

Strategic Planning: Sound Physicians Revenue Cycle Process Improvement

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ENLC 557: Strategic Planning and Management

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April 19, 2022

Set the Stage

Sound Physicians is a managed healthcare provider with facilities across the United States. They have been in business for over 20 years and partner with hospitals and clinics to provide coding and billing services for the local communities. They currently manage Emergency Medicine, Hospital Medicine, Critical Care, Anesthesia, Physician Advisory Services, and Telemedicine services. Sound Physicians was founded by Rob Bessler, MD in 2001. He has a vision for the organization to be the leader for improving the quality of healthcare and reducing the costs of healthcare for patients. Jess Parks is the Chief Strategy Officer and focuses on strategy, Sound Physicians Culture, innovation of the company and leading technology to improve the experience and outcomes for all patients, providers, and partners (Sound Physicians, 2021d).

Sound Physicians vision is “to be the unmatched leader in improving quality and reducing the cost of healthcare for patients in the communities we serve” (Sound Physicians, 2021a). Using their core values of Quality, Service, Teamwork, Innovation, and Integrity to support their mission to “measurably improve quality, satisfaction, and financial performance of healthcare delivery through exceptional patient care, deep investments in our people, and performance management expertise, as well as complete alignment with our partners” (Sound Physicians, 2021a). Sound Physicians works toward an overall goal of improvement for all.

There are several departments with Sound Physicians – Paul Merrild, The Chief Growth Officer, leads the team responsible for creating new partnerships with hospitals and clinics, Mark Rudolph, MD< SFHM, The Chief Experienter officer, has a team dedicated to ensuring that providers can have a “sustainable and enriching professional career” (Sound Physicians, 2021d). Kelly Searle is responsible for the Revenue Cycle team, with one of the smaller departments within Revenue Cycle being responsible

for maintaining coding, reviewing for denials, and managing the flow of documentation for payors and several other daily tasks. This small team consists of the Vice President of Revenue Cycle, Ann Trail, Director – Ingdia Holt, Supervisor – Amanda Curry, seven coders, and six coder support staff.

The Revenue Cycle management team has decided to review processes within the coding and support teams and make changes to help the team become more efficient and better able to maintain the volume of work they have. Although Kelly Searle and Ann Trail have the final sign off on any process improvements. Ingdia Holt and Amanda Curry are responsible for making sure changes are implemented and following up with the coders and support team to see if the new processes are working and what changes within a new process could be implemented to make the process more efficient. The coders and support team are responsible for reviewing the process improvement documentation, implementing the new workflow, and providing feedback on what works well and what does not for management so that a re-review of the process can take place.

Ideally, the timeframe to start implementing new processes would be within 4 weeks. We have access to internal documents on the current process, as well as access to the current staff of coders and support team to see what changes they have personally made to processes to make the process more efficient for themselves. We will review any changes to see if they are more efficient for the overall team. The first process we will be reviewing is their manual records request process. The mandates within the process require that coders and support staff fax request to facilities for records and demographics that they are unable to find in the Electronic Medical Record (EMR) or in some cases they do not have access to an EMR. The entirety of the process will need to be reviewed which includes identifying what records need to be requested, reviewing the information on the facility side to send requests to, determining where to find the resources and evaluating if they are effective resources, receiving records, following up upon receipt, and closing the loop on the request.

Doing Your Homework

The revenue cycle department has been going through growing pains as the coding and support team areas have re-focused over the last 3 years. The department has transitioned from coding records and supporting the coders with admission into the coding system, to handling more of the back-end processes of revenue cycle. This change is a result of the company transitioning to provider-based coding. New tasks include handling medical record requests from payers, reviewing charges for medical necessity denials, reviewing codes for inclusion on the fee schedule, doing high and low-level reviews for missing charges, and higher-level responses to providers with questions in coding and compliance. Unfortunately, within the transition from coders to revenue cycle many processes have had to be enacted “on the fly” and need to be revised to go from being “good enough” to effective and efficient. Growing pains have also included a new third party biller that was not initially designed for the overall scope of the work encompassed by Sound Physicians.

