November 17, 2010 agenda

Location: 1211 Vine St., Suite 2230, West Des Moines

8:15	Registration	Julie Shepard
	SETTING THE STAGE Welcome and Introductions Leadership vision State laws/policy (Medicaid, Medicare, State Benefits Mandates)	 Janet Zwick Kathy Stone Kathy Stone
	MARKETING **Pre work assignment.** Review of AHP Business Modeling tool	Patrick Gauthier
10:30	Break	
	Pre work assignment. Discuss walk through regarding contract information Small group discussion	Jay Ford & Janet Zwick
	Selling your service Role play exercise	Jay Ford & Janet Zwick
12:00	Lunch	
12:30	FINANCE Review and discussion of best practices for collection of co-pay Financial Performance Improvement Discussion regarding cost analysis	Patrick Gauthier Jay Ford & Jay Hansen Patrick Gauthier Jay Ford & Patrick Gauthier
2:30	Break	
	Align optimal patient flow with optimal IT	Patrick Gauthier
	Design change project in small program groups	All
	Next steps	Janet Zwick
4:30	Adjourn	

NIATx™

Introduction to Marketing & Insurance Contract Negotiations

Optimizing Business Opportunities

Presented by
Patrick Gauthier

AHP Healthcare Solutions

Reduce Waiting Times & No-shows • Increase Admissions & Continuation

Quick Marketing Self-Assessment:

You know you need a new script when…

1. *You find yourself having to continually justify your value to your customer*
2. *You continue to link in same ways to same actors*
3. *You believe your customers still value the same attributes you've always embodied, that their experience of value hasn't changed*
4. *Value is being created elsewhere by new characters*

Overview of Marketing

- **What is Marketing?**
  - Marketing is a series of inter-related processes and activities designed to develop customer interest in a company's goods and services
  - It's a strategy that leads to communications and sales and strong customer relationships
  - It's used to identify, satisfy and keep the customer
  - Marketing heralds a business shift away from mass production (50's), product quality (60's), and sales (70's) toward identifying customer needs and definitions of value and then…meeting them

Overview of Marketing

5 P's and 5 C's of Marketing

Product	Consumer Desire
Price	Cost
Place	Convenience
Promotion	Communication
People	Customer

Overview of Marketing

1. *What are you selling?*
2. *To whom?*
3. *Why would they buy it?*
4. *What are the advantages and benefits and inherent value that differentiates you from your competitors?*
5. *How is your service priced? Why?*
6. *Where are your services found?*
7. *Is it convenient for your customers?*
8. *How will your customers become aware of you and develop a preference for you?*
9. *Who will deliver your services and how will they approach your customers?*

Overview of Marketing

Marketing Fundamentals

Marketing is NOT Sales. It is…

- Market Segmentation
- Market Research
- A Marketing Plan
- A Customer Value Proposition

CONTEXT:

The New Business Environment

- MHPAEA - designed to end discriminatory benefits and business practices
- MH/SUD benefits will finally enjoy the same financial requirements and limitations as med/surg benefits.
- Health plans, Managed Care Plans, Self-Insured Employers, Medicaid Managed Care Plans and S-CHIP are all subject to MHPAEA.
- Parity alone impacts 130+million Americans
- Healthcare Reform expected to expand Medicaid enrollment by 16 million beginning in 2014
- Reform establishes Health Insurance Exchanges that will enroll another 16 million in small group and individual plans
- Parity + Reform = Shifting funding streams, melding of the public and private systems

The Market *(2006 SAMHSA estimates)*

- 22.2 Million people suffer from a substance use disorder (SUD…the new SA)
- 3.9 Million (17% of SUD population) receive some form of treatment
- Barriers = cost, stigma, and inadequate insurance

The Market

4.8% Growth Rate Annually.

All other health expenditures grow at 7%-8% annual growth rate.

Why slower?

No tech and very few Rx

The Market

Currently, all SUD treatment expenditures account for less than 1% of all health spending in US

The Market

Private funding was **50%** in **1986** and **was** expected to account for only **17%** by **2014**

Then & Now

The "Private Sector"

Types of Plans

- Self-Insured Plans (ERISA)
- Traditional Indemnity (fully-insured)
  - Open access, higher coinsurance
- Managed Care Plans
  - MBHO (carve-out)
  - HMO (network-centric, referral-based)
  - PPO (wider network, medical necessity standards)
  - POS (combines HMO and PPO with coinsurance differentials)
- Consumer-Directed Health Plans
  - High deductible, catastrophic claims
  - Health Savings Accounts (HSA), Health Reimbursement Accounts (HRA) and Flexible Spending Accounts (FSA)

