



*The Premier Organization for
Revenue Cycle Professionals*

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REFLECTIONS

SUMMER EDITION | 2021

Welcome to the latest edition of the Three Rivers AAHAM newsletter!

As summer starts drawing to a close, I'm hopeful that next year at this time we will be gearing up for our in-person fall conference. While COVID continues to throw us curveballs, we remain optimistic that our chapter will experience some sort of normalcy again soon.

Your AAHAM board has continued to meet (virtually) once per month and think of new and exciting ways to (virtually) offer the best of AAHAM to our members. National continues to offer free educational webinars, and members continue to sign up to take certification exams. We are actively assessing opportunities to once again hold in person meetings, and hope we are able to do so soon. As always, we are continually looking for new members to join all committees and offer fresh perspectives and ideas. Reach out to any board member today to learn more!

We thank you all for your continual support. AAHAM could not function without our members!

Stay safe and healthy,
Tessa King

EDITORIAL POLICY

Opinions expressed in articles or features are those of the author and do not necessarily reflect the view of the Three Rivers Chapter, the chapter newsletter committee, or the national organization. The committee reserves the right to edit material and accept or reject contributions whether solicited or not. All correspondence is assumed to be a release of information for publication unless otherwise indicated.

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MORE INFORMATION!

Happy Summer! I am loving that the virus is slowing down and the restrictions are being lifted, and we are able to be out without masks if vaccinated! It's nice to see peoples faces! Their smiles! To be able to enjoy family and to actually hug them! I am hoping that we have this beat, because I didn't realize how much I truly missed seeing people! With all of that said, we are hoping to have an in person meeting this year yet! If not, we will certainly shoot for early 2022! It will be so great to be able to network with our friends and colleagues! It's been way too long!

With that said, we are still looking at providing some virtual webinars/meetings and are trying to figure out a way to bring the in-person meetings virtually to those of you that may not be able to attend. We understand that our world has changed in so many ways and that we need to figure out a way to meet those changes. We aren't certain that we can do it, but we are certainly up for the challenge and are going to try to make it happen.

I was not able to attend our virtual Legislative Day but had heard that it was the largest "attended" one that we had, so we see the benefits of still providing virtual meetings! I am going to miss our in-person ANI this year but I am looking forward to spending a few days of hearing some great speakers and good topics! I hope you all will consider joining! Our National Education Committee has been working extra hard to make sure that we get the quality education that AAHAM is known for. It's been a huge challenge for them, but I am excited to attend because I know that they pulled together a great ANI.

As always, I would encourage you to review our list of wonderful sponsors on our website and reach out to them in event that you would have a service that they could help you with! This is an excellent list of vendors that not only support our organization, but that have good reputations and are knowledgeable in our field of Revenue Cycle.

This paragraph will be a staple in my letters. I am going to ask you all to get engaged with our Chapter. To join a committee, sit in on a Board meeting, ask questions, make suggestions, and become certified. We would love to hear what you have to say, get fresh ideas, and have you involved!

Please make sure you follow Three Rivers AAHAM and National AAHAM on social media for up-to-date information. Three Rivers is on Facebook, Instagram and Twitter for your convenience.

Looking forward to getting together to network in person in the near future!

Stay safe, stay well!

Christine Ifft, CRCE
Three Rivers AAHAM Chapter President

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Improving the Financial Health of Healthcare Providers

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COLLECTION HEADACHES?

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- ✓ **Early Out**
- ✓ **Denials Management**
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Maximize Your Results
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Net Worth - As of 7/6/2021 As of 7/6/2021

Account	7/6/2021 Balance
ASSETS	
Cash and Bank Accounts	
Checking	24,876.19
TOTAL Cash and Bank Accounts	24,876.19
TOTAL ASSETS	24,876.19
LIABILITIES	
Other Liabilities	
Sales Tax	0.00
TOTAL Other Liabilities	0.00
TOTAL LIABILITIES	0.00
OVERALL TOTAL	24,876.19

AAHAM CERTIFICATION

LISA HENNIGAN

Three Rivers AAHAM supports AAHAM certification. It does not matter if you are new to the healthcare revenue cycle arena or are a seasoned veteran, our family of AAHAM certification exams offer a complete career ladder beginning with the CRCS (Certified Revenue Cycle Specialist) and culminating with the CRCE (Certified Revenue Cycle Executive). If you would like more information on certification, please reach out to me at henniganl@upmc.edu.

