

JSI RESEARCH AND TRAINING INST

Moderator: Ann Loeffler
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Operator: This is Conference #: 39601156

Good afternoon. My name is (Kwaisha) and I will be your conference operator today. At this time, I would like to welcome everyone to the Financial Reporting Capabilities of Integrated EHR Systems Conference Call.

All lines have been placed on mute to prevent any background noise. After the speaker's remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your questions, press the pound key. Thank you.

Ms. Ann Loeffler, you may begin your conference.

Ann Loeffler: Thank you and hi everyone. Thank you for joining our webinar or (hit byte) webinar on financial reporting and using your EHRs to look at those reports and do something with them. As the operator mentioned, we're going to do the webinar for 30 minutes and then we'll have questions and answers and you can take – you can send your questions in over chat through the webinar system or you can just press star and the operator will open it up. We'll probably open the lines shortly after the presentation just to see if anyone would like to ask a question over the phone. And then we really want to encourage you to post questions and continue the discussion of the health information technology community of practice.

So if you're not already also logged in over there, we'd like to encourage you to do that. And our presenters will remain on the community of practice to be available to continue further discussion at that site until 2:00 Eastern Time. So today's webinar is going to focus on a key performance indicator to your next site unduplicated, patient numbers and by revenue.

And we chose this key performance indicator for several reasons which the presenters will go into. But basically, we want to do show you an example how you use a specific EHR system so today we're going to be talking about NextGen and eClinicalWorks, how use the system to pull your data out, how you might look at it visually and then how you might use it to make some changes to your practices if needed.

So these key performance indicators are going to be highlighted some of the tool that we've developed called the financial dashboard tool and that's located at the sustainability community or practice, but you can also access through that community of practice tab on the Family Planning National Training Center website. And then after the webinar, you're going to get an e-mail with the link to the online evaluation and would like for you to please complete that by the October 27.

With that, I'm going to turn it over to our project officer, Dr. Tasmeen Weik. Dr. Weik is the health scientist for the Office of Population Affairs, Tasmeen?

Tasmeen Weik: Sure, thank you, Ann. So as mentioned, I'm the senior health scientist for the office of population affairs. And part of my role here is to work with the Title X grantees to ensure that our Title X service sites remain sustainable in the long term. So I want to thank everyone who's attending this webinar and engaging in the health IT community of practice. As many of you already know, (OPA) has identified investing in health information technology as one of the priorities for Title X service delivery grants. We believe that using your EHRs to improve your systems is critical to ensuring that your practice remains sustainable in the long run. And by extension, we ensure that women and men continue to have access to quality family and planning services.

So on the webinar today, you are going to learn about some exciting tools that (OPA) has funded through the National Training Center for Management and Systems Improvement. I hope that you will use these tools and that I really encourage you to engage in the health IT community of practice on the FPNTC website so that you can continue the conversation after the webinar and we can continue learning from each other. So thank you all and I'll turn it back over to our presenters today.

Ann Loeffler: Great. Well, before we let the presenters talk, I'm just going to tell you a little bit about who they are. We have Heidi Halpern from Boulder Valley Women's Health center in Colorado. They are a Title X funded site and Heidi is quite the guru on various aspects of how that health center operates. She's very actively involved in annual audit processes, cost analysis. She receives HR, computer network operations, facility maintenance and clinic security at the organization. And over the years Heidi has really become a trusted resource from many, many Title X providers as they figure out how they want to navigate the new health care environment.

So in that role, she advises on various health care industry financial topics especially related to Title X funding. So we're really excited to bring that voice somewhat we see is a leading edge Title X site and how they're using their EHR to really improve how they manage their revenue cycle. We also have (Josh Mireley) from (HD consult). An (HD consult) supports many, many safety net organization and everything from EHR adoption all the way up to participating in state health information exchanges. And (Josh's) main role has been with regard to how your EHR used operationally to address revenue cycle management implementing application and I also mentioned helping sites select vendors, implement certain systems and making sure that those systems can be interoperable.

