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Panel

Regaining traction with payers and denials

2023 Fall member retreat

Linda Franklin
System Denials Leader
Baptist Health (Arkansas)

Katie O'Connell
Vice President, Revenue Cycle
Kaleida Health

Samantha Daniel
Manager, Payer Strategy & Contracting
Driscoll Health System

Fort Lauderdale

2023 Fall member retreat panelists

Our first panelist:

Linda Franklin

System Denials Leader

Linda Franklin is the systems denials leader for Baptist Health, the largest healthcare organization in Arkansas with 11 hospitals and over 100 primary and specialty clinics.

Linda has worked for Baptist Health for over 40 years in areas of administration, rural health clinics and patient access.

She has been working in denials for the past **seven years**—working with all areas of the revenue cycle to reduce denials. She also works with clinical areas to institute process improvements to decrease denials.

Linda received her BS in Business Administration from Henderson State University in Arkadelphia, Arkansas. She has also received her Certified Healthcare Access Manager (CHAM) certification from NAHAM.

"When you work with insurance company denials … it is a new challenge every day!"

- Linda Franklin

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Baptist Health at a glance

(Arkansas)

- Baptist Health is Arkansas' most comprehensive healthcare organization in Arkansas and eastern Oklahoma.
- Largest not-for-profit healthcare organization based in Arkansas, providing care to patients wherever they are through groundbreaking treatments, renowned physicians and community outreach programs.
- The system additionally offers a college with studies in nursing and allied health; a graduate residency program; and access to virtual care anytime, anywhere.
- Baptist Health exists to provide quality patient-centered services, promote and protect the voluntary not-for-profit healthcare system, provide quality health education and respond to the changing health needs of the residents of Arkansas with Christian compassion and personal concern.

Baptist Health

Organization Facts & Figures			
Points of access	200+	**Clinics (primary and specialty)**	100
Hospitals	11	**Employees**	11,000

Baptist Health is more than a business – it is a healing ministry.

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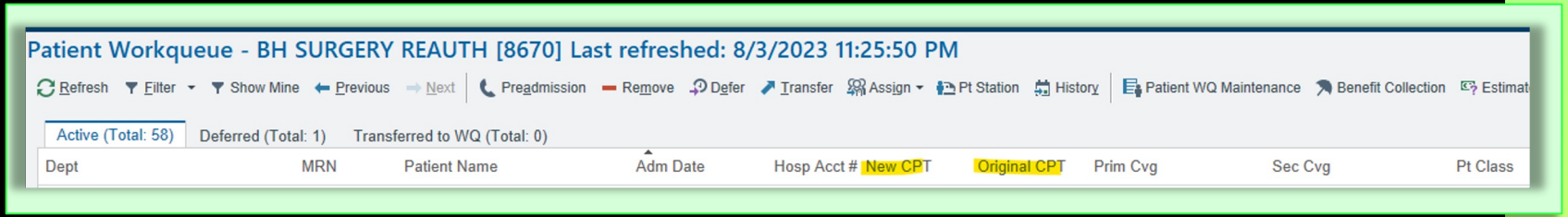
Surgery and cardiology reauthorization process

- Baptist Health has a successful reauthorization process for surgeries and cardiology procedures after coding.
- ***But recently, some improvements were made to see more "wins."***
  - A **work queue** was built in Epic for surgery and cardiology procedure accounts to immediately populate once coded.
  - We previously had a report which reflected all accounts coded the previous day.



  - We worked with the coding manager to prioritize the coding of accounts based on the payer and their time requirements for reauthorization.

- It is key that coding is timely and for staff to alert leaders of any reauthorization barriers from the payer.

$4M

Baptist Health continues to see denial savings in the amount of **$4M per year** in charges because of this process.

2023 Fall member retreat panelists

Our next panelist:

Katie O'Connell

Vice President, Revenue Cycle

In her role as Vice President of Revenue Cycle, Katie has responsibility for the performance and strategic advancement of Kaleida's hospital and physician revenue cycle.

