

Revenue Cycle Expansion (RevX) Introduction

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- RevX Overview
- High Impacts Changes
- RevX Implementation & Workshop
- Bremerton and Oak Harbor Notional Timeline
- MTF Responsibilities
- RevX Implementation Schedule
- Resources

Purpose

RevX Overview

- The Revenue Cycle Expansion (RevX) project will integrate patient accounting, medical coding, and patient registration/access capabilities and workflows into MHS GENESIS to leverage a clinically-driven revenue cycle that enables all MTF staff to collaborate seamlessly on an integrated platform to deliver high quality and reliable patient care, significantly improving communication between the clinical and business communities and increasing understanding of the total cost of care and readiness.
- Specific capabilities that will be integrated into MHS GENESIS include:

- Cerner Patient Accounting Module (CPAM)
- 3M 360 Encompass (360e)
- Institutional & Professional Coding
- Dentrix Billing
- Charge Description Master (CDM)
- Patient Identification Process (PIP)
- Electronic Claims Clearinghouse
- Claim Scrubber Edits
- Patient Statements/Letters
- Other Health Insurance Discovery
- HealtheAnalytics Reporting



Patient Check-In

Enhanced Capability

Patient Identification Process (PIP)

Legacy: Patient Category (PATCAT) is made during check-in.

MHS GENESIS: The Scheduler will make an initial selection of a Patient Profile and associated health plans based on the DEERS retrieve for that specific encounter which will be validated by the clinic staff at the time of check-in.

Benefit: Improved patient identification accuracy and data quality enabled by a simplified patient identification process and additional opportunity for staff to validate information.

Automated & Net New Capability

OHI Discovery

Legacy: OHI is collected manually during check-in without the ability to verify.

MHS GENESIS: Results of OHI Discovery are available during pre-registration and check-in for validation with patient and association with patient encounter.

Benefit: Improved and more consistent revenue capture of third-party responsibility for care provided, enabling MTF Leaders to better plan for site investments.



Provider Orders

Automated and Enhanced Capability

Provider Documentation Drives Charge Accrual and Workload Data Capture

Legacy: Limited ability to track and monitor charge and workload metrics.

MHS GENESIS: Accurate order selection, clinical documentation via Powerform, or barcode scanning enables automated capture of key data to facilitate charge accrual and workload capture for each medical service or product delivered.

Benefit: Improved reliability of charge and workload data for providers, site leadership, and enterprise leadership.

Enhanced Capability

Provider Orders are Linked to Charge Description Master (CDM)

Legacy: Current systems are not structured to capture itemized costs for medical services and products.

MHS GENESIS: The CDM provides an enterprise catalog of all services and products delivered in our MTFs to allow for itemized billing.

Benefit: Increased standardization and accuracy of charges for orders and clinical services, leading to accurate and consistent capture of the cost of care.



Coding

Enhanced Capability

Coding Query

Legacy: Coders communicate with clinicians using methods such as email.

MHS GENESIS: Coders initiate requests to clinicians for additional information or clarification using Coding Query functionality integrated within MHS GENESIS.

Benefit: Increased standardization, traceability, and security of coder-clinician communication.

Enhanced Capability

3M360e

Legacy: Coding for institutional and professional services in the inpatient and outpatient environments is conducted using two separate systems.

MHS GENESIS: Inpatient and outpatient coding will be conducted within the MHS GENESIS integrated encoder system, 3M360e, which will also allow for auto-suggested codes based on clinical documentation through its natural language processing capability (future capability).

Benefit: Streamlined and integrated coding experience and increased coding efficiency and accuracy.

Automated and Net New Capability

Alpha II Claim Scrubber

Legacy: Coding errors are resolved via worklists without a standardized process.

MHS GENESIS: Encounters with coding errors are automatically routed to coding work queues to be resolved.

Benefit: Enhanced reporting capabilities for monitoring and improving coding error rates.



Billing

Enhanced Capability

Cerner Patient Accounting Module (CPAM) & Dentrix

Legacy: Billers utilize ABACUS billing solution.

MHS GENESIS: Billers use CPAM and Dentrix for medical and dental billing, respectively, with denials organized into specific work queues.

Benefit: Improved work queue capabilities to manage and track denials and an itemized financial accounting for every medical activity within an encounter.

Automated & Net New Capability

Alpha II Claim Scrubber and Clearinghouse

Legacy: Billers resolve encounter issues, relying on manual communication with other departments.

