



Novant Health: Transforming Revenue Cycle Services in the Ambulatory Setting

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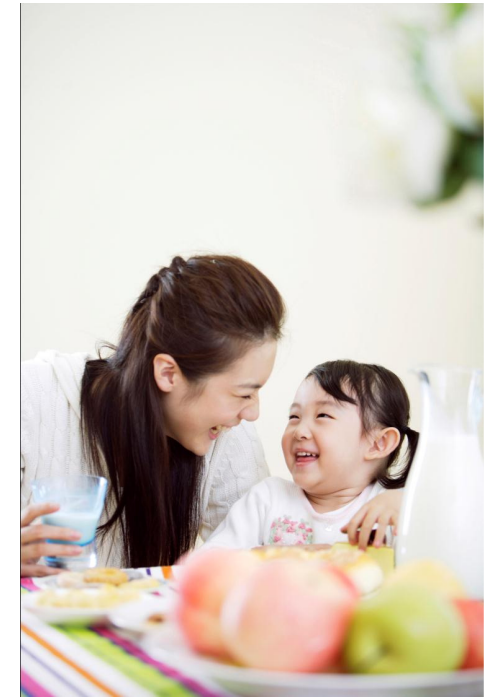
Making Healthcare Remarkable



Novant Health

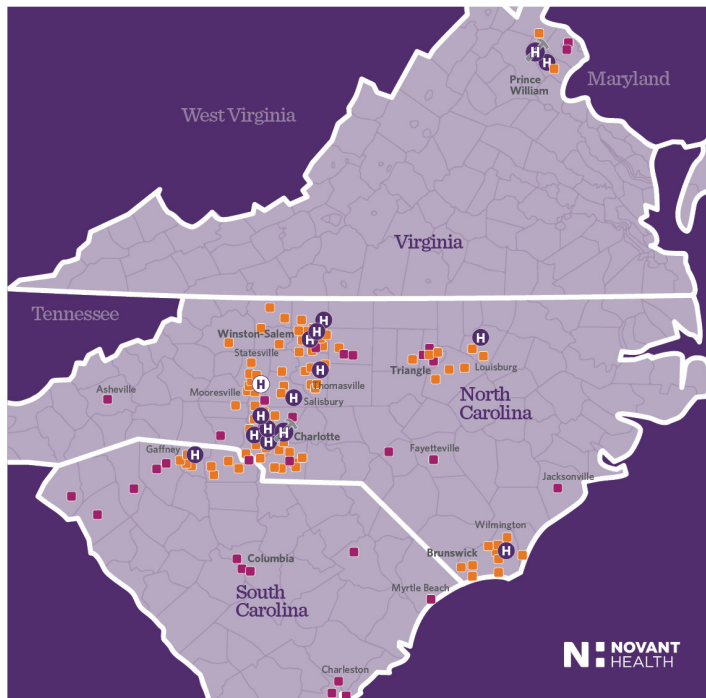
Bringing together **world-class technology** and **clinicians** to provide care that works with patients' schedules, preferences and needs. Creating a healthcare experience that is **simpler, more convenient and more affordable**, so that our patients can focus on what really matters:

getting better and staying healthy.

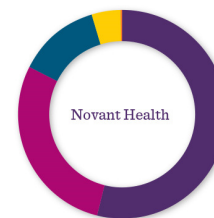


Novant Health

- Hospitals
- New hospitals under construction
- Hospitals (HMA partnership)
- Physician practices
- MQ imaging centers



N: By the numbers



- 5,071 Medical staff providers
- 2,753 Beds
- 1,200 Physicians
- 450 Outpatient locations
- 14 Medical centers

232,990

Flu shots given in 2013



17,779

Babies born in 2013



542,474

ED visits

123,446

Total surgeries

4,800

Heart attacks treated

10 M

sq ft. of clinical space



495

Locations



123,134

Inpatients cared for in 2013



372

ED treatment rooms



132

Operating rooms



38 M

Hands washed per year



240,000

MyChart users



936

Patients enrolled in clinical trials for cancer treatment



3.4 M

Physician appts. in 2013



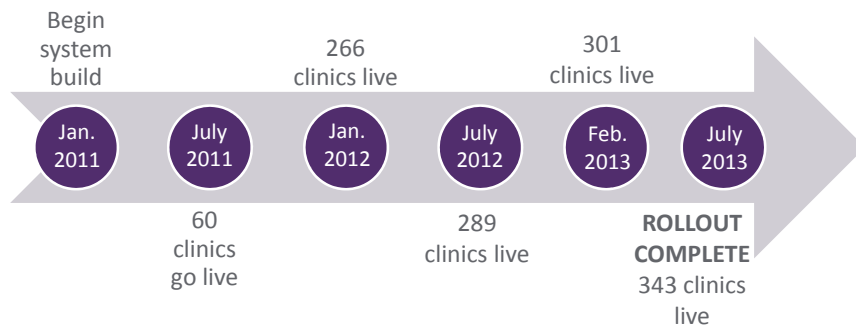
- 14,977 Acute care
- 6,495 Physician division
- 2,742 Corporate office
- 1,342 Ambulatory services
- 45 Assisted living



