

Crystal Run Healthcare Strengthens Bottom Line

THE CHALLENGE

Claims review took a lot of staff time

The task was ponderous but had to get done. Each day, charges would pour in from no fewer than 6,500 patient encounters. A team of 35 charge entry staff carefully reviewed each charge/line item. Overall, they immersed themselves in the world of coding, concentrating on the coding guidelines, CCI edits, bundling, unbundling, and modifier usage.

“Despite the high volume of tedious work, our success rate was high,” said Sue Gillies, vice president of revenue cycle management for Crystal Run Healthcare. “Our first pass rate at the clearinghouse was always above 98 percent, which was a solid number, but it was also directly related to a high volume of staff reviewing the data. We did a good job, but our goal was to do a great job.”

Charges were entered each day by the physicians. Claims were scrubbed through automated process by an outside vendor who also provided a report. The charge review staff went through the report and further cleaned up the charges and arranged them according to the payer guidelines. The billing team had to manually go through the claim scrubber kick-out reports to find problems and change the charges to Crystal Run specifications for insurance guidelines. The entire process took about two-and-a-half days to get the clean claims out the door.

“We had to go in and make the corrections to the charges on our own. The charges may have to be voided and re-entered, as well as have modifiers added,” said Michelle Stohner, revenue cycle project manager for Crystal Run Healthcare. “For example, something as simple as attaching a well diagnosis code to a ‘sick’ office visit CPT code is going to cause a rejection or a denial on a claim.”

Crystal Run was in the process of hiring five additional FTEs for charge review and insurance team review. The more eyes, the better the results, so they thought—until they explored the idea for a rules engine. A new chapter in raising efficiency and implementing cost savings had begun.

THE SOLUTION

Numbers tell the story best

Upon the implementation of NextGen® Charge Review Rules Engine, staff efficiency rose significantly. To understand the value of NextGen Charge Review Rules Engine, consider two closely related, claims-editing solutions—Claim Edits, a feature of NextGen® Enterprise PM, and NextGen® In-Line Edits.

These solutions also perform functions similar to work performed by medical billers, but in a more limited fashion, they review encounters for errors. If an issue is uncovered, the system creates a task for the billing team to review.

CLIENT PROFILE

Crystal Run Healthcare

Location: Middletown, New York (headquarters)

Mission: The mission of Crystal Run Healthcare is to improve the quality and availability of, and satisfaction with, healthcare services in the communities we serve. To accomplish this goal, the practice emphasizes medical excellence as well as responsiveness to consumer needs through service excellence and patient empowerment.

Scope: Consist of more than 400 physicians who serve in nearly 50 medical specialties

Location: 20 practice locations in the Hudson Valley and lower Catskill region

NEXTGEN HEALTHCARE SOLUTIONS

- NextGen® Charge Review Rules Engine
- NextGen® Enterprise PM

HIGHLIGHTS



Reduced the time to produce an initial clean claim from 1.3 days to .5 days



Redeployed ten existing billing staff members



Ended the need to attach codes manually



Ended need for a claims scrubber

Suppose, as a hypothetical example, 300 encounters occurred in one day; 150 of these encounters have issues, and the rest are clean. Consider three scenarios:

- ① With no software support, billing staff would have to review all 300 encounters.
- ② With Claim Edits and In-Line Edits, billing staff would have to review the 150 encounters in which issues were uncovered, since tasks would be made and sent to them for review.
- ③ The Charge Review Rules Engine would automatically correct the a majority, let's say 100, of these 150 issues. It would find the issues, autocorrect them, and completely alleviate medical billers from the need to review, resolve, fix, or perform any tasks. This would leave just 50 of the original 300 encounters to be addressed by staff.

Charges go out the door seamlessly

The NextGen Healthcare team worked onsite to train the charge entry coding team to get the rules engine up and running without missing a beat. This helped ensure the cash flow never took a hit during the 90-day implementation period. Crystal Run had already been using NextGen® Enterprise PM to run reports on the RCM data for managers and team leads.

“Now the charge is submitted from the physician, goes on to the rules engine, the modifier goes on, it flows into NextGen Enterprise PM, and nobody has to touch it, said Stohner. “The rules engine ended the need to attach codes manually before going out the door, which saves time.”

The claims scrubber, crucial in the earlier charge review process, was no longer needed because the rules engine handled the work. Thus, tasks for the billing team to manually make corrections became unnecessary as well. By accomplishing more with fewer sets of eyes, Crystal Run was able to expand and take on revenue cycle management processes for practices outside of Crystal Run.

THE BENEFITS

Redeploy staff to boost A/R

Before implementation, the charge entry coding team focused primarily on coding and coding guidelines. With the rules engine, errors, such as rules breaks related to coding or payers are detected in the dashboard.

This made it easier for staff to run payer guidelines, an action not regularly performed before. The mundane, tedious work of reviewing each charge became more goal-driven as the staff was able to focus their attention on charges that needed extra help.

“Having the rules engine stop codes that would cause a rejection or denial before claims went out saves time in all the work of fixing errors, said Stohner. “Another benefit is that if the rules engine sees a surgical post-op code come through and looks back 90 days instead, and doesn't see a surgery, it's going to stop that for us. This helps capture lost revenues that we may not have otherwise realized because the surgery code never went out.”

The team's roles evolved as they could do coding and payer guidelines within the rules engine. As a result, Crystal Run no longer needed to hire the five additional FTEs to support the charge and insurance review work. They were able to redeploy ten existing billing staff members to assist in insurance follow-up.

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Everything is much smoother

Staff work in the rules engine until the end of business hours. From there, everything is automated. After hours, new charges are moved into the rules engine. Clean claims are moved into the practice management system. Another benefit is that when insurance companies make changes that affect billing, the rules engine provides alerts.

“We run the background business processor and perform mass billing after hours, so everything is much smoother than before,” said Gillies.

Stohner added, “The processing time is not delayed, and the IT department stopped complaining about too many staff using NextGen Enterprise PM during the day.”

Increased efficiency in transaction management

Moving transactions out of NextGen Enterprise PM and into the rules engine, significantly cuts down on the time for 35 staff members who previously reviewed transactions into the PM during the day. No uploads and interfaces are tying down the PM during regular working hours. This step enabled providers to use the PM without risks of slowdowns resulting from heavy use by the charge review and billing staff.

“Another ROI for the rules engine was enabling the system’s increase in performance for providers,” said Gillies. “And our IT department once again loves the revenue cycle department because we successfully stopped clogging up the system.”

Performance indicators

The rules engine’s value is evident in the reduced time required to produce a clean claim. At the time of implementation, it took 1.3 days. A few months later, this time dropped to .5 days.

The seamless charge review process has had a positive impact on Crystal Run’s cash flow.



HOW CAN WE HELP YOU?

Partner with us at **855-510-6398** or **results@nextgen.com**.