Innovations in Health Insurance

- Personal Spending Accounts (debit cards)
- Hospital and Provider Quality Comparisons online
- Hospital and Provider Cost Comparisons online
- Personal Health Records (PHR)
- Coverage Advisors
- Treatment Advisors
- Treatment Cost Advisors
- Nurse Line
- Health Risk Assessments and Health Risk Management Programs with Incentives ($)
- Disease Management Programs
- Choice of Networks
- Prevention Benefits and Services
- Patient-Centered Medical Homes and Accountable Care Organizations

Insurance and Managed Care
Under the Hood

Network Application

- Market Research (benefits, market share, reputation)
- Download Applications, Provider Manuals and Fee Schedules wherever available and study them
- Request Application
- Anticipate Credentialing – *primary source verification*
  - Education
  - Experience
  - Licensure
  - Liability Insurance (3 and 3)
- Site visit (possible)
- Reimbursement

Network Application

- Understand that your application can't be dealt with more stringently than an MD's (see MHPAEA)
- Complete paperwork thoroughly and honestly
- Fill a gap, satisfy a need
- Include letters of recommendation
- Explain issues
- Make copies, check mail
- Call and be "in relationship" – seek clarification and answers in writing

Tips

- Read Provider Manuals
- Read Level of Care/Medical Necessity Guidelines
- Read Provider Newsletters
- Read Practice Guidelines

NIATx www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Re-Credentialing

- Credentials (licensure and insurance up-to-date, legal or disciplinary actions)
- Patient satisfaction ratings
- Complaints
- Outcomes
- Administrative performance
- Access
- Peer review and appeals decisions

NIATx www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

What's Attractive to an MCO?

- Setting (clean, safe, secure)
- Access (emergency, urgent, routine)
- Prepared clinical interface and clinical documentation in Utilization Review/Mgmt
- Case Mgmt
- Information/Data Interchange (claims in particular)
- Performance and Outcomes Measures *(when you look good, they look good)*

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

What's Attractive to a Provider?

- Network admission
- Profitable rates of reimbursement
- Easy access to information like eligibility (portal)
- Customer service
- Benefit authorization (approved and timely)
- Case Management
- Claims turn-around (cash flow)
- Easy on the paperwork
- Easy on the appeals

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Preparations

1. Incentives for: new services, addressing co-morbid and/or co-occurring disorders, expanded geography, and integration with primary care.
2. Incentives to ensure timely, accurate, and efficient health information.
3. Electronic billing (electronic data interchange or EDI) and "clean claims".
4. Systems that generate outcomes data, enabling quality improvement and financial analysis.
5. Increased collaboration with utilization management (usually RN and Masters-level behavioral healthcare professionals) in treatment planning.
6. Expanded awareness that new funding will stimulate competition for new resources.

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Strategic Preparations

1. Conduct strategic planning and renew your mission – *what business are you in? What services do you provide to whom and why?*
2. Review State insurance and managed care laws
3. Assess credentials and accreditation requirements
4. Conduct market research including competitor analysis
5. Position services in context of coverage and benefits
6. Gather intelligence: *Who's who? Directors? Board?*
7. Ask for the meeting – aim is everything. See #6 above
8. Come prepared - marketing/brand, data and dress the part
9. Evaluate plan requirements and apply for in-network status only where appropriate

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Reimbursement Methods

Variety of Approaches and Methodologies

- Usual, Customary and Reasonable (UCR)
- Diagnosis Related Grouping (DRG)
- Resource-Based Relative Value Scale (RBRVS)
- Innovations including:
  - Sub-capitation
  - Bundled case rates and episode rates
  - Administrative fees for additional services like Case Management
  - Bonuses for performance
  - Shared savings

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Preparing for Negotiations

- What's important to them as a payer? What's their reputation?
- Key linkages and networks? Relationships to leverage? Endorsements?
- Number members in your area?
- Number providers serving those members? Any gaps in services?
- Why your organization? Why you? What problem do you solve for them?
- What's in it for them?
- What innovation can you deliver? What value can you deliver?
- What financial offer are you prepared to make? What "skin" might you put in the game?
- What partners do you bring to the table?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Preparing for Negotiations

- Know what your services cost before you meet or discuss reimbursement
- Know what rate you need (cost + ?)
- Know where you need to start the bidding so you give yourself plenty of room to come down
  - Cost = $250 per residential day
  - Need = $350
  - Start = $500

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Negotiations

1. We understand you have a need/pain
2. We are already seeing X # of your members and plan on seeing many more real soon. They love us! (letters from real members?)
3. We can fix your problem - Here's how
4. Nobody else can do it like we can
5. Between Parity and Reform, we expect our market to grow substantially. We'd like to grow with you.
6. It'll produce (quantify) value for you (be prepared with scenarios and data)
7. We have a lot of friends in this community who'd like to see us succeed in in crafting an agreement with you (letters of endorsement)
8. What would you pay for services like ours? (they must go first. Don't react.)