100

Billing offices consolidated into one

Practice management system implementation timeline

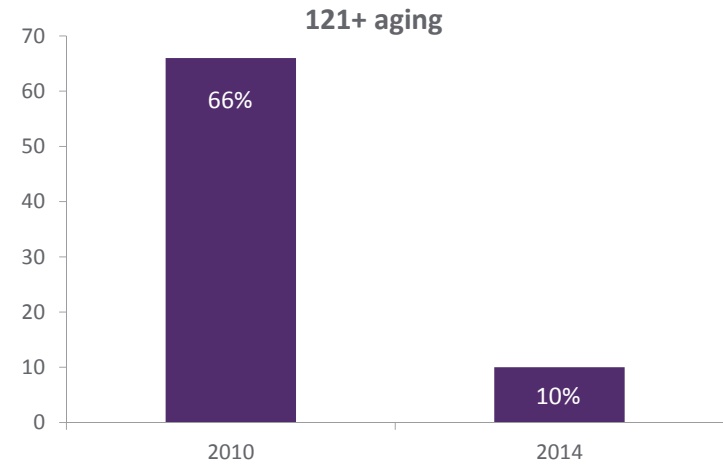


Single system and operational transformation

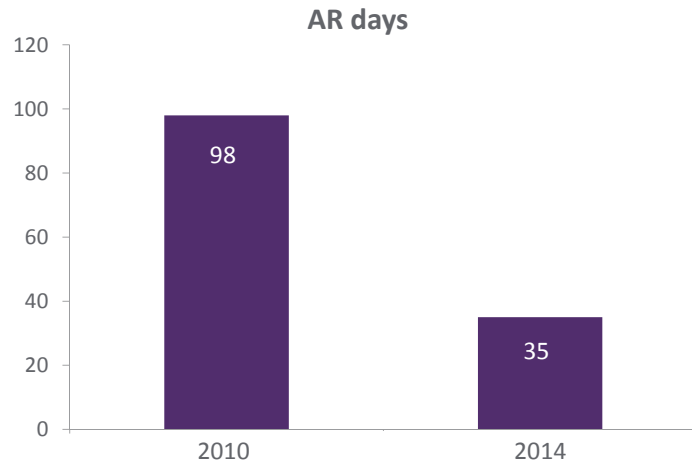
Led to increased efficiency, higher collection rates and lower contractuals



