



MedeAnalytics®

# How Presbyterian Health used analytics to win 7 RCM awards

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# Introduction to Presbyterian Healthcare Services (PHS)



## State-wide health plan with 652,328 members

- 427,074 Medicaid members,
- 41,863 Medicare Advantage members
- 16,266 DSNP
- 167,125 Commercial members

## Largest multi-specialty, not-for-profit healthcare system in New Mexico

- 9 hospitals and 100 clinics statewide
- 1,200 clinicians and 13K employees
- \$5.6B in annual revenue





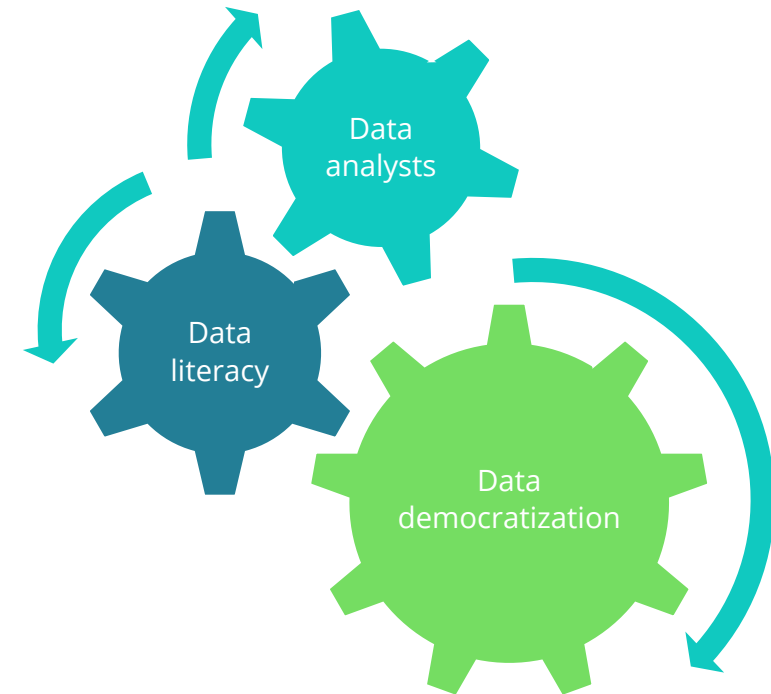
# Business and analytics challenges

- Multiple healthcare operation systems – **“Data rich but insights poor”**
- Lack of **actionable analytics insights**
- Strategic need to **differentiate by optimizing data and insights**
- Integrate data from claim, clinical, care, pharmacy, utilization and provider performance management systems to **deliver actionable analytics and insights**
- **Goal:** achieve the **Triple Aim** and a vision of **“One Presbyterian”**
- Commitment to **‘competing on analytics’** for the long haul

# PHS analytics strategy and goals

Integrate clinical and claims data, systems and people to enable actionable insights

- Deliver a **360-degree view of operations** that provides a “One Presbyterian version of the truth” for executives and stakeholders
- Drive deeper understanding into the **overall health of the population** and its impact on cost of care
- Enable **proactive initiatives** instead of reactive responses and “fire-fighting”
- **Integrate reporting, analytics and insights into operations and workflow**
- Leverage **self-service analytics solutions** to complement Epic EHR
- **Establish a data-driven culture** at PHS through 'data democratization'
- Measurably improve **clinical, operational, and financial outcomes** relative to peers aligned with the ‘Triple Aim’
- **Differentiate PHS in the healthcare marketplace**



# Key organizational and operational challenges

Integration of MedeAnalytics revenue cycle solutions is a significant change in people and process

## Organizational challenges

- **Develop data-driven culture** and transform operations
- **Enable self-service analytics** and critical thinking skills
- **Embed insights** into operations and workflow
- Move from **“push” to “pull”** mentality

## Operational challenges

- Significant investment in **time and resources to prepare reports and analyses**
- Limited ability to **compare and benchmark cohorts**
- Work in **“reactive” mode**
- **Alignment of reporting** to functional areas within revenue cycle

# Why MedeAnalytics with our Epic EMR?

We deployed MedeAnalytics with our Epic EMR to...