We have free hand experience in both hospital and ambulatory information technology and he also works very closely with providers and how you use EHRs. He has done this for and multi-specialty physician group, I mentioned safety net providers. So we really bring together that technology knowledge along with this understanding of how clinics operate. They're really excited to

bring you to what's the – from the field and with that, I'm going to turn it over to them. Heidi.

Heidi Halpern: Thanks, Ann. Welcome everyone. So like Ann and Tasmeen mentioned, using electronic health record data in a useful way is challenging gathering data from EHR systems is complicated daunting. The systems are extensive. There's a variety of filters and variables that you can pull from. And so, it's really important when you start this process to have a clear idea about what you want to measure and why you want to measure this information, who is the data intended for, how will be used and also that gets you thinking about what are those various key performance indicators or KPIs that are going to be meaningful to your practice when you're looking at financial sustainability or a variety of other indicators that are helpful moving forward in changing health care times.

So good consistent data is necessary and it's important when you're tracking trends when you're looking at the filters that you use and (Josh) will talk a little bit more about those variables. But when determining what your KPIs are, it's important to make notes about how you filter that data. So when you go back to do it next month or next quarter, you'll remember how it is if your system has a capability of creating or memorize or save your report, that's a great idea but always remember to change those filters.

And when you get these KPIs, they can be easily presented in a dashboard format and I've mentioned that the financial dashboards will and this is just a snapshot of the tool. But if you go through all the steps, you can complete this image of all these different factors. So today, we're going to be focusing on the payer mix KPI and that's on your screen. It's the center lower section with the green and purple bar, and that's just one way to reflect the data, but that's the area we're going to be talking about today. And like Ann said, it's available at (www.fpntc.org) in the sustainability committees of practice section.

So moving on to payer mix, this is a lot of information and part of the dashboard as well, but it explains a lot about why payer mix is important, how to calculate that and I'll go look into that a little bit more detail. So payer mix

can be looked at a lot of different ways. You can look at it unduplicated patient numbers. You can look at by revenue, by patient visit or encounters. And again, going back to why you want to collect the data and what it's going to be used for will help determine how you want to calculate it. To look at payer mix by unduplicated patient numbers, you want to look at your unduplicated patient's working out by payer divided by your total number of unduplicated patients.

In the system that we work on in a NextGen, when you're looking at the unduplicated patient piece of it, it will look at the last most recent visit that the patient had and that will determine how that patient is categorized.

If you want to look at pair mix by revenue you can look at your revenue generated by each pair divided by the total program revenue and (Josh) again will talk about the report to get you some of these numerators and denominators so when you calculate this all out and put it in your dash board it'll be available. And that's just a little introduction on pair mix. And next (Josh) will provide information on the report structure and report generation specific to paid mix. And I'll come back out and talk a little bit about what to do with this data once you have it and how to put it into your dashboard tool and how to use it effectively once in your organization to be financially sustainable. There you go (Josh).

Josh Mireley: Thank you (Heidi). Thanks. I'm going to be talking a little bit more, you know, as (Heidi) indicated in depth about the reports, the structure of the generation and a little bit more of the technical pieces. So the report structure, you know, what do you need to show and this can be, you know, very simple and it can be very complicated. But you're going to go through your fields, you know, what you want to show in the ordering, grouping or filtering to help make that data a little bit more meaningful.

And you always want to keep your end results in mind, you know, like and (Heidi) talked about this, you know, why – why am I running this report. So as far as generating the reports, you know how you get this information. You can have standard – standard or customer reports. Now depending on what system you're on, you know, the standard reports may meet all your needs.

But there's certain cases, you know, certain you know items that come up where the standard reports just don't meet that.

And so you create customer reports. Now those can either be developed internally. You can work with your vendor to develop those reports or you can go to outside resources to develop those.