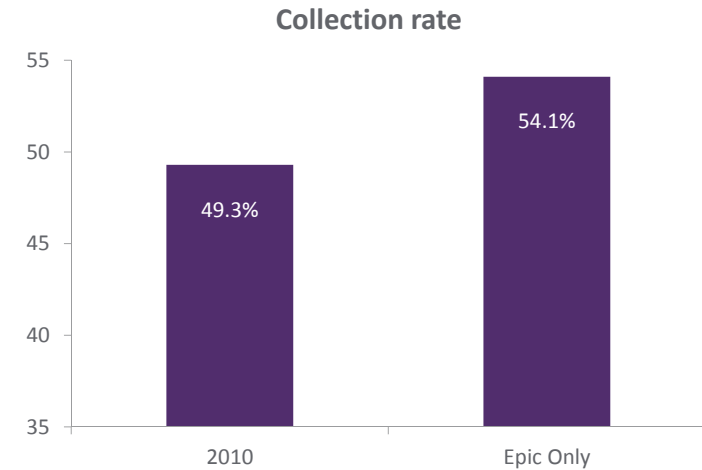
RCS performance



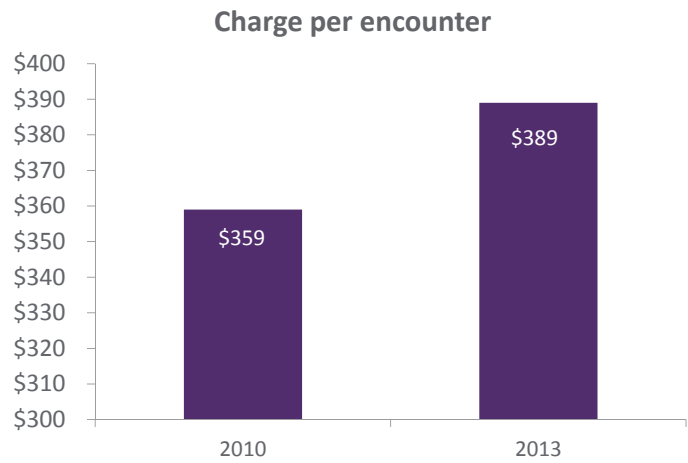
RCS performance



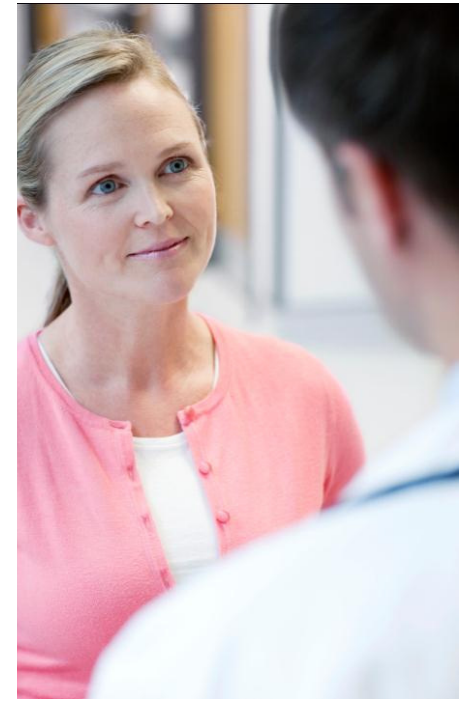
RCS performance



RCS performance



What does RCS look like today?



RCS staffing

320 employees in core RCS

- Cash posting
- Cash reconciliation
- Credit resolution
- Insurance follow-up
- Customer service
- Patient follow-up
- Support & analysis

20 employees in technical billing (for split bill clinics)

71 employees in advocates

57 employees in coding

76 employees in preverification

Enhanced RCS services

**July 2011
Advocates**

**October 2012
Preverification**

**August 2012
Coding**



Revenue Cycle Advocates

Serve as clinics' primary point of contact for any billing issues

Resolves complex patient billing issues escalated by Customer Service

Navigates the patient through the financial assistance application process

Partners with the clinics to collect any patient outstanding self-pay and bad debt balances owed prior to the patient's next appointment



Coding

Executes comprehensive coding program including backend review functions and on-site clinic support for providers and clinic staff

Partners with compliance and coding education

Delivers feedback to providers for improved documentation and payer requirements



Preverification

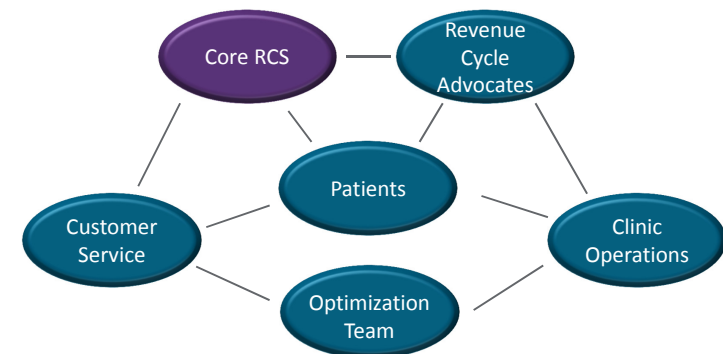
Ensures that patient's registration is accurate with insurance information verified and loaded correctly prior to the patient's visit

Navigates automated eligibility tools to locate coverage(s) and add appropriate coverage to the patient's account

Optimizing and streamlining current workflow to target higher risk encounters



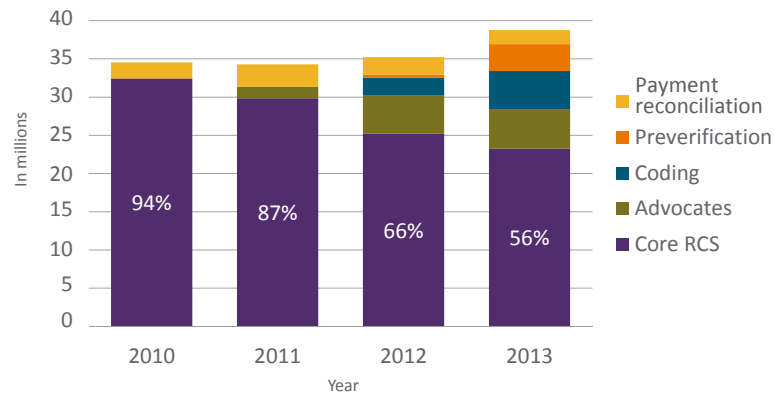
Integrated approach to Revenue Cycle Services