AAHAM Certifications offer you solid steps to your professional success:

- Certified Revenue Cycle Executive (CRCE) for directors and executives
- Certified Revenue Cycle Professional (CRCP) for mid-level managers
- Certified Revenue Cycle Specialist (CRCS) for front-line staff
- Certified Compliance Technician (CCT) for compliance professionals
- Certified Revenue Integrity Professional (CRIP) for revenue cycle professional

CONGRATULATIONS to our newly 2021 certified members:

- Taylor Belloma, CRIP ~ Western Psych of UPMC
- Kristin Berkeybile, CRCP ~ St. Clair Hospital
- Michelle Carter, CRCS ~ Allegheny Health Network
- Lori Lawther, CRIP ~ Allegheny Health Network
- Mary Carol Limegrover, CRCE ~ Allegheny Health Network
- Erin Lundberg, CRCS ~ Warren General Hospital
- Jessica Miller-Yaegle, CRCS ~ Warren General Hospital
- Jody Striner, CRCS ~ Uniontown Hospital
- Damaris Tidrick, CRCS ~ Warren General Hospital

New AAHAM Certification Exam Schedule

AAHAM will now offer all of our certification exams on a monthly basis, enabling our test takers to have more flexible scheduling options to become certified when the time is right for them. All certification exams will now be offered on the third week of each month.

The certification exams will continue to be delivered either remotely online through ProctorU, or with a local in-person proctor. We will work with examinees to assist in making the necessary proctoring arrangements for their exams. All exam registrations will need to be submitted at least 30 days prior to the scheduled exam date, and there are no changes to the exam registration fees. The 30-day registration deadline now applies to both new exams and section retakes, offering a faster track to becoming certified for those who are ready to take an exam for the first time.

The new certification exam calendar, registration links, and information about ProctorU can be found on the AAHAM Certification page @ American Association of Healthcare Administrative Management > Certification (aaham.org)

AAHAM Digital Study Guides

This new format has been highly requested and National is excited to make this format available along with the enhanced features that it provides. The digital study guides will have the same content of the traditional hard-copy books, with additional flexibility that the digital format offers. Whether you prefer to view the study guide on a tablet, phone, or web browser, we have you covered with this new interactive option. Here are some of the digital study guide features at-a-glance:

- Flexibility to access and explore content on any device, from anywhere – even when offline.
- Content is delivered via the free Mimeo Digital app, which is available in all app stores, as well as any web browser.
- Interactive, user-friendly format enables features like taking notes, adding bookmarks and more, all synced across your devices and stored in the cloud.
- The integrity of content is upheld in the digital format, with advanced security features that prevent authorized sharing or printing of the materials.

If you still prefer the traditional hard-copy books, there's no need to worry, they will also be available to purchase instead of the new digital option.

Providing more flexibility with AAHAM's certification training and testing has been a core focus of our certification committee's work over the past year. The future is bright with AAHAM certification, as we look forward to continuing to provide our industry-leading certifications and education in ways that can fit into anyone's busy schedule.

Upcoming Certification Exam Dates:

June 14-18, 2021
June 2021 exams

July 19-23, 2021
July 2021 exams

August 16-20, 2021
August 2021 exams

September 20-24, 2021
September 2021 exams

October 18-22, 2021
October 2021 exams

November 15-19, 2021
November 2021 exams

December 13-17, 2021
December 2021 exams

Applications to take an exam are due in to the AAHAM office 30 days prior to a testing period.

For those of you who are already certified, you can earn 2 AAHAM CEU's for each session you attend. For more information on the

2022 MEMBERSHIP DUES RENEWAL

STACEY JENSEN

As CDC guidelines are constantly changing and we are starting to rebound after the pandemic, we are looking forward to having in-person meetings again. One of the benefits of a yearly membership in Three Rivers AAHAM is discounted registration fees.