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Negotiations

- These are our operating costs ($525). You've seen our service offering so you can understand why our costs are what they are.
- We're asking for a rate of reimbursement closer to $500. We think we can make it at that rate if we have enough volume and claims turn-around is good.
- Understanding your coverage, if we target your primary care providers and members with our marketing and treat them on an Out-of-Network basis, this is what will happen (be prepared with real numbers)
- However, if we can strike an agreement, on an In-Network basis, here's what it looks like for us both (real numbers). Can you agree to $500?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Negotiations

- Be prepared to deal with the objections and have a strategy for each:
  - "We have providers like you in our network already"
  - "We have much better rates with them and nobody is complaining"
  - "We've never heard of you"
  - "Your costs are too high. We can't pay you that much."
  - "We need to see your facilities and some outcomes data"

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Negotiations

- So you're saying you can't do $500. What can you do?
- If we agree to $450, we can agree to a multi-year contract at that rate.
- If you can agree to the $450, we'll knock 20% off the Partial rate and another 20% off our IOP.
- If you want to go any lower, we'll have to start talking about real traffic through our doors. Can you do something exclusive with us? Do you have that authority? Can you capitate us? Sub-cap?
- I just cannot go any lower than $400 without having to adversely affect quality and staffing. I'll have to do business with your members on an out-of-network basis.
- Let's start at $400 and if the traffic is really good and we hit our numbers, I'll come back with a deeper discount. Let's try $400 for a year and see how it suits us both

A Vision for the Future

1. The "New Business Environment"
2. Accountable Care Organizations (ACO)
3. Patient-Centered Medical Home Model (PCMH) – Primary Care Integration
4. Value-Based Insurance Design (VBID) and EBPs
5. Comparative Effectiveness
6. Behavioral Medicine
7. Pay-for-Recovery Outcomes, Quality, Value
8. Prevention
9. Mergers and Acquisitions
10. Competition

Opportunities

- Partnerships, Joint Ventures, Mergers and Acquisitions
- Crucial need to educate consumers, families and providers
- Prevalence of Primary Care Physician involvement and need for integration/bi-directional co-location
- Role of Pharma (MAT)
- SUD treatment/coverage expansion – role of providers (types)
- Prospects for Population Management and Behavioral Medicine
- Need to address Special Populations and Multiple Chronic Conditions
- "Meshing, Blending and Braiding" Systems of Care

Opportunities

- ☑ Join PPO networks
- ☑ Join Accountable Care Organizations and integrated systems of care
- ☑ Join Patient-Centered Medical Home initiatives
- ☑ Lead or participate in early screening and engagement initiatives (SBIRT) in hospitals and primary care clinics
- ☑ Measure Patient Satisfaction, Access, Quality and Health Outcomes and share the results with payers, partners as well as consumers

More Market Research

☑Conduct Local/Regional Market Research

- ❑ Health plans
- ❑ Managed care
- ❑ Employers

☑Profile Your Market

- ❑ Benefit plan designs
- ❑ Provider network administrator's)' willingness to meet and negotiate
- ❑ Medical network access standards and contracting requirements
- ❑ Features of their fee schedule in light of UCR
- ❑ Reputation for contracting, medical management and claims processing
- ❑ Mix of MH and SUD providers currently in-network
- ❑ Advantage of OON status

NIATx™

Improving Revenue Management by Optimizing Business Processes and IT

Reduce Waiting Times & No-shows • Increase Admissions & Continuation

Revenue Management

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

The Patient Experience

- What is like to be your patient?
  - Perform detail walkthrough and document your patients' experience
  - Evaluate and prioritize your findings
  - Tie in the ultimate patient experience with the ultimate revenue cycle

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Revenue Cycle

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Appointment Scheduling Goals

- Schedule the appointment within time desired by patient
- Inform patient to bring insurance card and co-payment
- Obtain as much demographic and eligibility information ahead of appointment as possible

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Patient Registration Goals

- Verify insurance
- Ensure Pre-authorization received
- For all appropriate patients, collect co-pay and verify demographic information

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Patient Encounter Goals

- Reasonable/timely access
- Complete, effective clinical service
- Appropriate documentation for patient care and correct billing to third party

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Documentation and Coding Process

Where it can go wrong!