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Percent decrease in RCS core cost

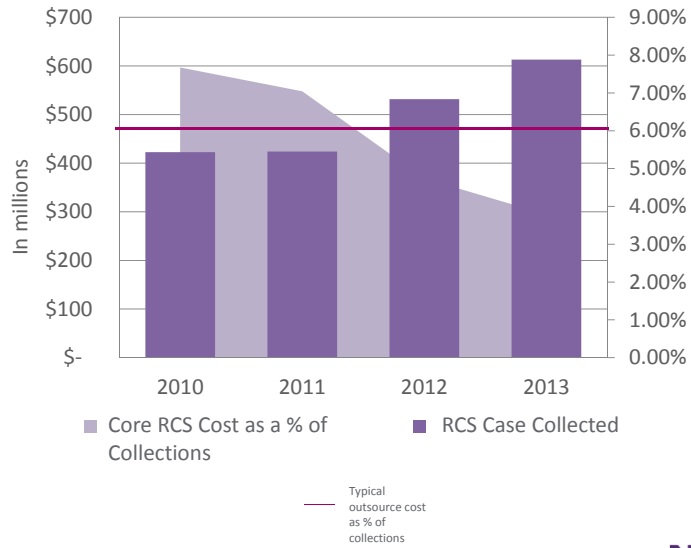
RCS costs



RCS costs

	2010	2011	2012	2013
Gross revenue billed	\$545.3 million	\$869 million	\$940 million	\$1.2 billion
Gross revenue collected	\$422.8 million	\$423.9 million	\$531.8 million	\$613.1 million
Core RCS cost as a % of collection	7.7%	7%	4.7%	3.8%

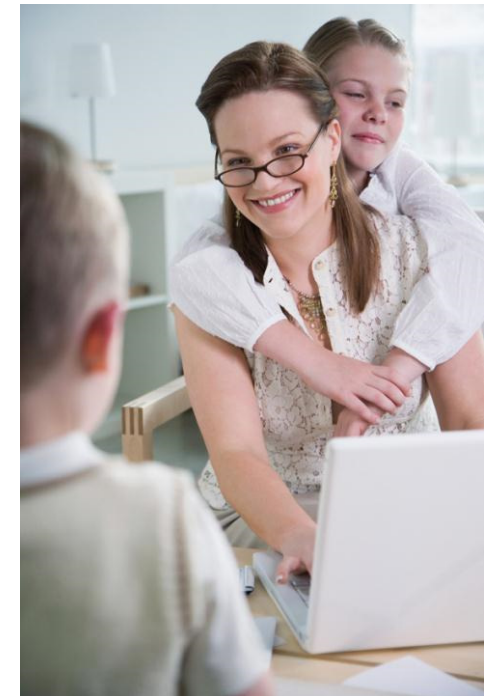
RCS costs



48

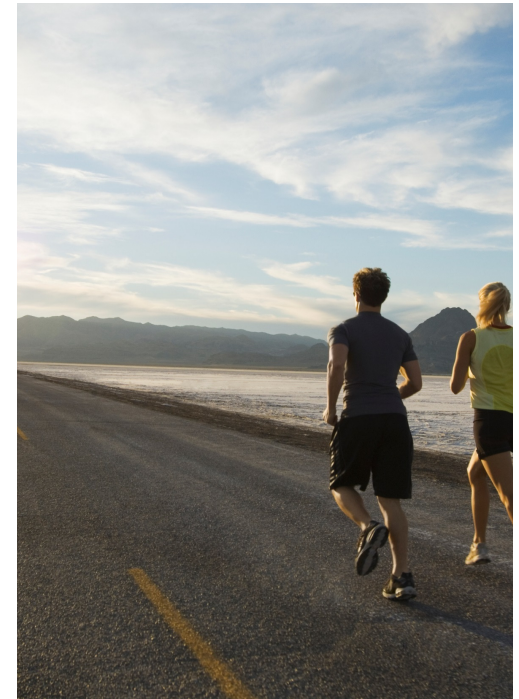
Percentage reduction
in total cost as related
to total dollars billed

Patient
engagement tools





The road of continuous improvement



What's next?

- Enhanced analytics
- Coding optimization
- ICD-10
- Improvement of self-pay outstanding balances through integration of "propensity to pay" technology
- Additional front-end process and staffing redesign
- Denial management

Let's chat