group in Kalamazoo, Michigan, for four years. His responsibilities include hospital billing, professional billing, self-pay, cash posting, call center, central authorization, and financial counseling.

David has enjoyed 36 years of experience in healthcare revenue cycle and two years at a health plan. In that time, he has worked for three major health systems in Michigan: Henry Ford Health, McLaren and Bronson.

His experience also includes billing office consolidations, multi-facility billing and collections, and serving as a corporate patient access director.

Bronson Healthcare at a glance

We're always looking ahead. And whether that means rethinking established ways or finding new ones, we're committed to making healthcare better for all.

Our healthcare system serves patients and families throughout southwest Michigan and northern Indiana. Offering a full range of services from primary care to advanced critical care, our goal is to provide you with the right care, at the right time, in the right place.

We're also locally owned and governed. Our annual outreach and charitable care amount to more than \$138 million in community benefits.

With 8,800 employees, more than 1,500 medical staff members, and 796 licensed inpatient beds, Bronson is the largest employer and leading healthcare system in the region.

Bronson’s vision is exceptional healthcare made easier for every person.

Organization Facts & Figures			
Clinic locations	123	Physicians	381
Regional hospitals	4	Patient encounters (2022)	1.1M
Staffed beds	796	Specialties/subspecialties	49



Bronson Healthcare Group

Kalamazoo, Michigan

RPA in self-pay

Level 4 bad debt



Situation

- Level 4 WQ for account balances between \$1,000-\$2,500 had a large volume of accounts and required a lengthy process for manual approval.



Resolution

- RPA reviews each account being sent to collections or deferred for user review. Self-pay users work out of deferred for outbound collection attempts and confirmation of agency placement.



Background

- Accounts reviewed manually by users to confirm ready to send to collection agencies. Checklist followed to ensure accuracy was time-consuming and volume was larger than manageable level.



Quality checks

- Review account accuracy through deferred accounts. Review accuracy of agency placement through RPA reporting. Monitor monthly bad debt placement to catch spikes or dips.



Assessment

- Use RPA with accuracy checklist to review each account and send to collections without user intervention.



Engagement and savings

- Savings = 120 hours/month in user intervention.
- Users assisted in RPA development and were able to spend additional time in outbound collections.

RPA in authorization

Authorization verification



Situation

- Radiology authorizations require multiple touches per referral for authorization status checks.



Resolution

- RPA reviews pending referrals to verify authorization status. If approved, RPA will document the authorization information.



Background

- Referrals manually reviewed multiple times by users to confirm if authorization has been approved.



Quality checks

- When implementing a new payer, RPA does not satisfy the referral from the WQ to allow for user validation. Once payer is confirmed, RPA places referral flag. Quality audits are then based on RPA user profile.



Assessment

- Use RPA to streamline authorization status checks while allowing users to focus on more complex cases and further submissions.



Engagement and savings

- Approximately four minutes per referral in savings.
- Reduction of employee rework and frustration.

Sample RPA processes in revenue cycle

41 active RPA processes

27,000 accounts touched per month

18,000 accounts successfully completed per month

Patient access

- Missing registration Items for OB, Family Med, Internal Med, Diagnostic
- Mammogram Scheduling - MyChart

Authorization

- VA notifications
- Non-par disclosure

Professional billing

- Denials
 - Code 22 Covered by other payer
 - Code 24 Covered under managed care
 - Modifier 25
- Undistributed Matching
- Claim Edits
 - BCBS Newborn
 - Medicaid Newborn

Hospital billing

- Denials
 - Medical Necessity
 - Coding
 - Medical Records
- Undistributed Matching
- Claim Edits
 - BCBS Newborn
 - Medicaid Newborn
- No Response
 - Cigna, BCBS, Priority, Aetna, UHC

2023 Fall member retreat speaker

Our next panelist:



Chris Johnson

Vice President, Patient Financial Experience and Vendor Partnerships

Chris Johnson has been employed in the healthcare finance field for more than 30 years. During this time, Chris has worked in sole community providers, at an academic medical center and in integrated healthcare delivery system. In this current role at Advocate Health, Chris oversees self-pay AR management, customer service, hospital and professional cash posting, payor variance and revenue cycle vendor partnerships.