MHS GENESIS: The Alpha II Claim Scrubber identifies errors and routes encounters and resulting claims to the appropriate department for correction prior to automatic validation and submission to the clearinghouse and OHI payor.

Benefit: Reduced demand on billers to manage and resolve encounter issues, enhanced issue resolution coordination from other departments, and cleaner claims sent to the clearinghouse.

Automated & Enhanced Capability

Patient Statement and Letter Handling

Legacy: Billers determine and print self-pay statements.

MHS GENESIS: RevSpring, a third-party vendor, will handle the generation, printing, and mailing of statements and letters for self-pay encounters.

Benefit: Decrease in manual statement and letter processing tasks.

High Impact Changes

Functionality	Description
Patient, Encounter and Claim Level identifiers	<p>Medical Records Number (MRN): RevX generates a unique MRN and assigns it to the patient at the time the patient is added into MHS GENESIS.</p> <p>Encounter Number: Equals the Fin Number unless there is a specific reason or business need to differentiate them</p> <p>Claim Number: A unique number assigned to each claim (UB and 1500)</p> <p>Statement Number: Unique number assigned to each statement</p>
Patient Identification Process (PIP)	<p>The Patient Identification Process (PIP) is a comprehensive logic-based approach to identify patient's financial classification at the MHS for each encounter in MHS GENESIS.</p>
Itemized Billing	<p>Claims listing the cost of each service provided at the CPT/HCPCS level rather than just the MS-DRG.</p>
Interim Billing	<p>Interim billing functionality allows a facility to bill claims for a portion of a patient's encounter before discharge for patient encounters with hospital admission stays over a set period (i.e., 30 days, 60 days, etc.). This functionality will bill claims at set interval times (i.e., 30 days, 60 days, etc.) defined by DHA for inpatient encounters to enable the AR collection process to begin before patient discharge.</p>
Work Queues	<p>Work queue functionality ensures every encounter is grouped into different "buckets" based on encounter status and defined specific criteria. Work queues make it easier for managers to distribute work to personnel in the Uniform Business Office (UBO) and Health Information Management (HIM)-Coding departments. Also, the number and dollar amount associated with the encounters within each queue is visibly displayed.</p>
Work Items	<p>Work Items functionality identifies specific encounter issues based on DHA defined criteria and routes them to their own designated exception-based queues. Work items can be identified manually or by the system and can be assigned to an individual user or departments for resolution.</p>
Supervisor Relationships	<p>The supervisor relationship functionality will allow supervisors the ability to better manage, compare, and redistribute work. Additionally, supervisors will be able to view all work queues and use several filters (e.g., balance, count, payer).</p>
Reports	<p>Reports will have filterable data elements such as health plan, Military Treatment Facility, year, month, transaction type, HCPCS/CPT Codes, bill type, etc. Reports will include, but not limited to Days in DNFB, Claims Billed, Electronic validation report (electronic billed claims) etc.</p>

KEY CHALLENGES

- Training users enterprise wide to understand each account level (i.e., patient vs. encounter)
- Users will have to understand the terminology of Encounter, FIN Number, Claim Number, Account Number, Clinical Encounters, and Financial Encounters

BENEFITS

- Single Medical Records Number (MRN) for RevX patient account/ Defense Health Agency (DHA) and Veterans Affairs members
- Ability to customize working view to drive work efficiency

- **Start:** Begin using new patient accounting levels to view, manage, and report on patient accounts/encounters
- **Stop:** Creating new Internal Entry Number (IEN) per Medical Treatment Facility (MTF) for patient with existing Medical Record Number (MRN) within RevX
- **Continue:** Continue using identifiers with understanding of the different levels/views of patient account

- Users will have to understand and select the correct patient account level when viewing information related to a specific visit
- Users will also have to update their skill set and knowledge to understand the patient hierarchy or interrelationship of information as it will impact what information is being displayed

KEY CHALLENGES

- Learning curve of new way of establishing patient eligibility and billing category
- Requires manual selection and validation of multiple data elements
- Proper maintenance and updating

BENEFITS

- Leverages existing data elements from DEERS
- Each profile and health plan combination is properly defined

- **Start:** Users select and populate the combination of a financial profile and patient health plan
- **Stop:** Legacy Patient Categories (PATCATs) will be decommissioned
- **Continue:** Continue applying eligibility and health insurance information at the patient level

