The five best practices for revenue cycle management in home health and hospice.

Learn the RCM secrets from HEALTHCARE*first*'s
expert approach to billing services.

HEALTHCARE*first*
by ResMed

You may not realize it, but one area of your agency has the opportunity to streamline operations, accelerate reimbursement and improve profitability: your billing process. Cash flow is a common struggle among home health and hospice agencies. And with regulation becoming increasingly complicated, billing headaches are likely here to stay.

The good news is that HEALTHCARE*first* can alleviate these headaches. As the first provider to offer RCM services to the home health and hospice industry, we've spent more than a decade getting up close and personal with agency pain points and understanding the important connection between the clinical side and the revenue cycle.

This eBook provides a peek into our expert approach to revenue cycle management. It's a process we've perfected over time and it continues to evolve with every new regulation. Learn what sets us apart from the rest and our five best practices that ensure each of our partners enhances their cash flow.

What sets HEALTHCARE*first* apart?

A leader in revenue cycle management services, CAHPS surveys, and advanced analytics for the post-acute care industry—HEALTHCARE*first* serves thousands of out-of-hospital organizations looking to increase efficiency and compliance. But why do so many organizations trust us to reach and maintain these goals? Here are a few reasons:

A $50 billion reputation.

We're backed by ResMed, a global, $50 billion company that has a stellar reputation and complete confidence in our services.

Our longevity in the business.

With 25 years in the health and hospice industry and over a decade offering RCM services, there's no other revenue cycle management provider that can match our experience.

We're EMR agnostic.

Our team can work in any EMR, which makes us an especially good fit for agencies contemplating an EMR change. One of the biggest disruptions during this type of transition is to cash flow. HEALTHCARE*first* bridges the gap between your old and new software, minimizing disruptions and making it an easy transition for your agency.

Our talent pool.

We don't just hire certified reviewers and coders—we take it a step further to ensure our staff has the home health nursing skillset that gives them a solid understanding of what our partners are going through. Our reputation as a good employer with longevity in the market is why we're able to attract that talent routinely.

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We are deeply committed to a people-first culture and to that end we attract and retain the best talent.

Navin Gupta, SVP, Home and Hospice Division

Three common myths for outsourcing RCM—debunked.

While a revenue cycle management vendor can bring visibility, efficiency and accuracy to your billing process, there are common fears among agencies when it comes to outsourcing RCM. Here are some of the ways HEALTHCARE*first* can bring immediate benefits to your cash flow and bottom line.

MYTH 1: Outsourcing RCM complicates your (already complicated) process.

While many agencies assume RCM services will complicate their process, HEALTHCARE*first*'s approach is the opposite. Our implementation process clearly defines expectations and service level agreements (SLAs). This clear plan simplifies RCM for everyone involved and never stops improving. Recurring meetings with customers allow a constant dialog about our performance and how we can get better.

We ask for input on how we can improve. That's how partners operate.

Jeremy Crow, Director Revenue Cycle Services

MYTH 2: Using an RCM service makes revenue cycle management even more time consuming.

Many agencies fail to see the amount of time they spend managing billing processes and cash flow. When HEALTHCARE*first* takes on those billing headaches, agencies quickly see the advantages of having more time for patients and an increased bottom line. By taking revenue responsibilities away from staff, they have the freedom to put patients first.

MYTH 3: Utilizing outside RCM resources does not provide immediate return on investment.

In today's intense regulatory climate, agencies who lean on external resources to manage compliance are the smart ones. By offsetting revenue services to us, agencies can focus on normal operations while we keep money coming in the door. We don't waste time getting started and our customers see the advantages right out of the gate—immediately after implementation, we start protecting you from revenue leakage.

The five best practices of revenue cycle management.

Thousands of home health and hospice agencies rely on HEALTHCARE*first* for their expert approach to revenue cycle management. These are five of our best practices with one shared goal: accelerate cash flow.

Simplify performance measurement.

True to the old adage, "if it can't be measured, it can't be managed," HEALTHCARE*first* believes the performance scorecard is a key tool to have in your business arsenal—but it's important to keep it simple. When it comes to having defined KPIs to know how well you're performing, start small. Look at a handful of data points on both the clinical and financial sides that have direct impact on cash flow.

Our two goals with data are to capture it and make it actionable. If it's not actionable, our customers are left with numbers and a lot of questions. We make sure data is well defined and well measured in order for it to be acted upon.

There is such a thing as measuring too much. The more time spent measuring, the less you'll get out of it.

Jeremy Crow, Director Revenue Cycle Services

Preparing for No-Pay RAPS

Home health and hospice agencies have a regulation change coming in the near future, and it will have a significant impact on cash flow. Effective January 1, 2021, CMS will no longer pay requested anticipated payments (RAPs)—but submission of RAPs will still be required. While this implementation is in an effort to prevent fraud, agencies will be affected across the board.

- RAPs are typically submitted within eight business days, but will now need to be submitted within five calendar days. This means agencies may need to build up their current weekend staffing models.

- Failure to comply results in reimbursement loss.

