

# Revvng Up the Revenue:

## Improving Reimbursement Accuracy and Reducing Revenue Cycle Time through Financial Consulting

BY KAREN BRANZ

**For Scott & White Healthcare, capturing accurate physician and resident time data is a crucial element to the bottom line. It's also a challenging task, one that is closely scrutinized by TrailBlazer, the fiscal intermediary for Medicare and Medicaid in Scott & White's region. In 1997, after TrailBlazer challenged the health care system's resident time data for the period of 1991-97, Scott & White decided to look outside for help.**

"We were at risk of losing all medical education reimbursement from the federal government, which was about \$12 million to \$15 million annually," said William Galinsky, assistant executive director of finance at Scott & White.

Scott & White turned to CampbellWilson, which provides health care financial regulatory consulting services. The company helped Scott & White develop the Medical Education Resident Information Tracking System and convinced TrailBlazer to let Scott & White retroactively apply it to their data.

"CampbellWilson worked directly with TrailBlazer on our behalf and was able to build the data sets that TrailBlazer ultimately accepted," said Galinsky.

In 2002, Scott & White again turned to CampbellWilson for help with TrailBlazer when the fiscal intermediary disallowed a significant portion of its reimbursement related to the wage index calculation. Using a tool modeled after work with other clients, CampbellWilson was able to show TrailBlazer the error in its calculations of wages and hours. A byproduct of this is the physician time study that has been required ever since in order to include those salary dollars and hours in the calculation.

"TrailBlazer and the Centers for Medicare & Medicaid Services made a retroactive adjustment in 2002 to correct their errors, which they almost never do," said Galinsky. The adjustment saved the system millions of dollars in revenue.

CampbellWilson has helped Scott & White with a wide variety of reimbursement and compliance projects, including helping the health care system set up the documentation system for its End Stage Renal Disease Center and conducting regular audits of its reimbursement and compliance systems.

"We want to make sure we aren't missing anything. We don't want to leave anything on the table. We want to collect everything we are legitimately entitled to," Galinsky said. "CampbellWilson staff have a special area of expertise; this is what they do day in and day out. We are very happy with their services."

### Improving the Revenue Cycle

Keith Barber, chief operating officer and chief financial officer of Tomball Regional Medical Center, said his hospital also engaged CampbellWilson because of its reimbursement and revenue cycle expertise.

"We wanted to improve our revenue cycle. We already have good performance indicators and processes, but we want to go from good to great," Barber said. "CampbellWilson is helping us see where we are strong and where we are weak."

The redesign initiative team, composed of both CampbellWilson consultants and Tomball staff, completed a detailed assessment of the revenue cycle, including all functions, processes and key performance indicators to determine opportunities for improvement. Cedrial Moore, vice president of the revenue cycle at CampbellWilson, led the effort. "We partnered with Tomball's revenue cycle leadership to redesign processes, improve communications and improve key performance indicators," Moore said.

At the conclusion of the assessment, the engagement team conducted work sessions with Tomball revenue cycle staff to develop the future state model, best practices and training needs in patient access, health information management, and the business office. In addition, the team specifically redesigned the self-pay processes and policies and also developed denial management tracking and monitoring procedures. The goal was to improve revenue cycle processes, end-to-end, and achieve a best practice model.

"We went in as a partner in the process to teach and coordinate, not to just fix things and leave," Moore said. "Our job was to work with the team to improve processes based on leading industry standards and utilize improvement strategies and proven methodologies to improve the revenue cycle. They now have the infrastructure, knowledge and processes in place to succeed."

"We are definitely seeing quicker turnaround on reimbursement," said Barber. "This is a time when being good isn't good enough. You have to have great operations. CampbellWilson staff bring a lot of experience to the table to help us in the process, and I would hire them again and would highly recommend them to other hospitals."

For more information about CampbellWilson, contact Manie Campbell at [mcampbell@campbellwilson.com](mailto:mcampbell@campbellwilson.com) or 214/750-5220 or go to [www.campbellwilson.com](http://www.campbellwilson.com). \*