And finally one thing about report generation is what I call casting nets. To me it's always easier to cast a really big net and have more information than you want and then kind of to twiddle down from there. And finally the last thing I'll talk about is some considerations to think about.

So tying in – talking more about the report structure of the pair mix by the revenue. You know this is a fairly simple report as far as the fields go. You're only going to be looking at the primary pair and I think of this as the pair group, you know, not the individual insurances and the payment amounts.

So not that complicated as far fields go. But you want to group them or sub toll them by the pair. You don't want a list of all of the payments. You want those kind of lumped together. And finally you want to filter via date range.

And this is always important for – for most reports just a filter on the date range just because you can get a lot of – a lot of data depending on how long you've been on your system. And that can impact performance if you're running this huge report so just something to keep in mind. Now the payor mix of the unduplicated patients is very similar. Again it's not very complicated.

Basically what were – the only thing that was going to be changing is instead of those payments amounts were going to be looking at your unique patient count. Now you need meaning unduplicated. So a patient is only counted one time regardless of how many times they've been to the practice. Again you'll group by your pair and you'll filter out the date range.

Now look at an example of this report coming out of next gen. Now you can see that it's been grouped by the pair. And you can see those payment amounts.

Now this report actually includes something extra and in the parenthesis you can see that there's a count of how many payments has it been. So you can kind of see, you know, what you're biggest payers are not only in terms of for the payment but the volume. Now as a comparison this is a very similar report only coming out of the clinical works.

And you can see it's certainly setup a little bit differently. But their information is still the same. This report doesn't include accounts but because this is a standard report coming out of the clinical works you can see that each of those pair names is a hyperlink and if you were to click on those you can actually get a drill down more specifically for that specific group to look at those payments.

Next is our unduplicated patient number and again this report looks very similar out of the next temp. You have your totals for each pair and then accounts for those unduplicated patients. Now finally we have our unduplicated patients and this is a custom report coming out of e-clinical works. So it looks a little bit different.

So you can kind of see kind of a little bit of snippet of what generating that custom report looks like and I'll go into more detail about that just a second. But again that example looked very similar coming out of multiple systems. OK.

So when you're generating these reports so talk a little bit more about the standard reports generally your fields can't be changed. You can't add or – or move fields in general when you're running standard reports. And you can make minimal changes to ordering or grouping. They have limited filtering options just what's given to you but their easy to produce and reproduce.

So you get that consistent data, you know, each time you run it which is important when you're running a dashboard. Our custom reports, you know, they require a little bit more effort to create especially depending on the system. And they can be unintentionally misleading.

Now what I mean by that is that when you're generating a report maybe you select the wrong field when you're building it or you filter it differently. So and that can be really important when you're doing dates. So maybe you're trying to run your revenue report. But instead of date service you are actually running date of posting or claimed that.

So that way, you know, when a – when a payment is posted it's not the same as the date of service usually. So you can get – if you're trying to close your month or your running your time periods you can get those off. So you just have to be careful about when you're creating your customer reports. You don't – keeping the information consistent.

Something that's good about the customer reports is only the fields you choose. So you don't have all these (extra state) that you don't necessarily need. And again it allows you to make broader modifications to your ordering and your grouping and you're filtering.

Now this is an example of running a standard report out of e-clinical works. And this is using – the screenshot is using their EBO which is their enterprise business optimizer is what that stands for. But – so this is a standard report. So you can see the hyperlinks across the top if this is financial are going into dashboards and if the dashboard with the groupings, the insurance groupings.

And that's just the payment dashboard and the only options that were given to me are what date do I filter out? Is it an associated transaction or unassociated? And then my date range. Those are the only options that I was giving.

Now when you compare that to a custom report you can see that there are a number of different options here. And using the EBO report builder you can actually go through – you can see the huge list of items that you can scroll and just – it's a just a drag and drop. So you're selecting, you know, the insurance group name. It allows you to filter by the date. And then you can add as many fields on to that as you want.