Chris is a Fellow in the Healthcare Financial Management Association and an active member of the North Carolina Chapter of HFMA where he has served in numerous leadership positions including Chapter President. Chris has also worked with National HFMA on the Board of Examiners, National Advisory Council, Regional Executive for Region IV, and the Chapter Advancement Team. In 2017, Chris was awarded the Fredrick C. Morgan Award, National HFMA's highest member award for outstanding service and achievement.

Chris received his bachelor's degree in Business Administration from Montreat College in Black Mountain, North Carolina, and is certified in Epic Resolute Hospital Billing and Single Billing Office Administration.



NEARLY
6M
UNIQUE



NEARLY
150K
TEAMMATES



MORE THAN
21K
PHYSICIANS



NEARLY
42K
NURSES



NEARLY
\$5B
COMMUNITY



MORE THAN
1K
SITES OF



67
HOSPITALS



\$27B+
REVENUE

Advocate Aurora Health®

2.9M unique patients **\$2.4B** in community benefit
77K teammates **500+** sites of care
10K physicians **27** hospitals
22K nurses **\$14B+** in annual revenue

Atrium Health

2.9M unique patients **\$2.46B** in community benefit
73K teammates **500+** sites of care
11K physicians **40** hospitals
20K nurses **\$13B+** in annual revenue



Revenue cycle bot automation

Use cases at Advocate Health



Registration/patient access

- Location review in AlertMD
- Assign HAR for CT scan/Walgreens school physicals scheduled in LiveWell
- Cancellations through patient appointment reminders
- Managed care referred-to-location resolution

= \$40,235*

*ROI will likely increase as more referrals are captured and appointment types monitored



Patient accounts/billing

- Claim attachments to Illinois Medicaid website
- Self-pay corrections for Good Faith Estimates

= \$60,480



Reporting

- Electronic device utilization report
- Facility kiosk utilization and survey reporting

= \$4,000



Work queue monitoring

- Mostly for sitting charges:
 - Router review work queue monitoring
 - SBO batch job monitoring

= \$4,000



Compliance

- Void erroneous charges from a list of HARs
- Missing data backfill after code integration

= \$25,898

A closer look

At two of these uses

Patient Prompt cancellations

- Patient Prompt sends a phone/text/email reminder several days prior to the patient appointment.
- Patients have the option to confirm or cancel in the reminder message, but this doesn't flow back into Epic.
- Historically, teammates would pull a separate report and manually work these cancellations. In some cases, the appointments weren't canceled prior to the actual appointment time, resulting in a patient no-show and an appointment slot that could have been offered to another patient but wasn't.
- **A bot was developed to identify these responses and complete the cancellation in Epic.**



Completed: April 2023

Annual ROI/Savings: \$3,600*

*ROI will likely increase as we monitor the appointment types that are impacted and the potential impacted revenue.

Good Faith Estimate corrections

- Self-pay good faith estimates that are created prior to insurance being added aren't automatically voided by Epic.
- **A bot was developed to review a specific patient work queue where this scenario was present and void the incorrect self-pay estimates.**
- In addition to saving time, this results in increased patient satisfaction since the incorrect estimate is no longer presenting when the patient is arrived.



Completed: March 2023

Annual ROI/Savings: \$12,480

2023 Fall member retreat panelist

Our next panelist:



Karen Veselsky, CHAM

System Vice President, Revenue Cycle

Karen has over 35 years of experience in the Healthcare industry, with concentrations in Patient Access and patient financial services. She previously provided leadership for all functions of HIM and case management departments as well. Karen has extensive experience in acute, physician, ambulance, psychiatric, and long-term care revenue cycle operations. She has been the revenue cycle strategic and operational leader at LCMC Health since April 2019.

A long-standing member of the First Illinois Chapter of HFMA, Karen also served as the Davis Reporter for that chapter. She has received the Marian Blankenship Distinguished Service Award from the National Association of Healthcare Access Management (NAHAM) in 2006. Karen previously represented Catholic Health Initiatives (now CommonSpirit Health) on the PNC Bank Healthcare Advisory Board for many years in her role as Revenue Cycle National Director for CHI.