- Clinician doesn't adequately document services
- Services aren't correctly coded, mismatching what's in record
- Dates and signatures are missing
- Service/charge capture "lost"

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Documentation & Coding Goals

- Documentation complete and signed by provider
- Codes accurately reflect patient service(s)
- Coding reviewed to ensure it reflects documentation

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Charge Processing Goals

- Accuracy of service and charge
- Appropriate edits to scrub data
- Charges entered timely for prompt payment

www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Claim & Statement Goals

- Get accurate claims out daily
- Increase % of electronic claims
- Keep average cost per claim better than benchmark
- Get statements out to patients for self-pay balances every Monday within the current billing cycle (30 days)

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Payment Processing Goals

- All payments and denials processed within 24 hours of receipt
- Process all refunds in a timely manner

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Resubmission & Appeals Goals

- All invoices requiring an appeal processed are completed within one week of receiving rejection
- Process all responses from clinical departments within one day of receiving information
- All secondary claims submitted within a week of receiving primary payment

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

A/R Follow-up Goals

- Process all denials requiring departmental involvement within one week of receipt of reject
- Follow-up on all outstanding requests with clinical departments within one week of initial request
- Follow-up on all "no response" invoices within 45 days of submission of claim

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

A Successful Revenue Cycle Depends on…

- Documented workflow
- Documented business rules
- Optimized business process (waste reduced to a minimum)
- Alignment between workflow, processes, and information system like practice management/billing systems
- Monitoring and Response

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Common Reasons Claims are Denied

- The Patient is not enrolled/eligible
- The service/procedure is not covered – know the benefits!
- No pre-certification/authorization
- Demographic mistakes on the claim
- Claim not filed within time frames

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Getting Paid!

1. Make reimbursement part of your mission, goals and objectives and report performance regularly.
2. Develop standards and policies for service/charge capture and billing.
3. Conduct training for clinical and billing personnel.
4. Make sure patients and services are eligible.
5. Get services authorized prior to delivering them.
6. Master coding (DSM/ICD diagnosis, CPT services, NPI, authorization number, etc.)
7. Select standard measurements, measure and enforce them.
8. Institute regular chart/billing reviews to assess compliance and to identify issues requiring further training.
9. Develop a standard feedback mechanism for clinicians.
10. Perform denials analysis regularly and re-submit claims in a timely fashion.

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Revenue Management Culture

- **Values.** Establish a culture of Revenue Management with Board, management, administrative staff and clinicians. The same is true for patients.
- **Beliefs.** Make commitments to necessary resources such as training, systems, consultants, staff, etc.
- **Behaviors.** Monitor data and report frequently (weekly)
- **Norms and Expectations.** Intervene when necessary

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Optimal Workflow

Patient Flow - Process Improvement

- **Challenge:** balance the competing demands of maximizing the financials while maximizing the quality of care.
- Process improvement enables forecasting impact of proposed operational changes on overall performance.
- Process redesign CAN:
  - help cost-avoidance through efficiency gains;
  - improve the overall patient experience;
  - and lead to new levels of financial performance.

Strategies for Better Patient Flow and Cycle Time

- **Visualizing with Workflow:** Before you can make meaningful changes, you must understand processes well enough to identify bottlenecks, quality concerns, and understand their root causes.
- Workflow and Process mapping as well as cycle-time measures or time studies are extraordinarily helpful tactics.
- Process and time studies are fundamental to costing services

Performance Metrics

- Performance measurement is integral to process improvement and a prerequisite for effective practice management.
- Systematic measurement becomes mission-critical when business conditions become more complex.
- Traditional practice management and billing metrics are limited in scope and focus on scheduling, claim submission process, ignoring such variables as process imperfections on the insurance (payer) side.
- Modern software allow both productive measurement and effective action to improve patient flow and payment processes.

Optimal Patient Flow through Performance Metrics

- Using appropriate metrics helps improve policies and procedures, shorten revenue cycle, reduce patient complaints, improve financial performance and compliance, increase cash flow, reduce bad debt, identify areas of potential growth, improve employee morale, increase productivity, and reduce costs.
- They must focus on the “right” processes and their individual components. Measure what matters.
- Metrics must be used consistently over time and compared to standards and benchmarks.

Sample Metrics – Types of Data Management Reporting

- Missed Appointments
- Days in A/R (Accounts Receivable)
- Denial Rates
- Cash Collections
- Percent of A/R Beyond 60/90/120 Days
- Unpaid Claims Analysis
- Underpayment Reports
- Referral Source Analysis

Maximizing Revenue Management with Information Technology

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

IT Ideals

- Increase efficiency in all aspects – administrative, business and clinical – of operations.
- Automate the billing process
- Provide clinicians with secure, real-time access to accurate, client-centric, clinical information that is communicable through interoperable behavioral and medical health systems.
- Provide secure, lawful access to patient records at points of care where – with explicit patient permission – quality, safety, and efficacy can be improved.