- A PIP Working Group (WG) has been established with members from the Uniform Business Office, Patient Administration Division, Business Information Management, and Patient Access/Scheduling
- The goal of the PIPWG is to maintain ownership and maintenance of the PIP table

KEY CHALLENGES

- Educating stakeholders on new itemization rules and procedures
- Learning how to validate charges
- Learning rules governing itemization

BENEFITS

- Standardizing claim itemization procedures across UBOs allows for clearer interpretation of all items on a claim
- Accurate data on the cost of providing specific healthcare services and products.
- Information on readiness costs

- **Start:** Enterprise itemized billing and posting payments by line items
- **Stop:** MS-DRG charges for institutional services

- While itemized billing practices conform to industry standards and decrease variance in billing practices, claims generated by RevX will contain substantially more data than they did previously, introducing complexity for end users
- Billers will be responsible for understanding itemization rules, which are more complex than current claim rules

KEY CHALLENGES

- Denials training for occurrence codes / billing codes, itemized billing impact etc
- New cash posting processes
- MTF would need to make sure there is a process to in place for Auths for days billed for interim billing

BENEFITS

- The ability to streamline workflow for encounters that have long admission stays and generate interim billing statements
- Cash acceleration due to claims being paid on an interim basis for long admission stays

- **Start:** Billers/Coders will begin to bill claims on an interim basis (i.e., every 30 days, 60 days, etc.) for patients with long admission hospital stays
- **Stop:** Holding information throughout the length of the patient stay for the purpose of filing a single claim/bill after discharge
- **Continue:** Obtain insurance, authorizations, coding, and billing of encounters

- The volume of encounters worked for UBO will increase after the addition of the interim billing functionality
- The frequency of data collection of validation (i.e., insurance verification, authorization, etc.) will increase to support interim billing

KEY CHALLENGES

- Short term learning curve of new way of work, set up, and management of work queues with the RevX
- Auditing of system optimization and stakeholder adoption over time

BENEFITS

- RevX will provide a single platform for managers/staff to manage work
- Managers will be able to better manage work across business units, teams, and individuals

- **Start:** Users will begin utilizing single source RevX work queue functionality for managing work
- **Stop:** Users will no longer utilize the current legacy systems (work buckets, Excel spreadsheets ABACUS errors for coding, etc.) for the distribution of work
- **Continue:** Users (i.e., Front Desk/Registration, Coding, etc.) working and resolving patient accounting encounters

- Volume of encounters will increase with new work queues (i.e., claim error, denials, etc.) that do not exist in the current state
- ABACUS will still be used for Outpatient pharmaceutical billing until that capability is available within PharmNet
- Dentrix will be used to process and manage dental claims

KEY CHALLENGES

- Upstream functions (clinical areas, check in, etc.) having new work queues they will be responsible for owning (i.e., denials, claim errors, etc.)
- Upstream functions (clinical areas, check in, etc.) reporting/management of net new workload

BENEFITS

- Single platform that allows encounters to automatically route work items to users/departments for resolution
- Encounters will be automatically identified on an exception basis per client-defined criteria and work item/route them to users/department for resolution

- **Start:** DHA will begin utilizing work item (automatic and manual) functionality to help manage resolution of encounters/work
- **Stop:** DHA will no longer use legacy systems (buckets, excel, etc.) for the distribution and management of staff work
- **Continue:** May require policy on establishing appropriate departments and responsible parties and establishing turnaround time expectations

- All users (business units, teams, and individuals) will need to understand who owns which worklist, and expectations around work item completion timeframes
- Stakeholders will also need to learn how to utilize instant messaging of encounters to users outside of RevX

KEY CHALLENGES

- Short term learning curve of new workflows and management of work queues
- Turnover of supervisors and retaining of knowledge (i.e., stationing and rotation)
- Setting up an auditing program to assist with optimizing productivity and user adoption/learning

BENEFITS

- Managers who own work queues will be able better manage (monitor, re/distribute, report, etc.) work across business functions, teams, and individuals
- Managers who own work queues can view, track, monitor workload, productivity, and accountability

- **Start:** RevX patient accounting supervisors/managers will begin utilizing Supervisor Relationships functionality to manage (monitor, distribute work, etc.) encounter workload
- **Stop:** Using legacy systems (buckets, excel, etc.) for the distribution and management of staff work
- **Continue:** RevX patient accounting supervisors/managers will continue managing workload of team