Karen has served as the Secretary of the Girl Scout of Kentuckiana Board, as Chair of the Girl Scouts of Kentuckiana Board Development Committee and was previously a troop leader and volunteer. She was also elected to serve a three-year term as a Girl Scouts of Kentuckiana delegate to the GSUSA National Conference. Karen is a certified archery instructor and also certified in Wilderness First Aid and has backpacked portions of the Appalachian Trail.

Karen is married and resides in Belle Chasse, Louisiana. She has one daughter who recently graduated from Loyola University New Orleans School of Law this past May and now works as an Assistance County Prosecutor in Kountze, TX. She volunteers with the LA SPCA and is a foster parent with the non-profit group, Take Paws Rescue. Her four K9s; a Labrador Retriever, Boxer and two Great Pyrenees dogs complete her family.

LCMC Health at a glance

9
& ERs
HOSPITALS

LCMC Health hospitals

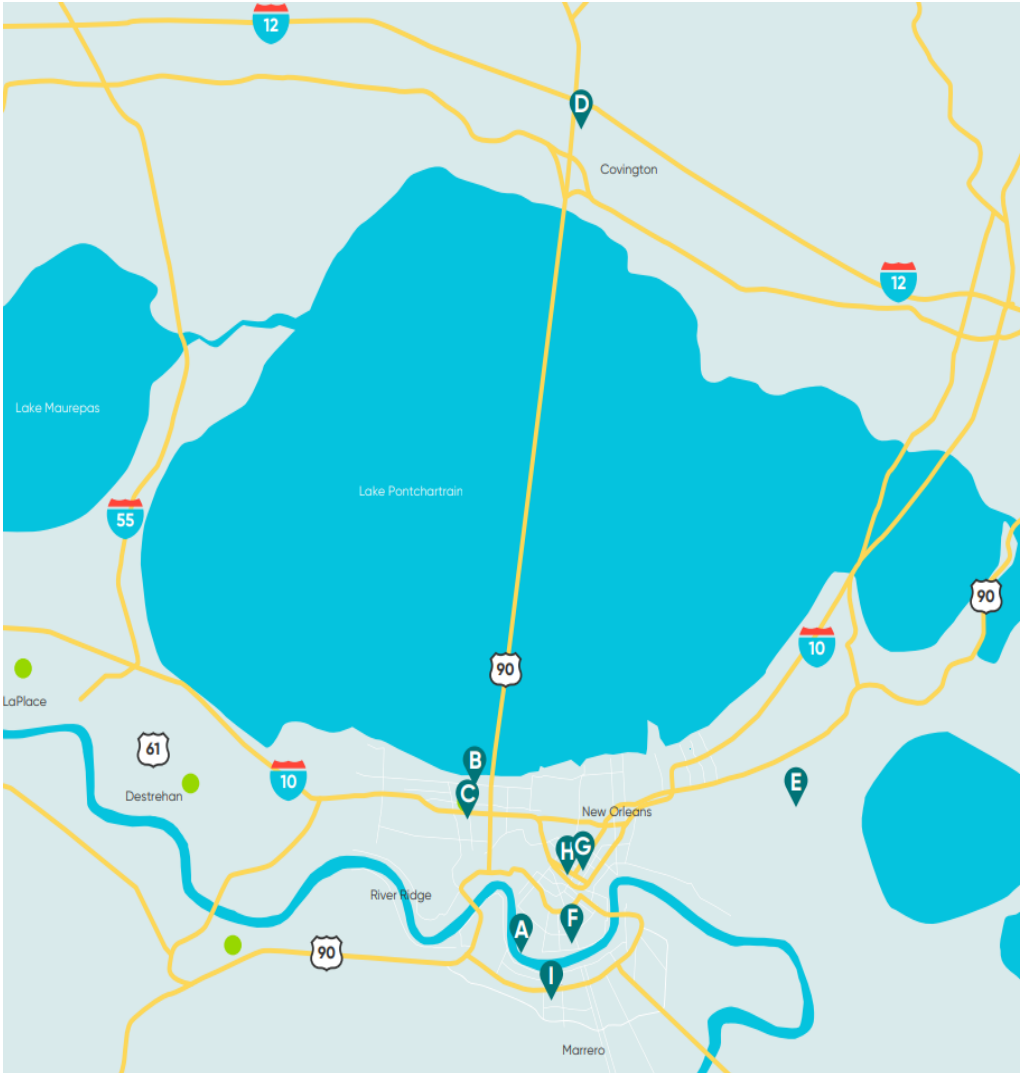
- A Children's Hospital New Orleans
- B East Jefferson General Hospital, Metairie
- C Lakeside Hospital, Metairie
- D Lakeview Hospital, Covington
- E New Orleans East Hospital, New Orleans
- F Touro, New Orleans
- G Tulane Medical Center, New Orleans
- H University Medical Center New Orleans
- I West Jefferson Medical Center, Marrero