- **Enable drilldowns** into claim-level details and trends with the **required levels of granularity not provided by EHR**
- Proactively enable PHS to **identify gaps in A/R collections and denials** that are likely to happen
- Enable PHS to **track revenue cycles across multiple care settings**
- Enable PHS to **engage and educate physicians with CDI**, using data and insights **to improve CMI and CC/MCC Capture Rates**
- Provide PHS with the visibility needed to **proactively identify and address gaps in staff productivity** to minimize negative revenue impact



**Epic**

A woman with dark hair tied back, wearing a white button-down shirt and a blue smartwatch, is smiling while working on a laptop. The image has a teal overlay. The text "Presbyterian delivery system revenue cycle overview" is centered over the image.

# Presbyterian delivery system revenue cycle overview

# Presbyterian delivery system revenue cycle overview

## Seven-time HFMA MAP award winner

Patient access	<ul style="list-style-type: none"><li>• Pre-service verification</li><li>• Financial counseling</li><li>• Registration</li></ul>
Middle revenue cycle	<ul style="list-style-type: none"><li>• Health information management</li><li>• Coding</li><li>• Revenue integrity</li></ul>
Patient financial services	<ul style="list-style-type: none"><li>• Billing</li><li>• Collections</li><li>• Payment integrity</li></ul>

## By the numbers

### Presbyterian delivery system

- \$1.9 billion net revenue
- 9 hospitals
  - 60,000 inpatient discharges annually\*
  - 420,000 hospital outpatient visits annually
- 1,100 Employed providers
  - >1.5 million physician office visits annually
- 3 ambulance divisions

### Revenue cycle

- >550 colleagues
- **HFMA MAP award winner:**  
**- 2015,2016,2017,2018,2020,2021,2022**

\*Excludes Newborns

# Operating environment improvements and successes



MedeAnalytics is a **critical part of month-end processes**



**Real-time analysis and decision making**



**Standard reports** across revenue cycle functions



**Increased first pass accuracy** due to integration of business and analytical acumen



Leadership and end users have **embedded insights into operations and workflow**



**Significant reduction in analytics backlog**, allowing analytics organization to focus on complex problems



**User-friendly, self-service analytics** deployed to revenue cycle end users



**Enhanced collaboration and learning** across revenue cycle and analytics organization



Analytics shared and modified across multiple users

# Benefits of integrating MedeAnalytics into operations and workflow

Revenue cycle components		Use cases	Benefits
Global		<ul style="list-style-type: none"> <li>• <b>Improved efficiency and speed-to-insights</b> generating data-driven decisions</li> <li>• Self-service analytics with <b>real-time insights into opportunities</b></li> </ul>	
Patient access	<ul style="list-style-type: none"> <li>• Pre-service verification</li> <li>• Financial counseling</li> <li>• Registration</li> </ul>		
Middle revenue cycle	<ul style="list-style-type: none"> <li>• Health information management</li> <li>• Coding</li> <li>• Revenue integrity</li> </ul>	<ul style="list-style-type: none"> <li>• Strategically target coding- and documentation-related compliance auditing</li> <li>• Supplement 3<sup>rd</sup> party consultant with in-house clinical documentation improvement solution</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Reduced time needed managing audits</b></li> <li>• <b>Improved case mix index (CMI)</b></li> <li>• <b>Monitoring charge capture (lost charges)</b></li> </ul>
Patient financial services	<ul style="list-style-type: none"> <li>• Billing</li> <li>• Collections</li> <li>• Payment integrity</li> </ul>	<ul style="list-style-type: none"> <li>• Visibility into A/R and denials with trends, drilldowns and causal analyses</li> <li>• Ability to proactively monitor, measure, analyze, optimize and improve both A/R and denials</li> <li>• Reduce manual investigation into denial issues</li> <li>• Be proactive and strategic about how to address denials</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Reduced time needed to consolidate data</b></li> <li>• <b>Reduced costs to collect*</b></li> <li>• <b>Reduced denials</b></li> <li>• <b>Reduced bad debt**</b></li> </ul>