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Practice Management Systems

- Contact Tracking
- Patient Registration
- Eligibility Verification/Management
- Scheduling and Case-Load Mgmt
- Service Capture
- Billing (AR)

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Practice Management Systems

- Providers can buy PMS software or can "buy" PMS access online – software-as-a-service (ASP)
- PMS often needs to interface with the outside world. There are a number of standards that are used:
  - HL7 used to communicate with EMR systems
  - ANSI X12 EDI transactions

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

EDI: Electronic Data Interchange

- EDI supports:
  - 837 Health Care Claims
  - 835 Payment Advice
  - 270/271 Health Care Benefit Inquiry and Response
  - 276/277 Claim Status Request and Response
  - 278 Health Care Services Request for Review
- Two basic methods are available to generate EDI claims transactions:
  - Direct Submission by Provider
  - Submission by Clearinghouse or Billing Service

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

IT Basics – what is an EHR?

- The **Electronic Health Record (EHR)** is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are:
  - Patient demographics
  - Progress notes
  - Problems
  - Medications
  - Vital signs
  - Past medical history
  - Immunizations
  - Laboratory data
  - Radiology reports.

The EHR **automates and streamlines** the clinician's workflow. The EHR has the ability to generate a complete record of a clinical patient encounter, as well as supporting other care-related activities directly or indirectly via interface—including evidence-based decision support, quality management, and outcomes reporting.

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

IT Basics

The Vision

Direct service workers will be able to access client records online anywhere.

- ✓ Totally paperless clinical environment.
- ✓ Improved coordination of care among providers.
- ✓ Improved linkages for clients moving from one level of care to another.
- ✓ Ability to share clinical and administrative data.
- ✓ Improved analytical and reporting capability.
- ✓ Ability to make management decisions based on timely data. Ability to make evidence-based clinical decisions.
- ✓ Streamlined processes including billing, payment reconciliation, cost reporting, appointment scheduling, medication ordering and eligibility verification.
- ✓ Automated workflow. Facilitated treatment planning process. Progress notes guided by treatment plan goals and template prompts.
- ✓ Improved revenue and productivity through automated workflow.
- ✓ Use of telemedicine to alleviate access and capacity issues.

The Objective Reality

- ❑ EHR selection and implementation can be a long, protracted process. Most implementations fail for lack of planning and commitment.
- ❑ Careful implementation planning is critical to successful EHR adoption. Unless mitigation strategies are developed, organizations can experience a serious reduction in revenue and slowdown in service delivery during implementation.
- ❑ HIPAA security and confidentiality (42 CFR) confuse providers.
- ❑ Since the market is still evolving, vendor stability and product viability should be validated during the selection process.
- ❑ Vendor contract and maintenance agreements must define level of support.
- ❑ Business processes should be re-engineered preferably BEFORE buying software
- ❑ Training is critical as is ongoing support
- ❑ Job descriptions may have to be revised to reflect new procedures and duties.

Ready to Buy?

- ❑ More than 6/10 implementations fail. Lack of commitment and user-experience are chief among reasons for failed implementations
- ❑ Adoption and implementation take time – more than a year and there is no rushing the process
- ❑ Do not automate poor processes and workflow. Fix them first
- ❑ Find systems that suit you as precisely as possible. Adapting your business and clinical operations around software is difficult.
- ❑ Understand that Total Cost of Ownership involves hardware, software, networking, consultants, staff time, training, and disruptions to work in progress (billable time)
- ❑ Interoperability, standards, certification, and compliance are essential for the long-term

HIT Readiness Assessment

Readiness Dimension	Readiness Component	Readiness Level (1-5 with 5 being completely prepared and 1 being totally unprepared)
1. Organizational Leadership and Structure	a. Vision, Leadership and Sponsorship b. Strategic Plan and Organizational Stability c. Communication d. Financial Strength and Commitment	
2. Clinical Quality and Standards	a. Quality Improvement Program b. Clinical Protocols and Standards c. Alerts and Reminders d. Population Management Capabilities	
3. Operational Maturity	a. Process Maturity b. Policies & Procedures c. Staff & Management Expertise and Capacity d. Training	
4. Technical Capacity	a. Security b. Infrastructure c. Business Continuity d. IT Structure and Function	
5. Project Management Orientation	a. Structured Methodology b. Project Structure Defined c. Experienced Project Manager	

Levels of Readiness

- **Level 1** – Interested and committed to migrating to an EHR system. Conducting strategic planning.
- **Level 2** – Evaluating and selecting an EHR system. Doing your due diligence.
- **Level 3** – Negotiating a contract and purchasing an EHR system
- **Level 4** – Comprehensive, properly resourced implementation planning
- **Level 5** – Initial "Go Live" implementation of an EHR system
- **Level 6** – Follow-on full functionality implementation of an EHR system to support improved clinical care and outcomes

What level are you at?