Organization Facts & Figures			
Clinic locations	211	Physicians	980
Hospitals	9	Patient encounters (2022)	1,022,603
Staffed beds	1,879	Specialties/subspecialties	94

Mission:
Heath, care and education beyond extraordinary.

LCMC Health: additional facts



- Over **64** Parishes served
- **1,000+** helicopter transports
- **135** Behavioral Health beds in service
- Ambulance provider for all of Jefferson Parish
- LSU & Tulane Academic Medical Programming:
 - Residents/Fellows: **1,150**
 - Nursing Students: **810**
 - Medical Students: **1,500**
 - Allied Health Students: **265**
 - Dental Residents/Fellows: **40**
- **6,110** deliveries/births in 2022
- Level 1 Trauma Center and verified Burn Center
- North Shore's only Level 2 Trauma Center
- Founder of ThriveKids Student Wellness Project
- All hospitals certified as Primary Stroke Centers
- Over **1,300** active hospital volunteers
- Hyperbaric services offered at three facilities
- Accredited Bariatric Surgery Center

LCMC Health: Payer Mix, FY22

Hospital	Medicaid	Medicare	Managed Care	Self-Pay and other
Childrens Hospital New Orleans	74.2%		23.4%	2.4%
East Jefferson General Hospital	11.2%	61.7%	24.2%	2.9%
Tulane Lakeside	34.2%	24.9%	25.9%	15.0%
Tulane Lakeview	19.5%	56.0%	22.2%	2.3%
New Orleans East Hospital	54.0%	30.0%	12.0%	4.0%
Touro Infirmary	25.2%	50.8%	23.0%	1.0%
University Medical Center	48.3%	25.7%	16.0%	10.0%
West Jefferson Medical Center	29.0%	48.2%	19.8%	3.0%

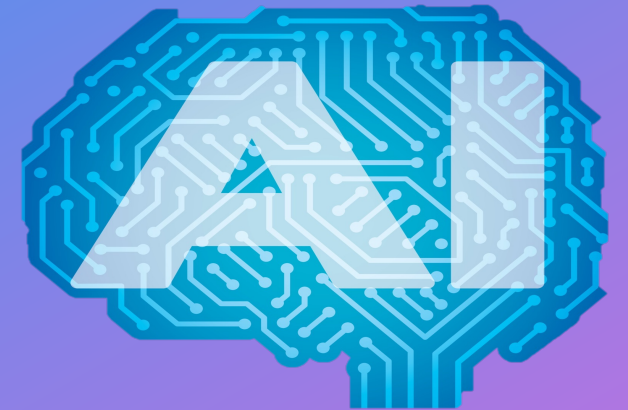
Recent automation improvements

NOTICE OF ADMISSION

- Combination approach:
 - **Epic:** improved logic and functionality
 - **AI:** deployed bot based on payer behavior and electronic notification
 - **Staffing:** consolidated across system for this specific function

UNPAID CLAIMS

- Combination approach:
 - **Epic:** utilized “time to pay” logic
 - **AI:** deployed technology to utilize best avenue for follow-up (dialer, bot, etc.)
 - **Staffing:** repositioned teams based on payer/priority/facility





Thank you Questions?

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