HEALTHCARE*first* is working to simplify this process for agencies, looking at ways to turn around the coding, OASIS review and RAP submissions—all within that five-day window. We will be staffing for weekend coding, and discovering creative ways to get orders from physicians. Our job is to eliminate any reimbursement problem, and we're always looking ahead to keep ourselves and our customers prepared.

The measure of our success is solely defined by the success of our customers. We take our responsibility to ensure you are ready very seriously.

Navin Gupta, SVP, Home and Hospice Division

Cleaner claims result in better cash flow.

HEALTHCARE*first* doesn't wait around for scrubs to be complete before checking claims for accuracy. We assist with claims edits, and we even do a scrub of our own. But our biggest commitment? To see less violations and to find the trends.

If we see similar violations, we find the real issue, solve it and make sure they don't continue in the future. Utilizing automation to its fullest, we check within 24 hours to make any fixes immediately.

The cleaner your claims are, the more predictable your cashflow.

Jeremy Crow, Director Revenue Cycle Services

While scrubbing and managing violations is time consuming for most agencies, we have experts completely devoted to these tasks on our end. We understand how your agency needs to interact internally—communication between the finance and clinical teams—for optimal performance, so we guide those expectations up front.

The Stand-Up Call

The Stand-Up Call is a process offered to HEALTHCARE*first* customers, where we meet frequently to facilitate claims. It's a way to physically connect the finance team with the clinical team to get claims cleaned up and get cash in the door.

Simply put, it allows us to put our consulting hat on to develop a communication process in order to operate as efficiently as possible and to always keep moving forward.

Denial prevention

In an industry with ever-changing regulations, it's not uncommon for denials to stack up—typically due to no time or no budget. Additionally, individual payers can have their own denials, each with their own rules and regulations. They're confusing, time-consuming and expensive, but we're familiar with payers and denials. It's what we do.

Outsourcing denial prevention just makes financial sense. We stay on top of new regulations, we have teams that review denials as their main job, and we handle appeals. The ability for agencies to stay on top of denials, have a continuous understanding of regulation and spend time appealing is near impossible. We handle it all with ease, and we enjoy it.

Eliminate revenue recovery as an ongoing process.

Anything over 90 days will likely take up too much time, too much energy and too much of the budget. When we begin working with agencies, our goal is to eliminate old claims. Our long-term goal is to eliminate recovery—because we don't want recovery to be an ongoing process. We want to help dig you out and then prevent the need to do so in the future.

> *The only recovery we're doing is from your old system, your previous vendor, or your previous billing services—and it should be short term. Our goal is that revenue recovery is not an ongoing process.*
>
> **Jeremy Crow,** Director Revenue Cycle Services

We understand the events that lead to aged AR—poor intake processes, lack of understanding payer contracts, etc.—and we can help you build better processes to prevent claim denials that lead to downstream cash problems.

Expert management of the revenue cycle.

HEALTHCARE*first* has the RCM trifecta—the people, the processes and the technology.

We hire certified home health coders (much different than standard medical coding), we have a full regulatory compliance staff, and we're constantly recruiting so that our talent pool can keep up with our growing business.

We're always in tune with current and future regulations, because to be absolutely prepared, we need to know what's coming. This approach sets our agencies up for success, and we take that responsibility seriously.

> *People, processes, technology. It's this three-legged stool that gets you to best practice.*
>
> **Navin Gupta,** SVP, Home and Hospice Division

We are constantly working on ways to give customers simple score dashboards so they can see actionable data—what's working and what needs improvement.

What really sets HEALTHCARE*first* apart are the things agencies typically don't see. Our experience has taught us that it's the little things that get you. Ongoing eligibility and authorizations, payer set-up and contract reviews, EMR relationships—if you don't take ongoing control over the small stuff, you'll always be catching up and it will cause significant loss.

> *We encourage our customers to partner with their vendor. Your EMR can be an asset, not a liability.*
>
> **Jeremy Crow,** Director Revenue Cycle Services

Lastly, our internal education defines our expert status. We make sure your agency is maximizing communication—all staff should understand the impact of their responsibilities, clinicians should know how they impact billing, and billers should learn how to work with clinical teams. We review these processes on a regular basis to ensure agencies are running as smoothly as possible.

Top of mind for many agencies is the unknown. From a looming pandemic to recruiting and retaining staff to ever-evolving regulation, there's little you can control. Our role is to be a good partner to take that unknown out of the equation and to accelerate cash flow. This allows agencies to focus on their expertise: caring for patients.

Request a demo of HEALTHCARE*first* RCM services to learn the immediate benefits we can provide your agency.

More about HEALTHCARE*first*

HEALTHCARE*first* has one mission: to deliver innovative, easy-to-use, and affordable solutions. For 25 years, HEALTHCARE*first* has been the premiere provider of revenue cycle management services (OASIS review, coding, and billing), CAHPS surveys, and advanced analytics for out-of-hospital (or post-acute care) organizations. Serving thousands of organizations across the United States, HEALTHCARE*first* has been the single source for organizations to enhance patient care, create operational efficiencies, improve reimbursement, and simplify CMS compliance. With HEALTHCARE*first*, providers can focus on patients instead of paperwork.

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