So you can add claim count. You can add patient count. You can add the facility name, the payer type and you can filter based on those depending what

are the groups that you've added. So there's a lot of customized ability in those custom reports. And they're fairly simple to generate.

Now your custom reports on a NextGen system is very similar but you don't have that drag and drop. It's more of a – a selection list and with multiple options. And so you can see OK pick by columns and what columns do I want to add. Here's my sorting, what – what do I want to sort on? Is it ascending, descending? Do I want to group buy it? You know here's my filter.

So it's all the same information is there. It just looks a little bit differently. And you'll find that a lot with the EMRs is that all that information is there is the same. It's just how it's presented to you.

So finally some understanding your reports some things to think about. So when your running your reports particularly custom reports you want to think about the possible variations in your reports and how they can be calculated. So as the primary payer you know this was calculated at the visit. Is it the most recent payer? Do I need a group payer or an individual payer?

You know your patient accounts is it by visit? Is it by claim? Are they unique or not? And again I already kind of talked about date range, you know, your date of service, your claim date, date of posting so different reports can be calculated differently. So you just want to make sure that you kind of maybe do a little bit of reconciliation to make sure that those reports are matching up.

Now sometimes your customer reports can't cross modules when you're building that. And what I mean sometimes you can – you're only limited to putting financial data or clinical data. So you couldn't agree with you know diagnosis codes or medications with pay, for example, because you can't cross between those different modules. And some of you can in certain areas you can but in a lot of cases those two areas don't mix. So it's doing that reconciliation you know it's important which you have that consistency to help maintain your dashboard.

You know just make sure how their run and consult with your vendor or your report write if you're not sure. At this time you know I'm going to turn it back to Heidi to talk more about the KPIs.

Heidi Halpern: Thanks Josh. All right so now you have these reports that Josh helped us create. And in here I have some sample data for this is actually data I think it's six months data so January through June and here in this in the first column of the pair makes by – this is by unduplicated patient it's not by patient visits or encounter this is unduplicated patient. And so you can see when Josh went through the reporting he has the – the full list of all the payers and the various different payer sources.

For this dashboard we've consolidated that in to different categories. I know for my organization it was really important with ACA to look at Medicaid by itself because of Meaningful Use and for we had expanded Medicaid in Colorado so that was great for our patients and great for us with the payer source. And so tracking Medicaid out of own was really important and then really lumped all the other payers in that private insurance slide while still tracking client fees and those that are just donation based only.

And so it's – it's really great to look at it you know by itself there as unduplicated patients. And you can see that these numbers can turn in to the percentage given the formula I referred to briefly earlier. And you can see how it breaks down with you know close to 28 percent. With Medicaid at their last visit and 28 percent with private insurance and 42 percent client fees and just a small amount of patients using straight donations. This is helpful for a lot of reasons you can see – with ACA the – the rest of that was that all people should be enrolled in some of sort of insurance plan and so for this example you can say that 42 percent of our patients are still working off the sliding piece scale.

Whether their doing so because they have insurance that maybe we're not contracted with or they have insurance but are opting not to use it for confidentiality reasons or simply don't have insurance. That's good information to know that can help decides whether or not you need to make changes in your outreach and enrollment efforts but that's a really great

indicator there to look at. And then looking at the payer makes by revenue which is the second column, it's – it's really helpful to see – you can have – idea of how many patients or what percentage of patients are enrolled under a certain plan and then you can see what that translates in to as far as revenue. So while 42 percent of the patients in this example our self pay using the sliding fee scale.

They're only generating 13 percent of the revenue and that's probably largely due to the fact that there are kind of low end of the sliding fee scale. And perhaps they just have opted not to get insurance because they can't afford. But that's really helpful to see and with Medicaid almost 30 – 28 percent of the patients themselves use Medicaid of their last visit. But Medicaid's accounting for you know over – over a third of the revenue of this – in this example. So Medicaid is proving to be a really reliable payer source. And then looking at the project insurance while only 28 percent of the patient use private insurance at their last visit, it's accounting for over half of the revenue generated by this clinic.