Under her leadership, Katie has built a revenue cycle team that is producing meaningful performance improvement.

She is passionate about partnering with operational leadership on continuous improvement and addressing the process issues that lead to best practice revenue realization rates.

Prior to joining Kaleida Health in 2017, O'Connell served as a senior director within Huron Consulting Group's revenue cycle practice.

We are Kaleida Health.

Kaleida Health
100 High Street ▲ 11 South ▲ Buffalo, NY 14203 ▲ www.kaleidahealth.org

For more than 165 years, the hospitals and health care facilities of Kaleida Health have been providing quality care to the communities comprising the eight counties of Western New York. We are the largest healthcare provider and the largest private employer in the area, and a major teaching affiliate of the University at Buffalo. We are affiliated with Great Lakes Health System of WNY, the entity integrating Kaleida Health, ECMC and the University at Buffalo.

Hospitals

- Bradford Regional Medical Center: 50 beds
- Buffalo General Medical Center and Gates Vascular Institute: 484 beds
- John R. Oishei Children's Hospital: 185 beds
- Millard Fillmore Suburban Hospital: 265 beds
- Olean General Hospital: 186 beds

Off-Campus Emergency Department

- DeGraff Medical Park: offering emergency department and outpatient services

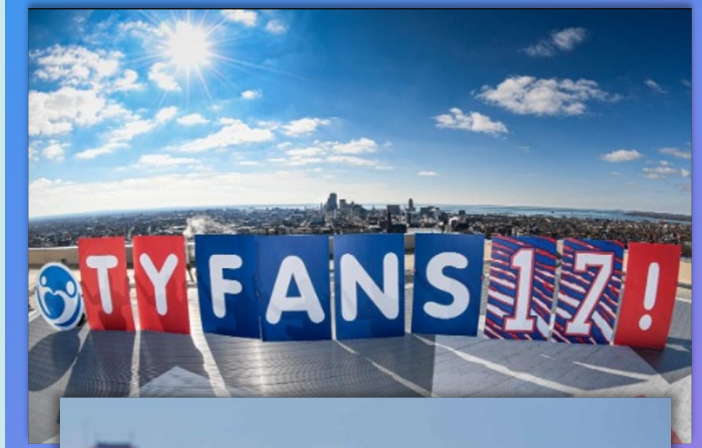
Subacute/Long-Term Care Facilities

- DeGraff Rehabilitation and Skilled Nursing Facility: 80 beds
- HighPointe on Michigan: 300 beds
- The Pavilion at Bradford Regional Medical Center: 95 beds

Home Care Agencies

- Visiting Nursing Association of Western New York, Inc.
- VNA Home Care Services
- VNA Northwest PA

- Total number of employees (including Twin Tier): **10,225**
- Number of physicians (affiliated): **1,505**
- Number of volunteers: **359**
- Inpatient days: **292,462**
- Inpatient discharges: **53,573**
- Number of outpatient clinical locations/departments: **80**
- Emergency department visits: **114,808**
- Clinic and lab visits: **3,602,054**
- Ambulatory surgery cases: **31,442**
- Skilled nursing facility days: **121,035**
- Visiting Nursing Association (VNA) visits: **445,978**
- Total net patient revenue: **$1.924 billion**



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Payer/provider partnership structure

Structures to share routine performance review insights

Payer Relations Management Council

Membership:
CEO, CFO, COO, CMO
Contracting Leadership
Guests: Revenue Cycle, Site & Corporate Leaders

Clinically Driven Revenue Cycle (RC) Committee

Membership:
CFO, CMO
UR / Patient Mgmt Leadership
Physician Advisor Leadership

Payer Relations - Revenue Cycle (RC/Contracting Meeting, & Contracting/PFS Collaboration Meetings)

Membership:
Contracting Leadership
Revenue Cycle Leadership

Payer Relations - Site Operations Committee

Membership:
Contracting Leadership
Site Leadership

Great Lakes Integrated Network (GLIN) Contracting Committee

Membership:
CEO, CFO, CMO
Network Leadership

Quarterly Top on Top Provider / Payer Meetings

Membership:
CEO, CFO, COO, CMO
Contracting Leadership
Revenue Cycle Leadership (Clinical + Administrative)