NIATx™

Improving Collections

One Step at a Time

Jay Ford

Reduce Waiting Times & No-shows • Increase Admissions & Continuation

Understanding the Insurance Process

- What are the payers' rules and regulations?
- What is the turn-around time for claims?
- What might affect collections?
  - Length of stay
  - Level of care
  - Patient Volume
  - Patient Acuity
  - Billing Volume

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Quick Definition

- Days in Accounts Receivable indicates the average time in days, that receivables are outstanding (DSO)

(Gross Receivables)/(Annual Net Revenues/365)

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Billing Process

- What is your process for billing?
- When do you bill?
- Who is responsible?
- How long does each step take?
- Is the information from the authorization on the bill?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Authorization for Services

- Authorization
  - What is your process?
  - When is authorization sought?
- Information
  - What information is captured?
  - Who is the owner of the information?
  - How is the information disseminated?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Collection Process

- What does the accounting process look like?
- What is your system for tracking paid versus outstanding bills?
- What percent of claims are denied?
- What is the most frequent denial reason?
- What is your re-authorization process?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Understanding the Denial

- What caused the case to be denied?
- Were you looking for specific clinical information?
- Was this information asked for at last review?
- What updates would you like to know since the last authorization?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Center for Drug Free Living Increase Collections

- Provided financial training to all staff to
  - Run credit cards
  - Record payments
- Made budgeting and financing responsibility part of client treatment
  - Did not release documentation until paid
  - Sent clients reminder notes about balances
  - Pay balances before starting treatment

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Two Areas of Collection Focus

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Terros: Increase Collections

- Color coding charts
- Re-route authorization forms
- Updated all authorizations
- Developed re-authorization tracking tool
- Send chart to business office to check for changes in diagnosis & re-authorize as needed

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

CAB Health and Recovery

Issue	Strategy
Attend wrong group	Front office group sign-in
Don't pay co-pay	Pay all co-pays upfront Update insurance information
Inaccurate billing information	Simplify billing sheets & make easily accessible to counselors
Wrong person providing services	Create a list of payors and authorized staff

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Terros: Authorization Challenge

- Issue: Get authorization prior to seeing client

New Patient

Call Center
- Collect insurance when appointment scheduled
- Enter &send to business manager

Treatment Sites
- Create color coded chart
- Therapist completes request for pre-authorization

Existing Client

- Verify insurance
- Ensure authorization is in place
- Enter appropriate information into system

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Fayette Companies
System of Ownership and Responsibility

Contracts & Credentialing	Benefits, Pre-Certs, Re-Auth	Billing	Collections & Denials
Person/s Responsible	Person/s Responsible	Person/s Responsible	Person/s Responsible
Goals	Goals	Goals	Goals
Metric: Baseline: Benchmarks:	Metric: Baseline: Benchmarks:	Metric: Baseline: Benchmarks:	Metric: Baseline: Benchmarks:

All about Handoffs

Authorization

Clinician and Billing

Claim Reviewers or Collections

Other Client Collection Ideas

Agency	Strategy
Fayette	Admission fee ($20-30) vs. Sliding Fee for Treatment
Genesis Behavioral Health	Co-pay tracking form for counselors Collect co-pays before session
Mid-Columbia Center for Living	Include session cost on appointment card Review costs at orientation Offer stay and pay later option (DUI)
Steps at Liberty Center	Train staff on financial working of agency Ask clients about payment in private Inform client about expected payment
Solutions Behavioral Health	Work with specialist at intake Require payment when treatment received Use sliding fee scales as necessary
Racine Psychological	Use Quick Books not credit card machine
Oakwood Clinical Associates	Reminder call about co-pay Address budgeting as part of treatment

Insurance Company Collection Ideas

Agency	Strategy
Steps at Liberty Center	Insurance Bounty Hunter Change Team to learn from others Built personal relationships (name & direct number) Generate HCFA forms to send to insurance company Followed-up on every denial
Terros	Appealed denials to join network by showing how many clients being served and asked who to refer to
St Croix County in Wisconsin	Billing department contact insurance companies to join network Refer clients to ask employer to join network

Where to Start

- Identify payer (not Magellan) with highest Days to AR or Denials
- Flowchart process
- Identify potential bottlenecks
- To everyday, change, change

NIATx
www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

NIATx™

Selling Your Services

Janet Zwick

Special Thank You
Chuck West University of Wisconsin

Reduce Waiting Times & No-shows • Increase Admissions & Continuation

Buying and Selling

BUYING PROCESS		SELLING SKILLS
1. Relationship	50%	Call Preparation, Clarity of Purpose, Build Trust, Positive Intent
2. Motivation	35%	Question, Listen to Understand the Key Goals, Summarize
3. Selection	10%	Select Minimum Required Information, Present as Business Case
4. Decision	5%	Handle Objections and Gain a Commitment to Action

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Building a Relationship

Prepare for call
- learn about organization
- be clear on purpose

Does the organization fit with your vision and purpose?