We are proud to say that we have not raised our yearly dues in over five years. If you haven't already done so, please join or renew your 2021 Membership dues today. The cost is only \$30 at www.threeriversaaham.com/membership. We currently have 130 National, Local and Student members but our GOAL is 150. WON'T YOU JOIN TODAY? If you have any questions on membership, please reach out to Brenda at fraasbl2@upmc.edu and/or Stacey at sjensen@phx-pt.com.

The fee to become a National member is \$209. If you join in July, the dues are \$160 for the rest of the current year. If you join between August 1 and November 30, the fee is \$250 for the rest of the current year and all of the following year.

National is mindful of the times we are in and understand you may be struggling and wondering how to pay for your National dues. New this year is the option for a payment plans to help ease the dues burden. Payment Plan Options must be made in consecutive months and if your local chapter dues are included, their payment will be forwarded from the first installment payment.

- 3 Monthly Payment Plan: \$69*, \$70, \$70
- 4 Monthly Payment Plan: \$52.25*, \$52.25, \$52.25, \$52.25
- 6 Month Payment Plan: \$34*, \$35, \$35, \$35, \$35, \$35

**local chapter dues vary (+ \$30 for Three Rivers membership)*

Also, if you have retired from healthcare, there is no longer a fee to renew. Please contact the AAHAM National Office if you would like more information about this options.

Students taking at least 12 credit hours per semester can join both National and Three Rivers for free! Student members receive the benefits of membership with the exception of voting, eligibility for professional or executive levels of certification, eligibility for the member scholarships and cannot be a proxy for a chapter president at any national board meetings. **But, there are plenty of positive reasons to be an AAHAM student member.**

For additional information on National membership, please contact Moayad Zahraiddin at moayad@aaham.org or 703.281.4043 ext 4.



GOVERNMENT RELATIONS UPDATE

BRENDA FRAAS

Our first virtual Legislative Day kicked off on Tuesday, June 22, 2021 at 2:00 p.m. and was a huge success! Our Government Relations Committee did an amazing job organizing this 3-day event. People wonder if our grassroots efforts matter and it has been proven that they definitely do make a difference. AAHAM's success in Washington is because of our strong commitment to making a difference and because we are taking the time to be heard. AAHAM is making a difference and the investment is paying off for our hospitals.

This year we met with representatives for a collaborative discussion on the lack of standardization of prior authorization and the impact to hospitals, small and large. To provide efficient care to our patients, we are advocating for a standardized prior authorization process across all payers, 24/7 response time, family of codes and a standard list of tests that require authorization. We further recapped The Medical Debt collection Relief Act (S.355-Covid19) proposed bill which would limit Patient Financial Advocates ability to identify new insurance and to qualify for financial insurance.

The PA Chapters focused on three items related to Prior Authorizations since all payers have different rules and appeals are time consuming. Payers have no understanding of doing what is best for the patient at the time of service.

- Change of procedure intraoperatively. The smallest tweak can cause a change in coding, voiding the original authorization, creating need for retro activity. In complex surgeries, changes are a common occurrence. Coding does not occur that quickly and the window of retro auth is often missed, resulting in the need to appeal, which is time consuming, delays payment and is very labor intensive. Initial authorizations should include a family of related codes allowed under the original authorization.
- Payers often use vendors for providing authorizations or for reviewing appeals. There is often internal disconnect between payers and their vendors, i.e., records don't get sent to the right files, vendors aren't aware of updated or contractual arrangements, appeal decisions are not communicated properly or timely, etc. This can result in more labor-intensive follow-up efforts, lost time, missed deadlines, etc.
- Each insurance company has their own rules in regard to authorizations and medical policies and they change very frequently without notice at times.

We also had the opportunity to address our position of the proposed COVID-19 Medical Debt Collection Relief Act S 355. The bill is designed to limit a provider's or a partner's ability to collect or discuss out-of-pocket costs. The bill is designed to suspend ECA's (extraordinary collection actions) by healthcare providers or our partners during the covered period (2/1/2020 until the latter of the end of the public health emergency or 18 months after enactment of the proposed Bill) **This part of the proposed Bill AAHAM does support.**

AAHAM also supports the following:

1. One year extension of federal and state health insurance appeal deadlines.
2. Prohibition on accrual and collection fees and interested related to these debts.
3. Prohibition on any extraordinary collection actions, as indicated above.
4. Hold health care providers and their agents liable for family to comply.