Monthly Collaboration Provider / Payer Meetings

Membership:
Contracting Leadership
Revenue Cycle Leadership (Clinical + Administrative)

- Several internal Kaleida committees serve to monitor **performance** across payers from different vantage points
- Monthly mid-level leadership meetings with our **top nine payers** review utilization review and revenue cycle performance metrics, issues lists as well as contracting
- Quarterly executive level leadership meetings review performance and discuss strategy

Payer/provider partnership structure

Example payer scorecard

Payer-Level Metrics	Q4	Q1			Q2				
Key Statistics	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Goal	Difference to Goal
Billed AR - Total ($) - Kaleida	$47,283,189	$57,008,733	$56,896,207	$60,846,214	$61,618,326	$60,283,942	$50,318,716		
Billed AR - Total (#) - Kaleida	12,347	16,080	14,983	14,500	15,190	15,110	14,885		
Billed AR - 91+ ($) - Kaleida	$3,361,966	$3,321,002	$3,658,240	$2,818,550	$3,284,327	$4,239,028	$2,815,877		
Billed AR - 91+ (#) - Kaleida	1,128	1,150	1,150	923	1,419	1,142	1,410		
91+ DFD Aging $ % - Kaleida	7.1%	5.8%	6.4%	4.63%	5.33%	7.03%	5.60%	8.8%	-3.2%
91+ DFD Aging # % - Kaleida	9.1%	7.2%	7.7%	6.37%	9.34%	7.56%	9.47%	8.8%	0.7%
Posted Cash - Kaleida	$27,708,981	$20,982,398	$26,522,402	$27,252,507	$30,652,395	$28,509,514	$36,079,759		
Billed Open AR w/ UR Denial - Kaleida	$1,004,840	$727,096	$588,219	$636,865	$660,879	$430,665	$391,786		
% of Billed AR w/ Open UR Denial - Kaleida	2.1%	1.3%	1.0%	1.0%	1.1%	0.7%	0.8%	1.6%	-0.8%
Billed Open AR w/ Other (non-UR) Denial - Kaleida	$4,518,976	$3,256,496	$4,103,715	$4,714,380	$4,692,518	$4,848,301	$3,285,521		
% of Billed AR w/ Open Other (non-UR) Denial - Kaleida	9.6%	5.7%	7.2%	7.7%	7.6%	8.0%	6.5%	13.4%	-6.9%
Concurrent Denials Received (D/C Month) - Kaleida	12	25	25	31	33	46	36		
Concurrent Denials Resolved by UR - Kaleida	7	11	19	23	27	35	25		
Concurrent Denials Resolved by P2P - Kaleida	2	8	4	5	5	6	5		
Net Concurrent Denials - Kaleida	3	6	2	3	1	5	6		
Concurrent Denials Sent for PFS Appeal - Kaleida	3	6	2	3	1	5	6		
Concurrent Denials Resolved by UR % - Kaleida	58.3%	44.0%	76.0%	74.2%	81.8%	76.1%	69.4%		
Concurrent Denials Resolved by P2P % - Kaleida	16.7%	32.0%	16.0%	16.1%	15.2%	13.0%	13.9%		
Concurrent Denials Sent for PFS Appeal % - Kaleida	25.0%	24.0%	8.0%	9.7%	3.0%	10.9%	16.7%	3.7%	13.0%
Discharges (IP) - Kaleida	977	1,024	992	1,097	1,030	1,009	967		
Discharges (OBS) - Kaleida	156	182	191	203	206	190	220		
Discharges (ASU) - Kaleida	797	893	855	1,244	1,209	1,474	1,474		
Discharges (Total) - Kaleida	1,930	2,099	2,038	2,544	2,445	2,673	2,661		

2023 Fall member retreat panelists

Our next panelist:

Samantha Daniel

Manager of Payer Strategy & Contracting

Samantha has been active in managed care contracting for 11+ years, including in skilled nursing facilities, rural hospitals, multi-specialty physician groups, and children's hospitals.