Build trust

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admission

Build Relationship Introduction: ***Be Positive***

- **Introduce yourself, purpose and agenda**
- Develop introduction statement and question:
- **Ask** an engaging question e.g. *is there a **service they need in your area***
- Determine the **desired result?**

…practice will smooth out your start…

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Motivation

Question Listen

Summarize

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Questioning

1. Prepare **written** questions before the call
2. Be prepared to **take notes**
3. Reasons for questioning:
   - **To qualify the funding source**
   - **Demonstrates expertise in their business**
   - **Further develops the relationship**
   - **Builds understanding of their key goals**

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Developing Questions

1. Ask permission to ask questions
2. Your first question should be interesting and engaging
3. Move from the general to the specific
4. Gather both facts and feelings
5. Put sensitive questions toward the end
6. Use lots of follow-up probes, such as;
   tell me more…oh?...please go on…really…uh huh…

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

New Customer Questions

What would you ask a potential third party funding source?

1_____
2_____
3_____
4_____
5_____
6_____
7_____

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

Listening Exercise

Divide into pairs with someone you don't know very well

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin-Madison

A Listening Exercise

How did you feel?

How did you feel about your partner?

What did you want to do?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Listening Skills

Quantity 60% of the time or more

Preparation energy and focus

Active Listening notes, involvement, body language

Selectivity Reinforcement: respond, probe, eye contact, "tell me more"

Empathy paraphrase, demonstrate understanding, summarize their top priorities

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Motivational Interviewing

Behavioral Health field trained in MI …use those same skills when marketing and selling!

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Presentation
Two Minute Elevator Speech

Select Information: One or Two Key Points

Present to: Decision Maker & Top Influencers

Plan Participation: Get Them Involved

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Presentation Delivery

Emotion…let your belief show

Language…positive and professional

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Exercise

Prepare your elevator speech

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Price Positioning

Changing the comparison

From ⟶ Initial Purchase Price to Initial Purchase

To ⟶ Total Cost, Outcomes,
End User Satisfaction, or
Client Retention Rates

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Presentation Conclusion

Building Consensus through the Decision Maker

Ask or Suggest Action

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Decision

- Objections
- Price Objections
- Commitment

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Handling Objections

1. Recognize and compose yourself, don't react
2. Make a passive acknowledging response

   "I'm sorry to hear that, please tell me more about it" or "Wow, that sounds bad, let's figure out what happened."
3. Clarify the underlying concern with questions

   Probe to find the immediacy, size, seriousness and cause of their concern.
4. Present your answer

   Three possibilities: I, We or Delay
5. Ask for their agreement

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Price Objections

1. Acknowledge response …
   "Price is always an important issue, let's discuss it."
2. "Apples to Apples" … use a check list
3. Value probes

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Value Probes

1. What do you think your customers will be looking for in behavioral health treatment?
2. What patient outcomes are you providing incentives for?
3. Do you have any other concerns about going with us as a provider?

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Pricing Justifications

- Increased productivity or outcomes
- Education with $ comparison

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Enhanced Productivity or Outcomes

Find an outcome that is important to a funder and show that your outcomes produce better results

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Enhanced Productivity or Outcomes

IOP Tx	X	Y
Cost	$3500	$2500
Completion Rate	60%	40%
Relapse Rate	40%	50%

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Education with $ Comparison

You can pay $ 2,500 to buy behavioral health services or you can pay $ 3,500.

If you invest $ 3,500, more clients complete treatment and have learned to recognize the symptoms of relapse. In the long run you will spend less for behavioral health treatment because clients who receive our services have been trained to recognize relapse symptoms and come back into treatment prior to having multiple health issues.

Now, let's discuss how our treatment is different and better than other alternatives.

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Asking for the Contract

1. Ask for their agreement with your proposal, or
2. Suggest the next action steps

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Conclusions 2010

- You are a service business
- Funding sources will be changing
- You will be selling your service to new funding entities and customers
- To survive you must continue to provide quality service and make quality marketing and sales calls

NIATx™ www.NIATx.net Reduce Waiting Times & No-shows • Increase Admissions & Continuation ©2009-2010 University of Wisconsin–Madison

Business Modeling:

How to Position Your Strongest Services in the Most Attractive Market Segments

Products and Services

We believe that it is important to grow from your organization's Core Competencies and most promising lines of business. Please score your organization's services in each of the five criteria below on a scale of 1 through 5 where a score of 1 is *"least, worst, poorest"* and a score of 5 is *"strongest, greatest, or most"*.