AAHAM does not support the following proposed section:

1. Suspension of all payment plans for service incurred during the period (see above). As this may create havoc in our cash flow, AAHAM encourages that our Patient Financial Advocates be allowed to continue assisting patients to navigate through the very complicated world of healthcare and patient responsibility. The Bill would allow individuals to suspend any payment plans for unpaid medical expenses incurred during the pandemic along with suspending interest or additional fees being added to the unpaid balance.

AAHAM's recommendation is to remove the suspension of repayment plans and the inability to collect interest from S.355. This section of the proposed Bill would definitely have a negative impact on the healthcare delivery system in all areas of our Country. Allow our Patient Financial Advocate partners to continue to pursue unpaid balances will assist providers in their continuation of services. Hospitals and other healthcare providers have already lost billions of dollars during the pandemic and this portion of the proposed Bill only further that monetary loss and prohibit care.

All AAHAM Chapters also appreciated the opportunity to share the benefits of Patient Financial Advocates and how they navigate patient's insurance complexity through education (N.I.C.E pledge) with our government offices.

The PA Chapters look forward to our continued collaboration and being a resource for a solution for patients, providers and business partners.

DON'T GET LOST IN THE MAZE OF CREDIT BALANCES

USE ANALYTICS AND AUTOMATION TO RESOLVE 50%-70% OF YOUR CREDITS

JEFF MEANS, COLBURN HILL GROUP

Roadside farm stands have a number of attractions to draw in customers, but one of the most popular is the corn maze. The challenge of solving a life-sized puzzle, the experience of navigating through unknown twists and turns, and the faint, unrealistic fear that one might get forever stuck in the maze creates an air of excitement. Of course, these mazes are always solved – no one ever gets truly stuck – even if “solving” means making your own shortcuts through the rough corn stalks.

For many healthcare organizations, dealing with credit balances can feel a lot like making your way through a maze, with perhaps a few key differences (for example, most people do not feel an air of excitement when dealing with credits.) But like a maze, credits are generally cleared up one step at a time: each claim resolved is like another intersection navigated by going left or right. And like a maze, it can be hard to predict what challenges lie ahead at the next junction and it's hard to know when you are really making progress.

But the biggest difference is in the eventual outcome. While almost everyone finds their own way out of corn maze, very few providers feel like they have control of their credit balance resolution process, much less are able to fully resolve those balances. The result is the expenditure of significant resources to manage the credit balances (often referred to as “spending money to give away money”) as well as risks to financial reporting, regulatory requirements, and even patient satisfaction.

By using a combination of advanced analytics and contemporary robotic process automation (RPA) techniques, providers can dramatically reduce the volume and value of their credit balances. To better understand this approach, providers should first understand how to use analytics to systematically capture the ways staff approach credit balance resolution and then understand a basic approach to using RPA techniques.

While we commonly use the terms “metrics” and “analytics” somewhat interchangeably, metrics simply track the status of a specific business process. In revenue cycle, metrics are often used to set industry-wide benchmarks, common standards against which individual performance can be measured.

Analytics, however, is the systematic analysis of data to better understand the components that make up individual outcomes. An understanding of different types of analytics is vital to their effective use. To start, there are three kinds of analytics in revenue cycle:

1. Descriptive Analytics
2. Predictive Analytics
3. Prescriptive Analytics

Descriptive analytics tell the story of what has already happened in a particular sample or population. They tend to be a reflection of something that happened in the past and can be used to tell the story of past performance. Most revenue cycle metrics, like AR days, cash collections, or initial denial rates are descriptive analytics – they tell the user what happened last week or last month.

Predictive analytics build on the descriptive analytics, using that past story to predict the future. This type of analysis requires a stable environment, where circumstances and the environment have not changed. A simple predictive analysis might correlate unbilled “DNFB” claims with cash collections. If past experience shows that cash changes by x% three weeks after DNFB changes by y%, you can reasonably predict cash changes based on changes in DNFB. However, if DNFB changes are related to changes in overall volume rather than changes in performance, the predictive aspect of those analytics is likely to be misleading.