And so it's great to look at them independently but it's also great to look at them side by side and look at how they relate to each other. These numbers in percentages are also reflected in the pie charts in the middle and also in the bar charts. So there's great visuals that you can use when reporting to staff or to other community partners, board directors, it's just a great way that you can demonstrate what's going on and what the payer makes looks like in your organization depending on how frequently you run this numbers, it's going to change.

I run them once a month and they change every month because people (aren't returning), on and off Medicaid. People choosing the user in terms for some service is no other changes in insurance, losing insurance and so the numbers really do vary quite a bit. But it's – it's really good to look at for me where we were this middle of this year versus the middle of last year and especially going back to pre ATA it's been astounding to see the difference and so that's one way to look at the data. I'm going to leave this train up I have some other screens that I think it's really helpful to have this visual here. When you look

at the – the numbers produces by the reports Josh talked about when you're looking at all those lists.

You can get a sense for the payers that most patients are insured by and so if you aren't currently contracted with that insurance company then that would be an indicator of something to moving to and consider contracting with. Or renegotiating your rates with that payer for example if you're finding that a large majority of your patients are insured by a certain payer it would be in your best interest to make sure that you are maximizing your contracts with that payer. For us Meaningful Use was a big deal and that's why the Medicaid language was being tracked and getting 30 percent meetings full use.

We actually look at patient number at by encounter because that's how we are able to cap – fully capture all the Medicaid utilization. So that's another really important piece about breaking out the pairs like this. See here, diverse payers makes – it's really important to maintain physical health. Reliance on one source entirely you know can be – can be risky so it's important to have a variety and also know what that looks like at how it's changing overtime. It's also helpful to help with planning for budgeting for cash flow for looking at long term revenue planning.

If you are seeing trends, if you're seeing that Medicaid number go up and that commercial number go up and you've really identified what are the payers that pay the best in insuring that your contracts are really solid with them. That can help provide some financial maturity and comfort moving forward knowing that. You are doing everything you can to ensure that you're getting the revenues that you deserve. And cash flow is – is critical as funding sources are changing and evolving. This is really important and how this beat in to your overall revenue cycle management process is important too and so that's there's other KPIs that track that sort of information but this is certainly really important when you're looking at your overall financial health.

I had some flies here that pointed that out that I will be available to you but I went overall these I thought looking at the dashboard with most helpful while looking at it. But I went overall of these I though looking at the dashboard

with most helpful while looking at it but in review with talking about what pair makes tells us and if you're looking at it by unduplicated patients or if you're looking at by revenue or if you're looking at by revenue there are great piece of information that can be discern from evaluating this data and overtime and again reiterating being consistent using the same type of date looking at consistent dates of – whether it's date of service or process date or a posting date all of those things are really important to keep in mind when you're comparing all of your data overtime.

So in summary the payer – payer makes KPI is really valuable tool I'm just going to back up again to the overall dashboard and those other areas like net collection rate and looking at your utilization rates and your aging reports and days and accounts receivable all of these things combined can help really present a picture of your financial health, you financial sustainability and the long term success of your clinical operations. And I believe – that's – that's all I have and time to open up to questions is that where we ask?

Operator: And at this time I'd like to remind everyone in order to ask a question please press star then the number one on your telephone keypad. Again that's star one to ask a question. We'll pause for just a moment to compile the Q&A roster.

Operator: And there are no questions over the phone line.

Nancy Thomas: OK thank you so much Heidi and Josh for your presentations if we don't have any more questions, we do invite you to go over to the health information technology community and practice. They will be available until two o'clock PM eastern time this afternoon. So if you have questions feel free to go over there and post a question to the presenters. Thanks so much for joining us today.

Operator: That concludes today's conference call you may now disconnect.

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