- The volume of encounters a Manager will have to manage will increase as a result of each encounter type having a distinct work queue including the net new work queues (i.e., claim error work queues) that don't exist in the current state

KEY CHALLENGES

- Streamline the process and timeliness of getting net new reports approved and built within the system
- Training users on best practice to manipulate data within the reports and understanding which reports have desired information

BENEFITS

- Users will have access to more dynamic reporting (e.g., data elements and filters) within RevX

- **Start:** Users will begin to use Millennium Reports and Forms/HealtheAnalytics and Discern Analytics (DA2) to access reports
- **Stop:** Users will stop using legacy systems (e.g., ABACUS) to run reports
- **Continue:** Using reports as needed to help manage business operations

- The volume of work will increase due to having to run reports out of 2 (Millennium Reports and Forms/HealtheAnalytics and Discern Analytics (DA2) to access reports) platforms instead of 1 (ABACUS) and the need to understand where reports are accessed and additional processes to manipulate

RevX Implementation & Workshop

- RevX will be implemented at different times to the DoD enterprise
 - **Category I** includes Naval Hospital Bremerton, Naval Health Clinic Oak Harbor, and all associated clinics of NBHC Puget Sound, NBHC Subbase Bangor, and NHCL Everett. These sites were selected for the following reasons:
 - Among the longest, stabilized users of MHS GENESIS
 - Leaders in pioneering new EHR technologies for the MHS
 - **Category II** includes all other existing MHS GENESIS sites in sustainment or already in-process of wave deployment
 - **Category III** includes all sites where RevX will be deployed simultaneously with MHS GENESIS
- Implementation will follow a similar approach to MHS GENESIS deployment:
 - RevX implementation activities are conducted at MTFs, which includes three basic phases:
 - Pre-implementation data gathering activities
 - Implementation activities
 - Post Go-Live support
 - Major events will occur at medical centers and select MTFs
 - Activities will be conducted both in-person and/or virtually as appropriate

- The DHA Uniform Business Office (UBO) Program Office (PO) participated in 9 separate Rev X Workshops from November 2019 – April 2020 which introduced, built, and validated processes within Cerner Patient Accounting Module (CPAM).
 - Over 140 Cerner workflows reviewed and approved
 - Over 40 data collection workbooks completed
 - Over 175 action items completed

- Topic introduced with demonstration
- Design decisions presented
- DCWs introduced

Introduce

- Approved and validate build
- Approved workflow
- Document issues/changes

Validate

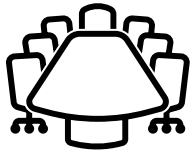
- Ad Hoc meetings scheduled for Workshop overflow

Sessions

- RevX Implementation Workshop prepares MTF Commanders by building awareness of:
 - Revenue Cycle capabilities and the implementation process
 - How Enterprise partners will support you
 - Key roles and how to fill them
 - Importance of early activities and how they build on one another

Early successes following RevX Implementation Workshop:

- Greater confidence among MTF Commanders
- MTF staff members with the right skills and experience have been identified for key roles
- Dramatically higher participation in early deployment activities