She began her career in provider enrollment and expanded into negotiating network and alternative payment contracts with commercial and Texas Medicaid organizations.

Samantha has also managed a revenue cycle support team on strategies to improve overall reimbursement for Driscoll Health System.

Fun Facts:

- My family, including my 14-year-old son Brodie, travel the US competing on a competition BBQ team.
- My son (Brodie) is currently the reigning "Jr. World BBQ Champion" while I am the chief dishwasher of the BBQ team.

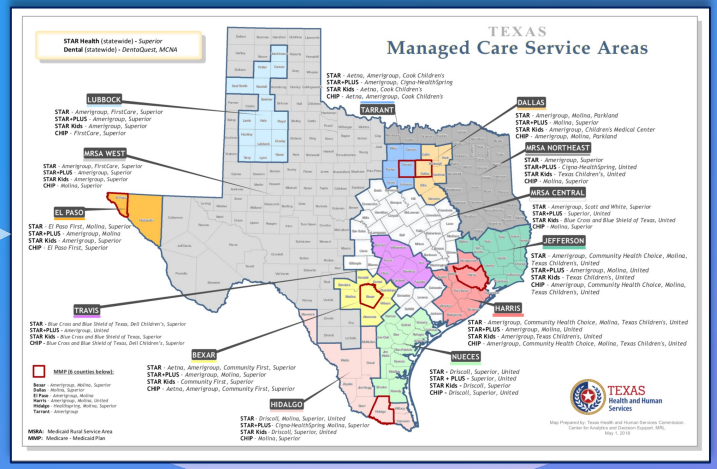
Driscoll Health System at a glance

- Serves 31 counties that encompass 33,000 square miles of South Texas.

Organization Facts & Figures			
Counties served	31	**Licensed beds**	215
Medical staff	263	**ER visits**	46,000
Specialties	30		

- Driscoll Health System will open a second children's hospital in the Rio Grande Valley in mid-2024 (**+** *adding 103 licensed beds*).
- Driscoll Health System includes a community-based HMO health insurance plan offering Medicaid and CHIP products (*current enrollment is* ***245,230*** *total insured*).

- Founded by **Clara Driscoll**; author, politician, activist, and cattlewomen. In her 20's, she was credited as the "Savior of the Alamo" by writing a personal check and fundraising campaign that prevented it from being demolished.
- Upon Clara's death in 1945, she left her family fortune to a fund to maintain a charitable hospital for children. This fund created Driscoll Children's Hospital that opened in 1953.



Driscoll Health System

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Payer strategies – Partnering to reduce denials

Alternative Payment Model (APM) for reducing "No authorization obtained" denials

Background of APM

DCH's largest payer is their affiliate: Driscoll Health Plan.

- The hospital and health plan partnered to develop an APM to waive insurance auth requirements on therapy services (PT, OT, ST).
- **Reduced denials** by eliminating the authorization requirements for therapy services if established metrics were met.

Clinical outcomes and measurable metrics

Involved the clinical providers and payor when establishing metrics:

1. **Access to care %**
   Promoted therapy appointment accessibility.
2. **Completion visit rate**
   Were the number of planned therapy visits complete?
3. **Goal attainment scale**
   Were the goals set for the therapy plan of care achieved?
4. **Patient experience rate**
   Did the patient have a good or bad experience when receiving therapy care at the hospital?

Add risk to the model

- **Year one:** APM was designed as a pay-for-reporting to establish baseline metrics.
- **Year two:** Added goals for hospital to improve baseline metrics. Health plan developed an auditing tool to track metrics.
- **Year three:** Added risk if hospital did/did not meet established each metric goal then % of contracted rate hospital received from health plan for therapy services that increased or decreased.
- **Year four+:** Continue to re-evaluate the metric baselines. Health plan developed how to compare metrics of other therapy providers to the hospital.