Prescriptive analytics are intended to lead the user to specific actions based on current circumstances. They use a series of facts known about a current situation along with some set of historical or experiential knowledge to draw specific conclusions. For example, identification of pattern of denials might suggest shifting resources, either towards those denials or perhaps even towards an upstream process gap.

In navigation terms, one might think of *descriptive analytics* as a paper Rand McNally road map, which allows the user to find a path to their destination but gives little other insight. Predictive analytics are like an early Garmin navigation device, which gives the user the shortest route between two points but can only give a sense of how long it will take to reach the destination based on distance and strict observation of speed limits.

Prescriptive analytics are more like Waze or Google Maps, constantly recalculating the fastest route based on real time inputs related to traffic, road conditions, construction or closures, etc. Each version of analytics has its own value and can be useful in various situations, but revenue cycle practitioners should be careful to understand the strengths and limitations of each type.

What many people don't realize is most revenue cycle staff are using different types of analytics each day. Reviewing the history of a credit balance is an application of *descriptive analytics* and deciding on a course of action for that balance is a form of *predictive analytics*. To perform those analytic tasks, we ask staff to gather information – balance, payer, charges, billing history, transaction history, etc. – all the data that enables the analytics staff perform on each claim.

In fact, most of what we expect from staff, particularly in resolving credit balances, is research and data gathering. The mechanical actions that resolve the claim – adjusting or transferring balances, queuing a claim for refund – are a relatively small part of the time devoted to each claim. Our observations indicate 60%-80% of the time devoted to a claim is in this data gathering phase and as little as 20% is spent on taking action on the credit balance itself.

The result is providers tend to focus on higher balance claims or those that have a regulatory requirement for resolution. Across nearly 1 million credit balances reviewed in our client population, 80% are less than \$250 and 47% are less than \$50. When those lower balance credits are ignored, they tend to age – 58% of credits are >360 days. Working this large population of aged, relatively low dollar credits is an overwhelming manual effort.

Fortunately, using *prescriptive analytics*, providers can use technology to leverage their manual efforts and achieve far better results. The key lies in systematizing the way staff think through credit balance resolution. While they likely don't think of their process in these terms, most staff use a set of questions to triage balances and then draw conclusions about root causes and next steps.

As a very simple example, if given a credit balance of \$150 in a payer plan code, staff might first look to the EOB to see what has been paid. If the EOB indicates all charges were paid, with a patient responsibility of \$250, staff might next look to the transactions. Finding a \$400 pre-service payment, staff can logically conclude that the patient overpaid, but the patient portion was never moved from the payer to the patient. Finally, scanning other accounts for that patient and finding no balances, one can logically conclude the balance should be refunded to the patient.

In this case, staff gathered information on payments from both payer and patient, reviewed the EOB, and looked at other accounts before drawing a conclusion on how to resolve the balance.

By utilizing analytics, logical queries can be used to augment staff efforts, eliminating the research step and drawing conclusions systemically. Claims that meet the criteria above – Payer has met its obligation, patient paid more than balance indicated on EOB, patient has no other open balances – can be identified automatically and be routed to a refund queue. In the real world there may be more criteria than in this simple example but as long as those criteria can be identified and queried, a comparable conclusion can be reached.

Repeating the process of capturing that logical thought process across hundreds of claims generates various scenarios, all of which are defined by a set of logical criteria. Of course, some credits are too complex to be fully diagnosed through a query, but applying those criteria provides insight into more than 50% of credits. Here is sample output from a client:

Outcome	Category (Top 10)	Count #	Balance \$
Complex	Credit Balance Account	16818	-\$11,397,349
Refund	Patient Overpayment	11775	-\$1,381,198
Posting Adj	Total Adjustments are more than Total Charges	9609	-\$14,946,272
Complex	Total Payments are more than Total Charges	3006	-\$4,694,507
Refund	Credit Balance = Patient Payment	2030	-\$252,480
Posting Adj	Credit Balance is Secondary Insurance Payment	1967	-\$272,233
Refund	Patient Payment greater than Patient Responsibility from Remittance	1773	-\$156,284
Posting Adj	Patient Overpayment - Balance on Different Account with Same MRN	1223	-\$125,398
Refund	Credit Balance = Patient Payment and Total Adjustments = Total Charges	854	-\$108,675
Complex	Total Charges = 0 but Payment and Contractual Applied	776	-\$1,459,414
Grand Total		52787	-\$36,578,696