Pre-Implementation Questionnaire Review

Implementation Kickoff

Localization Kickoff

Month 1



Current State Workflow Assessment

Electronic Data Interchange (EDI) Enrollment

Month 2



Model System Review Hardware Validation

Training Kickoff Workshop

Month 3



ChargeFest

Claims Testing

Pre Go-Live Kickoff

Super User Training

Month 6-8



End User Training

Sustainment Kickoff Brief

Learning Lab

Sign-On Fair/
Favorites Fair

Mock Go-Live

Cutover

Month 9-11



Go-Live

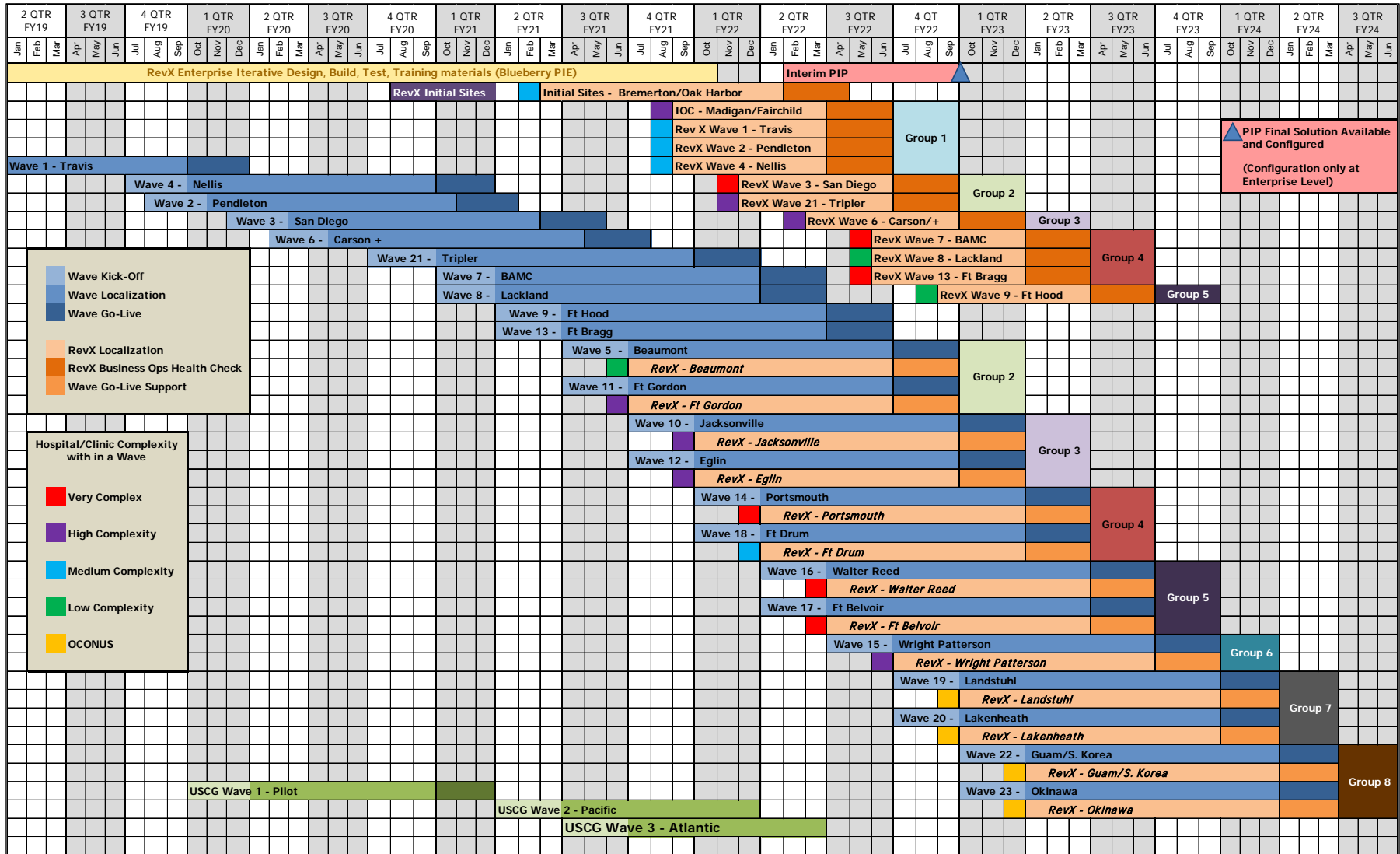
Post Go-Live

Financials Health Check

Month 12+

MTF Responsibilities

- Governance and Project Management
 - Maintain Key Functions Project Team and empower them to fulfill their responsibilities to support the implementation, training, and user adoption
 - Prioritize staff availability and facility space (e.g., meeting space, new equipment delivery, training rooms, etc.)
 - Mitigate schedule conflicts
 - Maintain current project status in Vector using checklist and trackers
 - Host other Active Duty and personnel at your facility for major implementation events and classroom training
- Functional Areas
 - Identify roster of current staff, identify positions/responsibilities, assign MHS GENESIS roles and training
 - Prioritize staff availability to participate in business process workflow activities
 - Complete Data Collection Workbooks to support site-specific configuration
 - Ensure staff meets training requirements
 - Encourage change through continual communications within the MTF about Revenue Cycle Expansion
 - Travel to host facilities for major events



- DoD Solution Handbook
 - <https://www.milsuite.mil/book/community/spaces/mhs-genesis-mtf>
- MHS GENESIS Memorandum of Agreement (MOA)
 - <https://www.milsuite.mil/book/docs/DOC-588175>
- MHS GENESIS Fact Sheet
 - <https://www.milsuite.mil/book/docs/DOC-346052>
- MHS GENESIS Overview
 - <https://www.milsuite.mil/book/groups/mhs-genesis>

Questions?



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