Top-Selling Services Your Organization Currently Delivers		Share of Revenue	Share of Profits	Competency, Expertise, and Quality	Mission Driven	Reputation	**Total Score**
Service 1							
Service 2							
Service 3							

Our most promising core competency and service is: _____.

Markets and Market Segmentation

We also believe that it is important to grow in those existing markets and new markets that hold the greatest promise. Please score your organization's identified market segments in each of the five criteria below on a scale of 1 through 5 where a score of 1 is *"least, worst, poorest"* and a score of 5 is *"strongest, greatest, or most"*

Top-Performing Markets Your Organization Currently Operates in		Share of Revenue	Share of Profits	Market Maturity and Visibility	Mission Aligned	Reputation and References	**Total Score**
Market Segment 1							
Market Segment 2							
Market Segment 3							

Our most promising market or market segment is: _____.

Therefore, we would be wise to prioritize branding, positioning, promoting and selling _____ (service) in the

_____ (market segment).

Plan Profile Tool

Plan Name	
Plan Type	
Coverage Area (city, county, region, state)	
Total Membership in this Plan	

Behavioral Health Plan Designs in Policy (co-pay, coinsurance, deductible, in-network and out-of-network coverage, special limitations, etc)					
MH IP	MH OP	SUD IP	SUD OP	SUD Other	Other

Covered Conditions/Diagnoses	
Covered Services	
Covered Providers	

Exclusions and Limitations

MBHO Carve-Out Vendor Name	
Coverage Area (city, county, region, state)	
Total Membership in this Plan	

Key Contacts			
Department	**Contact Information (email, telephone, mailing address)**		
Provider Relations			
Provider Contracting			
Medical Management			
Behavioral Health			
Claims Processing			
Case Management			

Network Application	
Application online or paper? Paste links	
Network Admission Process	
Credentialing and Accreditation Requirements *(education, experience, licensure, liability insurance, etc.)*	

Provider Tools Indicate whether available online (paste link) or available upon request (telephone number or mailing address	
Provider Manual	
Practice Guidelines	
Level of Care/Medical Necessity Guidelines	

Payer Reputation Turn-around time, accuracy, quality, customer service, etc.	
Network Access and Credentialing	
Utilization Review	
Claims Processing	

Current Provider Network Intelligence Number, types, locations, etc.

Reimbursement Methodology Usual, Customary and Reasonable (UCR), Diagnosis Related Grouping (DRG), Relative Value Scale (RVS), Case Rates, Episode Rate, etc.

Claims Submissions Process, rules, special policies or procedures, forms

Project Charter
Business Practices Fee for Service

Project Name	
Executive Sponsor	
Project Manager	
Primary Stakeholder(s) Board, Leadership, Finance, Agency Directors	

Project Description / Statement of Work

Business Case / Statement of Need *(Why is this project important and why is it important now?)*

Customers *(Direct users/Those impacted by the project)*	**Customer Needs / Requirements**

Design

Project Goals	
Project Deliverables	How will you know that the change is an improvement?
Project Measures and Outcomes	What tools will be used to measure the impact on: The organization The patient/customer The value to the community?

Project Risks *(Actions, events, and situations outside the project plan that may positively or negatively impact the project)*
Implementation Plan / Milestones*) (Due dates and durations)*
Use separate worksheets to outline and track progress
Project Budget / Resources *(Money, people, services, materials, etc.)*
Communication Plan *(What needs to be communicated? When is communication needed? To who? How?)*
When will you meet? Weekly, monthly? When will both teams meet? Weekly, monthly? Who will take meeting minutes? How will minutes be distributed?
Change Management / Issue Management *(How decisions will be made? How changes will be made?)*

Project Team Roles and Responsibilities *(who do you want on your team to help with this project?)*		
Team members	**Roles**	**Responsibilities**
(your name here)		
Data?		
Administrative?		
Finance?		
Etc.		

Stakeholder Roles and Responsibilities	
Stakeholders	**Roles and Responsibilities**

Sign-off

Sponsor

_____ **Date:** _____

(Name, Role)

PROVIDER MARKET PROFILE TOOL

Plan Name	Total Membership	Types of Plans Offered	MH/SUD Carve-Out Partner
Health Plans			
Blue Plan	*125,000*	*PPO and POS*	*Acme Behavioral Health*
Managed Care Plans			
Managed Medicine	*75,000*	*HMO*	*Superior Network*
Self-Insured Employers			
Jack's Stores	*10,000*	*PPO and CDHP*	*Orion BHN*