The Category column provides guidance about the specific conclusions drawn on each credit and the Outcome column rolls up those categories into actionable next steps – refund the balance, adjust the balance, or route the most complex credits to staff for manual review. In this case, about 20,000 credits are labeled as complex, but that leaves more than 30,000 (or 60+%) with a specific next step. And to be clear, **these are not guesses or predictions, but actionable decisions about how to resolve the credit.**

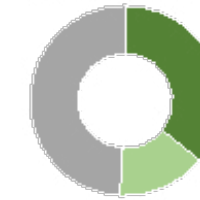
While each provider is likely to have a different mix of categories and outcomes, the overall pattern is fairly consistent. Across these three clients, we see a range between 51% and 73% in the Refund or Adjust outcomes:

Client 1 – 73%



- 73% Outcome Diagnosis
- Host system balance transfer issue causes large volumes of patient overpayments (49%)
- An additional 6% of patient overpayments have an open debit balance on another account with the same MRN

Client 2 – 51%



- 51% Outcome Diagnosis
- Host accounting issues result in patient overpayments (27%)
- Host system 'net-down' process creates over-contractuals (11%)

Client 3 – 55%



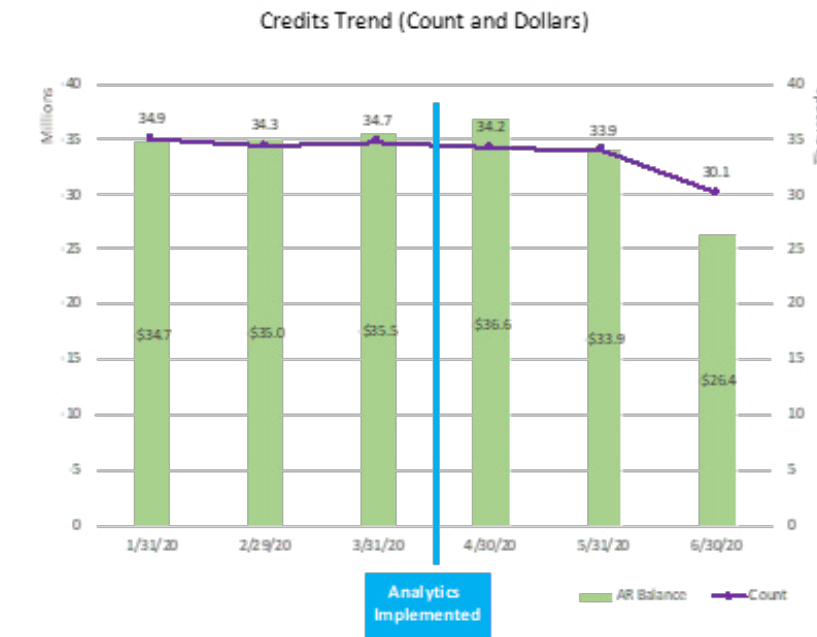
- 55% Outcome Diagnosis
- PFS AR counter system generates automatic transactions that create over-contractuals (31%)
- Secondary insurance payment created 6% of the credits AR (posting adj)

Starting with thousands of credits, in both patient and various payer financial classes, this analytic process has been able to triage *each credit*, categorize it accordingly to root cause, and group credits as refund, adjust, or complex (needing manual attention.)

Because this approach **builds the logical thinking deployed by staff into the analytics**, this process **eliminates the need for the labor-intensive research** and instead **focuses attention on taking action** on each credit.

Eliminating the time-intensive research step allows staff to take action on far more claims, and also enables the use of automated processes, such as Robotic Process Automation, or RPA. Much like an Excel macro, RPA technology is "trained" by a user to follow an identical set of steps on a list of claims provided by the user. This process allows for some flexibility. For example, by including a transaction code or stock free-text comment in the list of inputs, the robot can not only post an adjustment, but post it to an array of codes along with the appropriate comment.