\*Cost to collect is a HFMA key statistic

\*\*Bad debt + charity care are both HFMA key statistics



# Use cases & value to Presbyterian delivery system

Mede/Analytics®

# Hospital and physician revenue cycle analytics

## Business problems

- Manual creation of month-end financial reporting packets
- Analyst needed to pull payor and ad-hoc reports
- Limited reporting by payors

## Use cases

### Improve efficiency and speed to insights

- Ability to proactively monitor, measure, analyze, optimize and improve both A/R and denials
- Self-service analytics with real-time insights into RCM opportunities
- Visibility into A/R and denials, trends, drill downs and causal analysis

## Outcomes

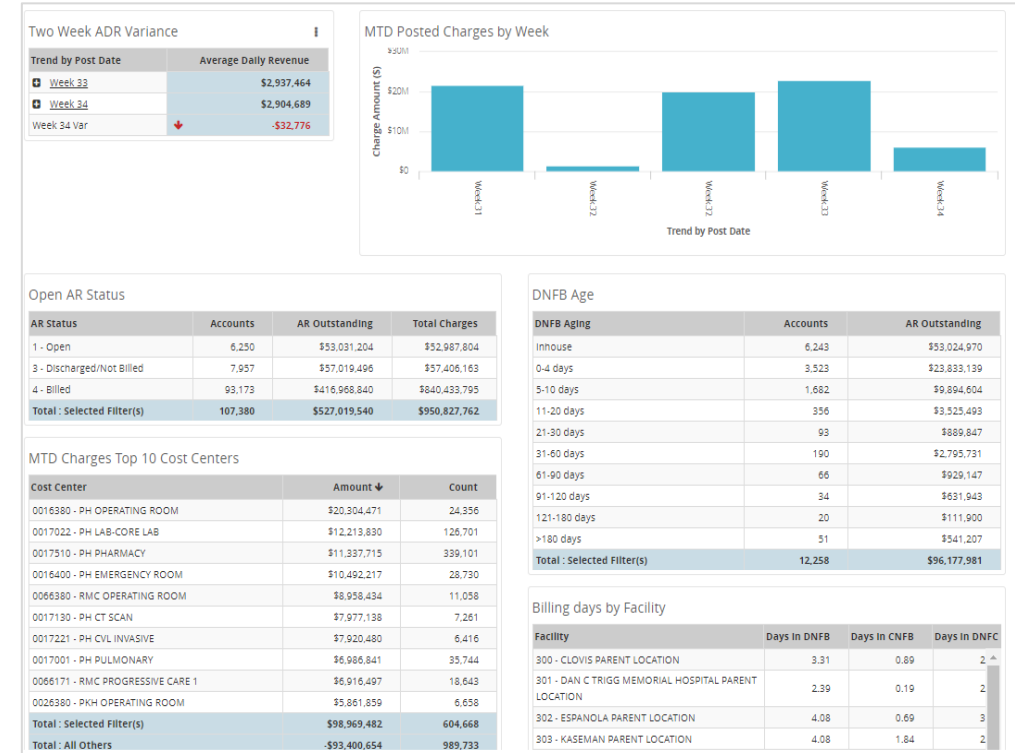
### Reduced month-end close cycle times

- Successfully **automated** majority of month-end reporting
- Standardized **dynamic** payor reports and dashboards
- Enabled **on demand** reporting and analysis

## Value delivered\*\*

- Reduced total cost to collect by **\$450K**
- Reduced time spent consolidating data by **75% (\$272K)**

\*\* Attributed to implementation of MedeAnalytics



# Hospital and physician denial analytics

## Business problems

### Denial investigations are time consuming

- Excel denial cubes require heavy slicing and dicing

### Denial work is reactive

- Difficult to identify trends
- Difficult to recognize relationships contributing to Denials
- Difficult to measure improvements after system changes are made