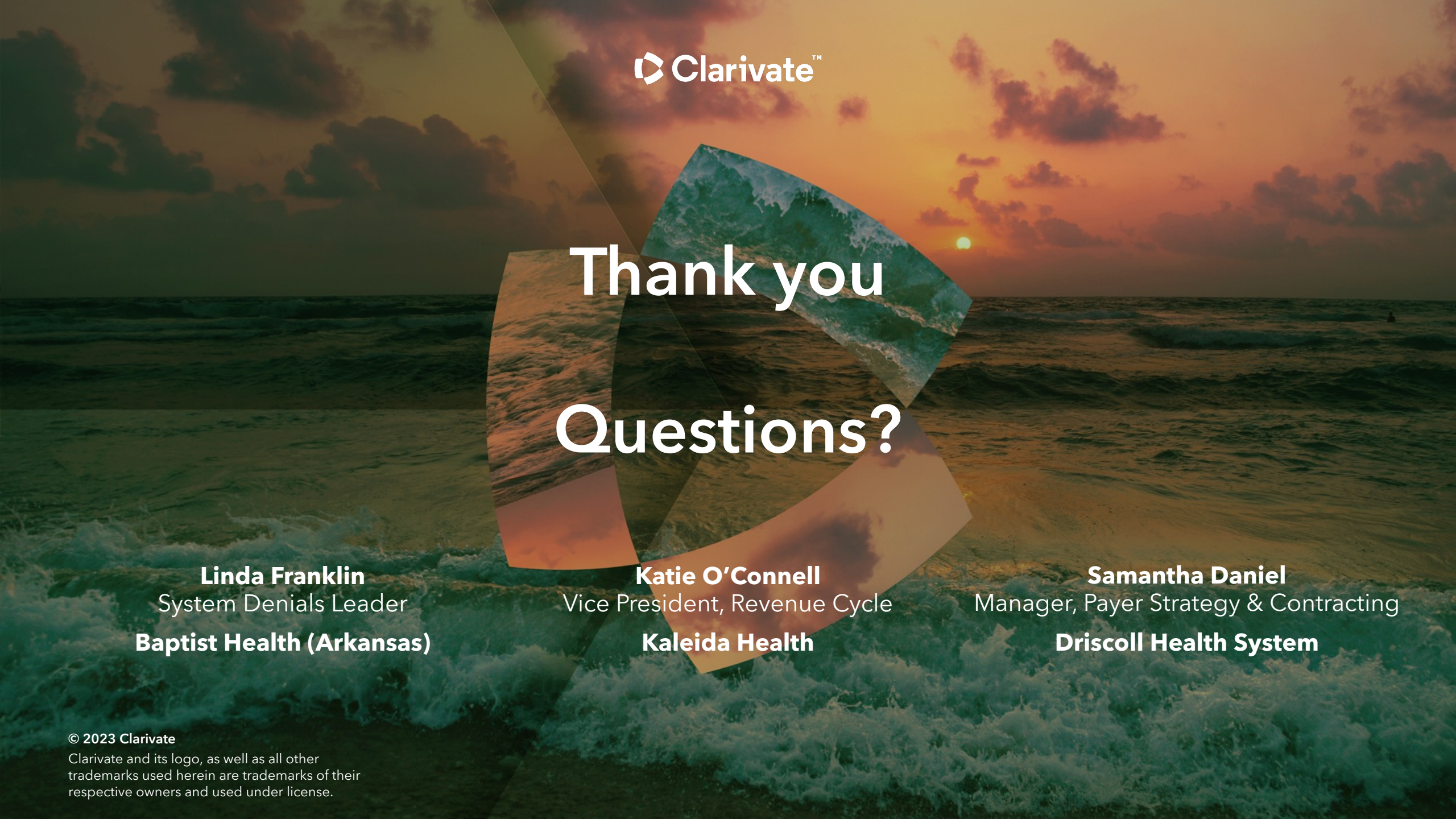
Lessons learned

- Start with the small

Example: *picking one service line to target first*

- Add exceptions to the metrics

- Find an easy way to share data between the payer and provider



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