

IN-SOURCING

YOUR VALUE-BASED CARE MEDICAL BILLING PROCESS

5 CRITICAL SYSTEM REQUIREMENTS

You're Keeping RCM Inhouse.

WHAT'S NEXT?

In today's value-based care (VBC) healthcare environment, the decision regarding technology to support the revenue cycle management (RCM) piece of the puzzle can have a deep and long-lasting effect on the success and financial health of your practice. The starting point is to decide whether to outsource the process or keep it inside. This includes evaluating both financial and non-financial impacts, and long-term cost and logistical implications.

Once you've decided that in-sourcing is your best path forward, the most critical factor for your long-term success will be selecting the core technology system that supports the in-house VBC revenue cycle management process.

Of the literally thousands of options available today, five core system requirements are pivotal to a successful RCM implementation. These key factors form the firm foundation on which you can then build a robust system customized to your particular workflow and preferences. While many options are available from a broad spectrum of vendors, some lack crucial features to help insure accurate, compliant, cost-effective management of the process.

Before we jump into specific feature analysis, a little background on the evolution of medical automation systems will help in understanding why the five system requirements outlined below are pivotal to your selection decision.



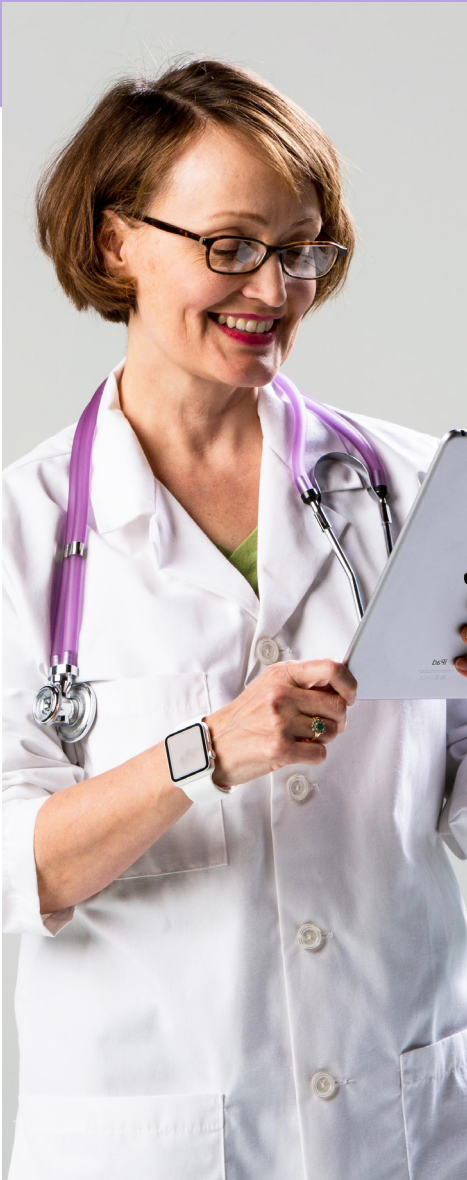
A Quick History of MEDICAL AUTOMATION

Early in the history of medical technology (MedTech), systems were developed as separate solutions designed for each piece of the practice workflow. This approach, called point solutions, was where one system handled scheduling and demographics/insurance information. Another focused on billing and claims, and another for posting claims to a payer clearinghouse. Credit card payment processing through merchant accounts was also used. The introduction of EHR created yet another separate or disparate system. Electronic prescribing developed in much the same way. Each system had its own separate database, interface and reporting. And none of the point solutions could communicate to other systems within the MedTech cluster.

These early systems were also “office-based,” meaning the software ran on computer servers physically located in the medical facility itself. Some systems allowed users to “remote in” over the Internet, but the software was still stored and managed onsite. If you ever called customer support and had to give your software version number, you would know what we’re referring to here. More recently, vendors have begun moving to “cloud-based” platforms where the entire system is securely hosted at a central site, and users access it through a real-time Internet browser connection.

As vendors worked to bring these systems together – either through internal development or buying another vendor – many of the systems were “bolted on” to an existing platform without totally integrating the databases and other key functionality.





Why This MATTERS

The evolution of these systems has created two key weaknesses in the way today's solutions are structured. In evaluating a system, keep these two overarching points in mind as you review the 5 Critical System Requirements below.