## Use cases

### Improve efficiency related to denials work

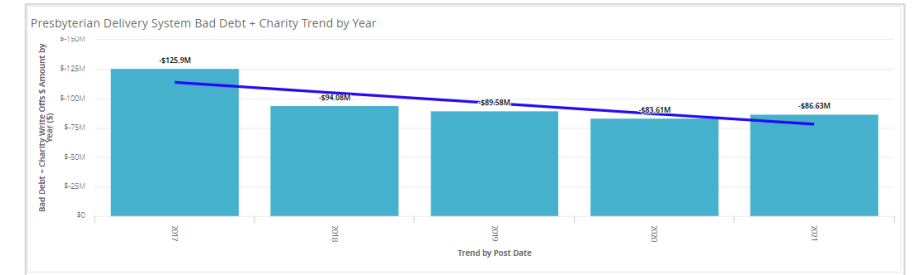
- Reduce manual investigation into denial issues
- Be proactive and strategic about how to address denials

## Outcomes

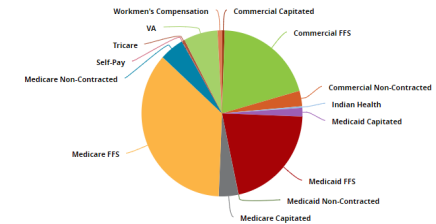
- **Improved workflow** of business office for working denials
- **Gained efficiency** in identifying common themes within similar denials
- Increased the opportunity to **automate workflows**
- **Reduced the overall amount of time** needed to work denials

## Value delivered\*\*

- Reduced denials by **\$806K**
- Lowered bad debt + charity care by **\$680K**



Presbyterian Delivery System Denial (\$) 2021 By Payor Bucket



Presbyterian Delivery System Denials (\$) Trend by Facility

Facility	Amount					
	2017	2018	2019	2020	2021	2021 vs 2017
300 - CLOVIS PARENT LOCATION	-\$1,260,011	-\$1,539,926	-\$869,556	-\$1,070,799	-\$1,811,196	↓ -\$551,185 (43.74%)
301 - DAN C TRIGG MEMORIAL HOSPITAL PARENT LOCATION	-\$183,280	-\$157,109	-\$102,982	-\$58,138	-\$145,466	↑ +\$37,813 (20.63%)
302 - ESPANOLA PARENT LOCATION	-\$687,962	-\$1,036,405	-\$714,739	-\$728,247	-\$945,597	↓ -\$257,635 (37.45%)
303 - KASEMAN PARENT LOCATION	-\$3,851,874	-\$2,325,442	-\$2,335,182	-\$2,346,289	-\$2,072,901	↑ +\$1,778,973 (46.18%)
304 - LINCOLN PARENT LOCATION	-\$578,446	-\$538,400	-\$610,401	-\$415,344	-\$551,943	↑ +\$26,503 (4.58%)
305 - PRESBYTERIAN HOSPITAL PARENT LOCATION	-\$8,135,301	-\$7,014,745	-\$6,284,432	-\$6,524,796	-\$6,208,651	↑ +\$1,926,650 (23.68%)
306 - PRESBYTERIAN RUST MEDICAL CTR PARENT LOCATION	-\$2,864,359	-\$2,197,605	-\$2,307,431	-\$2,419,906	-\$2,281,395	↑ +\$582,965 (20.35%)
307 - SOCORRO PARENT LOCATION	-\$352,587	-\$396,510	-\$206,075	-\$245,779	-\$268,418	↑ +\$84,169 (23.87%)
308 - PRESBYTERIAN SANTA FE MEDICAL CTR PARENT LOCATION		-\$3,180	-\$260,584	-\$602,523	-\$922,614	↓ -\$922,614

\*\* Attributed to implementation of MedeAnalytics

# MedeAnalytics revenue integrity

## Business Problems

### Coding- and documentation-related compliance auditing performed randomly

- Sample sizes were small relative to large volumes
- Time consuming, manual process for distributing audit work

