Streamlining the Revenue Cycle Management Process

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by **Anne Zender** , MA, vice president of communications

Keeping an organization's revenue cycle running smoothly is no small feat. But Patsy Hathorn's team at Mississippi Baptist Medical Center in Jackson, MS, volunteered to take it on. Now the team is seeing results.

Hathorn, RHIA, who is director of clinical resource management, oversees a variety of departments, including HIM, social work, case management, utilization review, infection control, and clinical decision support. The confluence of all these elements has worked well for the revenue cycle, she says. "We have just about all the pieces; that's a unique position," she says.

Hathorn has two professional areas of interest: electronic health records, which Mississippi Baptist has already implemented, and revenue cycle management (RCM), which her department elected to oversee about three years ago with the goal of reducing rework and producing cleaner claims.

"It became important because all of the problems were winding up back in our department. Nothing was getting fixed, so we had to sit down and say: this is in our lap. We might as well do what we can to improve the process," Hathorn says.

Mapping the Process

To start, Hathorn says, the team developed what it calls a "process map" of the revenue cycle. These maps help them see where problems occur and where improvements could be made. For example, "we are in the process of reengineering [the case management department] to place a case manager at the access point of the patient, to ensure the patient is admitted to the appropriate management level," Hathorn says. A similar map of the chargemaster management process is also in development.

The team has also developed a comprehensive flow chart of the progress of a claim through the organization. It is a 32-page document that is proving useful as a training tool and as a way to ensure that all the people who work with claims use the same processes. "It's a way to understand how things work," Hathorn says.

The team works with small work groups and an executive steering committee to report progress and measure results. For instance, Hathorn says the organization has seen a 23 percent increase in advance beneficiary notices and a reduction in failed claims by about 100 a month.

To continue to measure its progress, the team looks at indicators such as discharge not final billed days, OCE edits, local coverage determination reviews, case management numbers, length of stay, and inpatient cases denied, appealed, or overturned. "This is our attempt to measure what we did and to see if it's making a difference," Hathorn says.

Ready for RCM

As RCM increasingly becomes part of the HIM professional's skill portfolio, Hathorn's advice for those interested in this area is simple: find your niche.

"Take your skills and look at a situation and bring something to it," she says. "You need people skills, the ability to collaborate. The ability to bring people together and discuss an issue that everyone feels like they have a part of—that's probably more important than understanding the finance."

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