The following chart shows the results for one client. In this case, just providing the analytic output allowed the client to reduce credits by 25% over a 2-month span. Once the RPA is deployed, the client expects to see a further reduction up to 61%.



By expediting manual effort and supplementing staff efforts with automation, more credits are resolved and fewer resources are required. In addition, resolution of credits improves patient satisfaction as well as the accuracy of reserve models built by finance.

To achieve these results, providers should think of the process in two phases.

FIRST, USE ANALYTICS TO IDENTIFY THE PATH OUT OF THE MAZE.

One initial step in this phase would be **to find patterns of populations**. In other words, look for places where the same outcomes are being driven by a consistent process gap, which might be system configurations, or automated processes (like cash posting), or perhaps upstream process failures. Staff are an excellent source for these kinds of insights and can likely point the analysis towards the largest populations of similar root cause failures. Once those patterns are identified, it is certainly worth trying to fix the problem at the source, but if the error cannot be avoided, it may be worthwhile building queries or analytics to identify the population.

Just as credits staff need data to do their own analytics and draw conclusions, to make the analytics process work, **data needs to be gathered**. This likely means getting access to 835s or 837s as well as transaction data sets from your core patient accounting system or elsewhere. One important tip here is to look for structured data – staff need to be able to define their decision-making process in ways that enable a query driven process. Defining data sources is key to delivering useful insights on credits.

Finally, **be prepared to iterate, iterate, iterate on each query**. Each rule that gets developed will likely lead to false positives – in other words, will include credits that don't actually fit the criteria of that population. It is very likely that refining a query to the point that it delivers consistent and reliable results will require many iterations to adjust logic or data sources. Don't be afraid to "fail" or to backtrack on previous decisions to get each rule running effectively.

Once you have the patterns, have gathered the data to find those populations, and have iterated on your rules, you will have found the path out of the maze of credit balances, but you're still standing at the beginning point. Now you need to start moving.

THE SECOND PHASE IS TO GET TO THE EXIT.

Moving through the maze in an automated way will require some minor investments. A software package (with an annual license which should carry only a small price tag) will likely be required to enable the RPA. It is also smart to devote a resource to managing the RPA process. That person doesn't need to be a computer science PhD, but should be technologically savvy and be largely, if not exclusively, devoted to the RPA process.

For both the analytics and the automation, **starting small is likely to lead to the best results**. Using a query to identify a bite-sized chunk of credits with the same next steps will provide a good test run for the analytics, but also allow the RPA process to crawl before it tries to sprint.

On a related note, **any RPA process should be heavily tested in advance** of turning it on in a live, production environment. A human who was given incorrect direction might eventually recognize something was wrong and come ask for clarification, the robot will not. It will faithfully execute whatever you tell it do, no matter how crazy or obviously wrong. Thorough testing can ensure you achieve the outcomes you are seeking.

With a small investment, a methodical approach to design and testing, and the grit to keep trying even if initial efforts stall, deploying RPA can be a powerful force. Having analytics aggregating then RPA resolving thousands of claims without staff intervention, it can move your credits efforts towards that elusive solution to the maze.

In the middle of the credits maze, it is tempting to feel discouraged by the high hedges formed by the volume of credits. (Even standing on tippy toes, it can be hard to see the exit.)

But a **methodical, systemic approach can sift through those credits**. Analytics can identify easily solved claims, ripe for automation, and allow staff to focus on thorny claims where their talents are truly needed. Generally, more than half of credit balances can be adjusted or refunded using RPA techniques. The result is a dramatically different profile of credit balances and staff activity.

The combination of analytics and automation can make sure you can not only see the exit - but can easily reach it.

Colburn Hill Group has joined the Tegria family of companies. We are #BetterTogether! To start a conversation about this topic and the automation that CHG brings to the resolution of credit balances, or to learn more about our new family, please contact Kimberly Spaulding at kspaulding@colburnhill.com.

Colburn Hill: www.colburnhill.com and Tegria: www.tegria.com