1. Does the system have one common data platform for all functions? The alternative is separate databases that “talk to each other,” which is the sign of a bolted-on solution. This directly affects the system’s ability to efficiently access and assemble necessary data for tracking, analyzing and reporting. The potential for data glitches and limitations is higher.
2. Is the system natively cloud-based? Systems that were originally created or completely converted to cloud-based technology will perform much better than non-cloud-based systems that are “upgraded” to run in that environment. Find out which is the case and be wary of the latter. This will affect stability, security, timely automated updates, performance and many other aspects of the solution.



5

Critical System Requirements for In-Sourcing Your VBC Revenue Cycle Management

These five system requirements are crucial to an effective VBC revenue cycle management solution. Before purchasing a system, be sure the vendor can solidly meet these criteria, and has a track record of thousands of successful installs based on their solution.

1

Is the system integrated across functional areas of the practice in a real-time, native way?

The system must natively share and access data between patient demographics, scheduling, insurance information, and clinical EHR data. The litmus test on this is a single database structure. Vendors may claim this type of capability when in reality they have built bolt-on integrations that exchange data between databases on a less effective and sometimes limited basis.

2

Is the system continuously updated with changes to reporting, documentation & billing requirements released periodically by regulatory agencies?

The vendor must ensure that all updates are implemented natively in the software in a timely way with each change in regulatory requirements. The update must be seamless and simple, with no action required on the part of the practice.

It is particularly important that no manual processes are included. With the complexity of today's systems and regulatory requirements, a true cloud-based system is the most reliable solution to ensure timely, trouble-free updates.

3

Does the system have the capability to achieve nearly flawless first-pass clean bill submission integrating the new guidelines?

The system must have a proven track record of nearly flawless first-pass clean claim accuracy that comes from a variety of automated tools such as the number of edits including CCI, HIPAA, LCD and carrier-specific requirements.

The vendor must be able to demonstrate this level of accuracy on an ongoing basis, and provide evidence of successfully implementing previous regulatory updates without reducing their clean claim accuracy numbers. Ensure that the system has been proven across thousands of customer installations, and ask for example comparisons that closely match your practice type.



4

Does the system include a robust reporting capability for both regulatory and management purposes?

The system must include a native, integrated reporting capability. Key baseline characteristics include:

Ability to pull data from across the functional areas of the practice (e.g. practice management and EHR) into a single report or dashboard.

Simple, pre-built reporting to regulatory agencies such as CMS. The reports should be pre-built, updated to reflect the latest requirements, and capable of being sent electronically directly to the respective agencies or registries.

Simple, flexible and customizable reporting for management purposes. You must be able to slice and dice the data you need to manage and improve operations, and have it presented in an easy-to-understand, actionable format.

Advanced Reporting. Because reporting is an increasingly important – and tedious – part of VBC, you should consider these additional reporting capabilities now being provided by some leading vendors:

Automated tracking and monitoring processes can eliminate manual, labor-intensive steps associated with gathering requirements for clinical quality measures (CQM) and VBC. Shows VBC items that have been met and suggests how to fix those that have not.

Automated capture of key information as it is documented in the EHR.

Peer-to-peer benchmarking. Perhaps the most overlooked area of measuring financial performance is understanding how well you compare to peers. Are the KPIs you measure for each physician in your practice better or worse than others from the other side of your city or state?

Holistically measure performance. Benchmarking can give you a holistic picture of where you stand and how you can improve.

Local or region-based benchmarking can give you realistic baselines for your specialty, location and practice size.

5

Does the system provide patients with access to their information in a simple, secure manner?

An important component of VBC is patient satisfaction. Patients are looking for simple access to their personal health records and interaction with the practice online.

The system must include a robust patient portal that is simple, informative, and provides multiple ways to interact with the practice. Mobile access is increasingly important. Leading patient portal technologies can include direct access to your merchant account, giving patients the ability to pay an outstanding balance or payment plan online.

Email and text-based patient reminders and communications both are excellent ways to leverage automation that can be triggered at various levels of delinquency to send a quick patient message to pay an outstanding balance.

The vendor must be able to demonstrate the highest levels of data security and patient safety online. This includes not only the underlying technology, but the patient interaction protocols and systems including identity verification and password management.



Putting It ALL TOGETHER

A system that meets or exceeds these core requirements will provide a strong foundation from which you can customize and grow as your practice expands, and regulatory requirements continue to evolve. These guidelines will also help you spot bolt-on solutions, non-cloud-enabled solutions, and vendors who may be overly optimistic about their actual capability to deliver essential functionality.

As part of any evaluation, also include a thorough cost comparison, including all maintenance fees and ongoing licensing fees. It's important to understand the all-in cost of a solution.

AdvancedMD can provide the integrated, proven systems that have set the standard on these and many other leading criteria across thousands of successful practice installs. Contact us today for details.