### Clinical documentation improvement reliant on 3<sup>rd</sup> party consultant

- Limited in-house access to cohort data

## Use Cases

- Reduce time to manage audits
- Strategically target coding/documentation related compliance auditing
- Supplement 3<sup>rd</sup> party consultant with in-house clinical documentation improvement solution

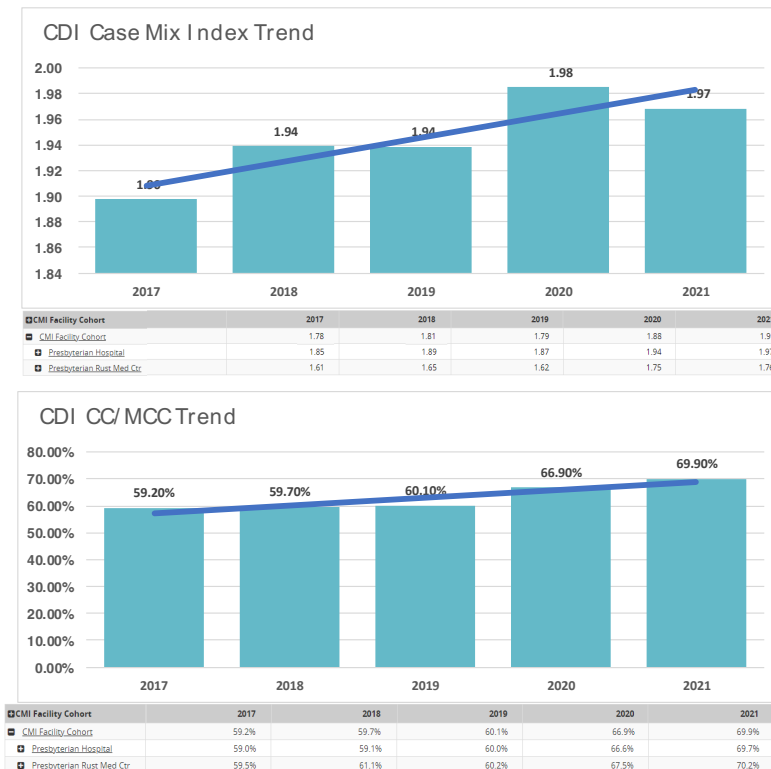
## Outcomes

- Revamped coding and documentation auditing methodology utilizing risk rules engine
- Mede is the backbone for clinical documentation improvement opportunities
  - CMI comparisons internally and against external cohorts
  - Benchmarking CC/MCC comparisons internally and against external cohorts

## Value delivered\*\*

- Improvement in reimbursement from CMI increases by **\$1M**
- **10%** reduction in time taken to manage audits delivered **\$214K** in savings

CDI CC/MCC Capture Dashboard



\*\* Attributed to implementation of MedeAnalytics

# Recap: Successes and value attributed to MedeAnalytics

Benefits from integrating revenue cycle solutions in conjunction with other tools

## Outcomes

- MedeAnalytics is a **critical part of month-end processes**
- Improved efficiency and **speed to insights** and staff efficiency
- **Standard reports** across revenue cycle functions
- Operators have **embedded insights** into operations and workflow
- Near **real-time analysis** and decision making

## Benefits Realized

- Reduced **total cost to collect by \$450K**
- Reduced time spent consolidating data by **75% (\$272K)**
- Reduced denials by **\$806K**
- Lowered bad debt + charity care by **\$680K**
- **\$1M** in reimbursement improvement from improved CMI
- **10%** reduction in time taken to manage audits yielded **\$214K** in savings

## Value enabled by MedeAnalytics: \$3.4M

PHS saw a **9-month payback** on investment in MedeAnalytics revenue cycle analytics solutions



# Key lessons learned from the analytics journey

Always remember that **it is people who adopt new tools**, not organizations

People are busy – **understand their workflow and integrate into their daily routine**

Alleviate customer pain by **helping them solve pressing business problems**

**Build trust:** relationships, give credit, make your customers better at their job, use results to teach not reprimand

Sell results and **outcomes**

Nurture **evangelists**

# Thank you for attending our session!



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Scan to access the slides and other helpful resources!

