Quality and Productivity Commission

27th Annual Productivity and Quality Awards Program

"Saluting County Excellence"

2013 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: OUTPATIENT FINANCIAL SCREENING PROCESS RE-DESIGN

DATE OF IMPLEMENTATION/ADOPTION: APRIL 2012
(Must have been implemented at least one year - on or before June 30, 2012)

PROJECT STATUS: X Ongoing _____ One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? _____ Yes X No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner

Problem: The average financial screening of patients took approx. 10-20 min prior to their scheduled outpatient visit, which contributed to a high overall outpatient visit cycle time. Patient Financial Services staff was challenged with conducting a thorough financial screening, while the clinical staff was waiting to place the patient in an exam room. This resulted in some patients not receiving a complete financial screening and the patients' payer resource was not correctly identified. Consequently, the lack of information or inaccurate information caused insurance write-offs, due to not obtaining prior authorization. Solution: The financial screening process was re-designed in ambulatory care to improve efficiency and the patient experience. Patients are now pre-screened 2 or 3 days prior to their visit. This involves a comprehensive screening of patients through various online eligibility programs to accurately identify the patients existing resources. Benefits: The registration process is now approx. 3-5 min, thus reducing the registration cycle time by 75%. Due to this re-design, the number of insurance write offs has decreased by 83%, saving the County $333,600. Patient satisfaction has increased from 4.35 (1st quarter 2012) to 4.45 (1st quarter 2013).

(1) ESTIMATED/ACTUAL ANNUAL COST AVOIDANCE	(2) ESTIMATED/ACTUAL ANNUAL COST SAVINGS	(3) ESTIMATED/ACTUAL ANNUAL REVENUE	(1) + (2) + (3) TOTAL ESTIMATED/ACTUAL BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 333,600		$	$ 333,600	

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Patient Financial Services Olive View – UCLA Medical Center 14445 Olive View Drive Sylmar, CA 91342	TELEPHONE NUMBER 818-364-4264
PROGRAM MANAGER'S NAME Lisa Cruz Division Head Outpatient Financial Services	TELEPHONE NUMBER 818-364-4265 EMAIL lcruz@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo — DATE 6/21/13	TELEPHONE NUMBER (213) 240-8104 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Mitchell H. Katz, MD — DATE 6/21/13	TELEPHONE NUMBER (213) 240-8101

We Support Plain Language

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FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project, written in plain language. Include a discussion of the technology and linkage to the County Strategic Plan. The description should identify Performance Measures.

LINKAGE TO THE COUNTY STRATEGIC PLAN (DETAIL IS REQUIRED FOR COUNTY DEPARTMENTS): **OPERATIONAL EFFECTIVENESS**

Olive View-UCLA Medical Center is actively implementing continuous process improvement initiatives/projects in pursuit of operational effectiveness to ensure the well-being and long-term sustainability of our hospital. Our hospital objectives are to eliminate waste/obsolete operations, decrease/eliminate inefficiencies and identify additional revenue generating opportunities – all to improve the patient experience. Our re-designed outpatient financial screening process has decreased the registration process time to approximately 3-5 minutes (75%). The improved process drastically decreased the number of insurance write offs due to not obtaining prior authorization from the appropriate insurance carrier by 83%, saving the County $333,600 (in lost revenue). Our patient satisfaction for the financial screening and registration has increased from 4.35 (1st quarter 2012) to 4.45 (1st quarter 2013).

CHALLENGE

- Adapting to a new process
- Refining the process
- Employee commitment
- Inadequate staffing

SOLUTION

- Creating a process that enabled the financial screening of patients prior to their scheduled visit, ensuring that all scheduled patients with existing resources where identified.
- Enhancing our methods of obtaining accurate resource identification through various eligibility systems such as: Provider Advantage (270/271), Patient Management System (PMS), Revenue 360, Online Websites for Medical, LA Care and Med-POINT.
- Informing our staff of the importance of reducing the overall patient cycle time, thus improving the patient experience.
- Expediting the log-in process and reducing the amount of incorrectly coded accounts.
- The division created a float pool that concentrated on pre-screening patients 2-3 days prior to the scheduled appointment.

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BENEFITS

- Reducing the average registration log-in time from approximately 10-20 minutes down to approximately 3-5 minutes, which resulted in a 75% decrease in the registration time.
- Eliminating patient lines for check in.
- Patients being placed into exam rooms faster and reducing the overall patient visit cycle time.
- Correctly identifying patient paying resources prior to visit, thus reducing the amount of patients being seen within the clinics, who are assigned to another Managed Care Home.
- Increasing overall patient satisfaction.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation.

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

(1) ACTUAL/ESTIMATED **ANNUAL** COST AVOIDANCE	(2) ACTUAL/ESTIMATED **ANNUAL** COST SAVINGS	(3) ACTUAL/ESTIMATED **ANNUAL** REVENUE	(1) + (2) + (3) TOTAL **ANNUAL** ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
$ 333,600	**$**	**$**	**$ 333,600**	☐

ANNUAL= 12 MONTHS ONLY

The number of insurance write offs due to not obtaining prior authorization from the appropriate insurance carrier was 316 in FY 2011/2012. By FY 2012/2013, after the outpatient financial screening process redesign was implemented, the number of insurance write offs decreased to 55. Comparing both FY data, there was an estimated reduction of insurance write offs of 83% ((55x100)/316) from FY 2011/2012 to FY 2012/2013. The 83% reduction is estimated to have a $333,600 value of cost avoidance for the County.

Fiscal Year 2011/2012

Total Number of Accounts
Without Prior Authorization = 316
Amount of Revenue Lost = $398,605

Fiscal Year 2012/2013

Estimated Number of Accounts
Without Prior Authorization = 55
Estimated Amount of Revenue Lost = $60,005

Estimated

FY 2011/2012 =	$398,605
FY 2012/2013 =	$(60,005)
Estimated Savings	$333,600