Scoring Our Way to Revenue Success

Follow Up Record Scoring

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Background on the Physician Organization

Founded in 1898 as the Medical College of Cornell University. Affiliated with New York-Presbyterian Hospital in 1927

Federation of 22 clinical departments and centers

Comprised of over 1,200 full-time clinical faculty members

Epic Ambulatory 2000
Epic Prelude, Cadence, Resolute
December 2012 – Pilot
July 2013 – Mini Bang
October 2013 – Big Bang
Scoring Our Way to Revenue Success Agenda

1. Weill Cornell two years post PB implementation
2. What is Invoice Scoring and how we implemented
3. Operational Change Management
4. Trending and Planning
5. Measurable Successes
Managing the Accounts Receivable Specialist Staff

- 80 A/R specialists work in the Central Business Office.
- A/R specialists work No Response and Denials insurance receivable.

Our Challenge
- Managing the Accounts Receivable using Epic standard tools.
- Relying on our supervisors to *successfully* assign the correct invoices.

On the average day, **11,500** invoices are added to the A/R and **10,000** are removed from the A/R.

This makes improving the A/R challenging.
No invoice is created equally

Each invoice has a unique set of properties:
- Academic Department/Specialty
- Outstanding amount
- Payor with timely filing deadlines
- Age on the A/R
- Denial status
- No Response timing status

Daily invoice target for each A/R Specialist = 50
On any given day, there are approximately 60,000 Invoices on the A/R that need to be worked.

Our Challenge, deciding which 50 to assign to each staff.
When choosing an invoice to be worked, you must consider:

- Outstanding Amounts
- Payors
- Record Ages
- Denials
- Filing Deadlines
- Internal A/R Initiatives

Managers and Supervisors were required to decide which invoices should be delegated to each staff, using their time analyzing reports and workqueues.
What results were we getting?

- Exceeding revenue benchmarks but days in AR high
- Difficulty identifying the right invoices, the services, and the correct volume to sufficiently resolve the A/R.
- Morale of managing staff low; hard to quantify their success.

...but in Madison, WI, there were whispers...

Okay, okay, Chirag

...scoring, Scoring, SCORING!!
Invoice Scoring

Turning subject matter expertise into an algorithm
Invoice Scoring - Delegation through Algorithms

Re-creates the methodology used to effectively prioritize invoices to work.

Each attribute of the invoice is given a component score.

Sum of Components  Invoice score (0-550 range)

Invoice scores added to the Workqueues, used for sorting and prioritization.

Scores are continuously re-calculated in real-time.
Invoice Scoring – The Weill Cornell Medicine Way!

When developing the algorithm, we decided on variables that are important to revenue cycle managers

1. **Outstanding amount** *(the higher the amount, the higher the score based on department/specialty tiers)*
2. **AR aging days** *(the older the AR, the higher the score)*
3. **Timely Filing deadline** *(the closer to the deadline, the higher the score)*
4. **Last worked age** *(the higher the days since last touched, the higher the score)*
5. **Primary claim? Y/N** *(primary claims carry more weight)*
6. **Managed care plan? Y/N** *(managed care commercial plans carry more weight)*
7. **Denial Post Date**
8. **Appeal Deadline Date** vs. Timely Filing Deadline
# Invoice Scoring – Calculating the Total Invoice Score

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outstanding Amount (based on Grp 2)</strong></td>
<td><strong>AR Aging Days</strong></td>
<td><strong>Appeal Deadline Date</strong></td>
<td><strong>Last Worked Age</strong></td>
</tr>
<tr>
<td>$1,750 &gt;= 55</td>
<td>210 &gt;= 50</td>
<td>0 &lt; 85</td>
<td>90 &gt;=</td>
</tr>
<tr>
<td>$1,200 &gt;= 45</td>
<td>180 &gt;= 40</td>
<td>10 &lt;= 80</td>
<td>60 &gt;=</td>
</tr>
<tr>
<td>$700 &gt;= 40</td>
<td>120 &gt;= 30</td>
<td>20 &lt;= 70</td>
<td>45 &gt;=</td>
</tr>
<tr>
<td>$175 &gt;= 30</td>
<td>90 &gt;= 20</td>
<td>40 &lt;= 30</td>
<td>30 &gt;=</td>
</tr>
<tr>
<td>$110 &gt;= 20</td>
<td>60 &gt;= 10</td>
<td>60 &lt;= 20</td>
<td>15 &gt;=</td>
</tr>
<tr>
<td>$55 &gt;= 10</td>
<td>45 &gt;= 5</td>
<td>90 &lt;= 10</td>
<td>5 &gt;=</td>
</tr>
<tr>
<td>$55 &lt; 5</td>
<td></td>
<td>90 &lt;=</td>
<td></td>
</tr>
</tbody>
</table>

Outstanding Amount + AR Aging + Timely Filing + Last Worked + Primary Claim Y/N = Invoice Score
## Invoice Scoring

