Oklahoma State University Medical Center takes patient, payor collections to the next level

Implementing nThrive* solutions from Patient-to-Payment^{SM} improves accuracy, cash flow

Located in the heart of downtown Tulsa, Oklahoma State University Medical Center (OSUMC) is the largest osteopathic teaching hospital in the nation, working directly with Oklahoma State University College of Osteopathic Medicine. The 199-bed hospital is dedicated to providing exceptional health care to every patient, every time. OSUMC plays an important role in providing health care access to the medically underserved and rural areas in the region to meet the needs of these vulnerable populations. Physicians, technicians and nursing professionals provide high-quality health services delivered with compassion for patients and their families. OSUMC responds to more than 46,000 emergency room visits annually, providing approximately $24 million in charity care while also serving insured and self-pay patients.

In recent years, OSUMC has focused on modernizing and upgrading operations – including process and automation improvements – to bolster the organization's revenue cycle management performance and improve cash flow.

Challenge

Challenged with aging, inefficient technologies and processes, OSUMC's financial leaders found themselves struggling with everything from the accuracy of estimates, to point-of-service collections and compliance. Functional siloes only compounded the problem, preventing collaboration and data-sharing across the front, middle and back of the organization's revenue cycle. Medical center administrators knew they needed to innovate, integrating technology and process improvements across the board to improve financial performance.

As a first step, OSUMC sought to improve patient and payor collections by selecting a proven partner that could provide expertise and integrated revenue cycle solutions. Having already successfully implemented nThrive's Contract Management technology, they again turned to nThrive to expand automation and process improvements across patient access, charge integrity, and recovery and collections.

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> **BARBARA MAPP, BUSINESS OFFICE MANAGER, OSUMC**

"We had good human resources, we just needed better tools and processes to get the job done," said Business Office Manager Barbara Mapp, who has been with OSUMC since 1993. She noted that implementing Contract Management gave the organization a strong foundation for future implementations, leveraging payor contract details within other nThrive solutions.

One immediate need was updating OSUMC's outdated Charge Description Master. Roxanne Jacobs, USCMC's CDM Manager, described their original Charge Description Master as "in a state of disarray." Along with missing and outdated items, it was cumbersome to update and had limited reporting capabilities, making it difficult to respond to information requests.

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> **ROXANNE JACOBS, CDM MANAGER, USCMC**

Solution

OSUMC turned to nThrive to provide a holistic approach to improve their revenue cycle continuum. nThrive's CDM Master® and KnowledgeSource® products were chosen to replace the existing chargemaster and ensure complete and accurate pricing on all products utilized by the organization.

Implementing KnowledgeSource, said Jacobs, provided access to nThrive's rich database for accurate coding, pricing benchmarks and compliance information.

Ease-of-use was also a key concern, further driving the decision to switch to nThrive. "Because KnowledgeSource and CDM Master are integrated, you can go back and forth between the two tools, leveraging the same data underneath," she explained, adding "I use KnowledgeSource every single hour." The system also sends alerts and Jacobs said she regularly calls on the "Coach" function to ask a clinical expert for clarity on new or complex regulatory changes.

To help address patient access issues, OSUMC integrated nThrive's Patient Access Suite, improving the accuracy of patient bill estimation and eligibility verification with nThrive CarePricer® Plus and Eligibility and Benefits solutions. Implemented in just two weeks, the technology enabled the organization to rethink and reorganize its entire pre-registration and scheduling process with nThrive's help.

"Today, we verify all incoming orders to ensure necessary documentation is in place, then run them through CarePricer and Eligibility and Benefits to create an accurate estimate, all before calling the patient to schedule their appointment. Everyone is cross-trained and we have a much more productive team," said Pam Paschall, OSUMC's director of Patient Access.

Patient Access staff also were trained to ask for co-pays and deductibles upfront. Paschall explained that this has increased their confidence concerning the amount they are asking of patients because the information is based on current data in Contract Manager, as well as recent claims data. "Now we can tell patients 'I'm confident this is based on the negotiated rate in our contract' and, based on current claims data, 'this is the best price we can give you.'"

Having this information at their fingertips also helps when negotiating with vendors of medical services. "We are able to defend our pricing in the community through benchmarks available within nThrive's KnowledgeSource," Jacobs said.

Point-of-service collections have experienced a **seven-fold improvement** and estimate accuracy is within **98%** of the **final bill**

Results

The use of integrated patient access, charge integrity, compliance and contract management solutions have all helped to drive performance gains across OSUMC's revenue cycle. The improvements have proven especially dramatic from a cash flow standpoint in Patient Access, where point-of-service collections have experienced a seven-fold improvement and estimate accuracy is within 98 percent of the final bill.

OSUMC has also continued to reap benefits from nThrive's Contract Management solution, with the organization identifying more than $5.9 million in payor underpayments in the past two years alone.

Leveraging nThrive solutions has also improved internal relationships, from being responsive on changes to the CDM Master, to fulfilling requests for internal reports. Prior to implementing nThrive CDM Master and nThrive KnowledgeSource, Paschall explained that "our turnaround on making the chargemaster updates was a frustration for other departments." With nThrive CDM Master, it's much easier to produce requested reports and the cycle time has dropped to less than 24 hours.

Generating reports through CDM Master and KnowledgeSource also enables analysis of data in multiple ways. "This helps with education and coaching; our executives, many of whom are physicians, now have a much better understanding on how we charge – and how we get paid," she explained, adding "We are helping them become business people, which is what it now takes to run a hospital."

In addition, the organization has found ways to leverage nThrive CDM Master and CarePricer, cross-referencing missing items and accurately documenting charges to capture more revenue.

"When we implemented CarePricer we noticed there were missing items on patient estimates. In the past year, we've been able to use the CDM Master reports to reduce missing items by 18 percent," said Jacobs. This reduction in missing items, coupled with nThrive's integrated Eligibility and Benefits, including payor data obtained in CarePricer from Contract Management, have vastly improved OSUMC's patient estimate to final bill accuracy by 45 percent.

The next frontier for OSUMC is better management of denials, with nThrive technology also being implemented to help address these challenges. "We need to be more nimble and proactive," said Mapp.

Ultimately, she emphasized that all of the solutions are helping OSUMC move in the direction of an integrated revenue cycle. "When you have the combo of Contract Management, CarePricer, Eligibility and Benefits, CDM Master and KnowledgeSource, you are better able to identify the patient and payor responsibility upfront. You can schedule around the patient's ability to pay and provide an accurate estimate on their out-of-pocket costs to improve point-of-service collections. With more accurate financial clearance, the information flows compliantly to the payor, preventing denials and improving payment. All of this is huge from a customer service, productivity and reimbursement perspective."

Implementing such a broad breadth of solutions across the revenue cycle is much easier, Mapp added, with a vendor that "has the integrated revenue cycle perspective." She noted that the chances for success are higher "when every system is talking to the next, instead of band-aiding technologies together."

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