**The Weill Cornell Way!**

<table>
<thead>
<tr>
<th>Workqueue</th>
<th>POBO WCNWYP</th>
<th>NO RESPONSE</th>
<th>D[12]</th>
<th>Last refreshed: 8/8/2016 9:52:12 AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active (Total)</td>
<td>$1,180,646 (69)</td>
<td>User Deferred (Total)</td>
<td>$20,450,564 (65)</td>
<td>System Deferred (Total)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payer</th>
<th>Plan</th>
<th>School</th>
<th>Affiliation</th>
<th>Service Location</th>
<th>Service Date</th>
<th>From Date</th>
<th>To Date</th>
<th>Sts</th>
<th>Plan Name</th>
<th>Tx List</th>
<th>Outstanding</th>
<th>Last Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>366</td>
<td>WCNWYP MR YORK</td>
<td>Well Cornell Imaging</td>
<td>NYP</td>
<td>Well Greenberg Center</td>
<td>04/20/2016</td>
<td>02/01/2016</td>
<td>04/11/2016</td>
<td>D</td>
<td>SPENCER STUART</td>
<td>11.12</td>
<td>$4,182.50</td>
<td>0.60</td>
</tr>
</tbody>
</table>

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**Note:** The document contains a table with columns for payer, plan, school, affiliation, service location, service date, status, plan name, transaction list, outstanding balance, and last activity. The table is part of a larger document that includes information related to invoice scoring at Weill Cornell Medicine.
Implementing Scoring

Change is good, but hard to implement!
Invoice Scoring – Distribution of Scores

$ Variables
10% Weight

Aging Variables
50% Weight

Claim Status
40% Weight

Invoices by Type & Scoring Bucket

Focus Area

Follow-up Denials-Authorization-ADR
Follow-up No Response
Follow-up Rejects 277
A whole new world

Staff Productivity:

It became clear that having a fixed target of 50 invoices was not aligned with the goal of working high invoice scores. We needed to acknowledge the correlation between the high scored invoices, and the length of time it took to work the invoice.

We decided to think differently about measuring productivity beyond volume, and incorporating the invoice score.
Development of the WPB © – Work Productivity Benchmark
Pronounced (Wee-bee)

Invoice Count * Average Invoice Score = WPB

Daily WPB target of 15,000
Based on 50 invoices * Target score of 300

The results: A/R staff felt that they had an opportunity to be recognized for their productivity, in a way that was fair, and related to their actual workload.

High scoring invoices that took 30 minutes to work carried a WPB score that accounted for this additional level of complexity.
Managers and Supervisors were required to decide which invoices should be delegated to each staff, using their time analyzing reports and workqueues.

Managers and Supervisors focused on staff productivity, internal training initiatives and overall increases in productivity and quality.
Eye Opening Experience
We learned that it was necessary to:

- Ensure Consistency
- Train and Educate
- Develop Skills
- Set Expectations
- Refine Workflow
- Empower
- Reinforce Critical Thinking
- Improve Productivity
Success Quotes:

Leadership Quotes

“Scoring helps to optimize the workflow follow up in establishing priority in order to meet departmental goals and benchmarks”. Nataliya K.

“Scoring is beneficial when assigning daily task as it helps to prioritize and organize the distribution of special projects”. Shanyse D.

“Provides organization and structure to the daily workflow”. Wanick B.

“Helps the staff to identify high priority invoices that are crucial for reimbursement”. Passion G.

Staff Quotes

“Helps identify issues that will secure reimbursement”. Marlene D.

“Scoring helps the follow-up team to determine how to prioritize their daily work based on date of service, last activity, and dollar amount.” Darnell F.

“Identify high dollar claims that haven’t been worked in a long time and that are in jeopardy of timely filing” Reyes L.

“Helps to identify trends based on provider and carrier issues”. Diana D.

“Allows the A/R staff to work on claims based off priority”. Tereza Z.
Measurable Success

Scoring was implemented in October 2015.

Since October 2015, Gross Charges grew by 13%. In an environment of high growth, the A/R metrics continued to improve.

Days in A/R down from 46 to 42

NCR up from 89.6% to 91.1%

Average Invoice Amount Worked:

Denials : $642 - $899 up 40%
No Response $736 - $960 up 30%
Currently, the Invoice score is generated on the Workqueue screen, but **does not** write to the Epic database in any way. In order to report on scoring data, our SQL Clarity development team build logic in SQL to mirror the algorithm to create a snapshot of the score at the end of each day.
Scoring in our Future

Invoice Scoring and WQ Monitoring

Enhance Scoring Criteria

277 Claim Rejections WQs

Use Scoring for Daily FTE Effort

FTE Staffing

Skillset Changes
1. Recognized we could make improvements in revenue cycle metrics
2. Needed a better way to identify the invoices to work to get a better bang for our staff’s productivity
3. Collaborated with Epic and our internal resources to create scoring algorithms and identify in Workqueues the items to work in real-time
4. Created WPB score for individuals and teams
5. Created daily dashboards for measuring productivity and analyzing the deployment of staff
6. Restructured the focus of insurance AR management team, from delegation of invoices to staff development and productivity.
7. Demonstrated success
Acknowledgements

Senior Epic Advisor - Chirag Bhargava

Clarity SQL coding and dashboard report development:

• May Chan, Sr. Report Analyst, Physician Organization
• Jesse Smith, Epic Financial Performance Team
• Bara Sene, Revenue Data Analyst, Physician Organization

Epic Coding and Development

• Nicole Harrison, Senior Epic Practice Management Analyst, Physician Organization
## Contact Information

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Thank You!