Upon review of the manual records request process for the revenue cycle team I first looked at the history of the team submitting the manual requests to facilities. One team member initially handled all manual requests for the department. This person did research on each facility that she needed to send requests to, gathering fax number information and preferred modes of receiving request (i.e., email, fax, postal) and created a spreadsheet with this information. The process involved using a spreadsheet with a word document cover letter that could be edited. Responses were slow intermittent and more charges were written off as documentation was not received or did not reach the person fulfilling the request. When that person left the company, the onus for manual requests fell to everyone with basic instructions on where to find the cover letters and spreadsheet. Again, responses were intermittent, and follow-up could take weeks before requests were resent. A new person was hired to

handle manual requests, and after a very short period, that person transitioned to new tasks as the perception was that none of the work was being taken care of, and manual requests were again put back on the team.

There was more instruction given with the addition of a Smartsheet spreadsheet to track facility information such as medical record request fax number, demographic request fax number, facility side point of contact, facility physical and mailing addresses. Upon review, there is still a disparity in how each person manages and follows up on manual requests. Some people use the spreadsheet for patient information and others create a table on the cover letter to input the patient information. Not everyone tracks what project the request originated from and what the follow up date should be, so a disparity exists for follow up on manual requests. Not following up on manual requests causes a back log as manual requests are only followed up on when they are stumbled on the spreadsheet.

Overall, the coding and support team is a strong team. However, there are differences in the efficiency of the team members. One team member may have a strong process for the creation, sending, and follow-up of manual requests, whereas another team member struggles with all aspects. One of the weaknesses is information being shared between team members. Each member tends to create their own internal organization process and information may be shared here and there, but it is not shared at a team level. There should be a standardized process for creation, sending, and follow up of manual records requests. Another weakness is how information is presented to the team. Either information presented is disjointed and not completely detailed which causes confusion. Alternatively, the information is overly detailed, but clear and concise documentation does not exist outside of hastily taken notes to provide a framework for reference after the meeting.

Areas for growth would include reviewing the team members excelling in the process and what their personal practices are to review for items that could be rolled out to the team to help improve

overall efficiency of the team. No overt threats exist to the revenue cycle department from outside sources; the internal threat is remaining stagnant and not reviewing processes. To move forward team members should include a review of all processes to maximize efficiency, remove dead processes, and provide documentation on all processes to facilitate the improvement in efficiency.

Table 1

SWAT Analysis

	Internal	External
Positive	The team knows which sites require manual requests and for the most part where to find the information,	Send more concise requests for records that contain accurate information
Negative	A disparity exists in follow-up on manual requests, and resolution of the request. There is also a disparity on gathering the information needed to send the manual requests.	No external threats – internal threats would be to remain stagnant and not review processes

Describe Your Culture

As I stated previously Sound Physicians as a very direct mission and vision when it comes to providing the best possible care for patients. Their vision “is to be the unmatched leader in improving quality and reducing the cost of healthcare for patients in the communities we serve” (Sound Physicians, 2021a). With a mission to “measurably improve quality, satisfaction, and financial performance of healthcare delivery through exceptional patient care, deep investments in our people, an performance management expertise, as well as complete alignment with our partners” (Sound Physicians, 2021a), they are able to use their core values of quality, service, teamwork, innovation and integrity (Sound Physicians, 2021a) to work with facility partners to accomplish their vision and mission.

Being a leader means being aware of current and forecasting trends in healthcare, such as mandatory payment bundles. Sound physicians has several years of trial and error with episodic

payment models (Sound Physicians, 2021b). They created a video to help other companies get up to speed so that they can create the focus of their key outcomes, empower their providers to take ownership of the entire patient episode, and obtain dependable outcomes both clinical and financial (Sound Physicians, 2021b). Part of creating the key outcomes, also includes working with insurance payers such as Medicare Advantage programs on Bundled Payments for Care Improvement (BCPI) and Bundled Payments for Care Improvement Advanced (BCPIA) initiatives (Sound Physicians, 2021c).

In addition to being a leader for cost initiatives to help patients and payers. Sound Physicians also strives to be a leader in how their people are taken care of. The Chief People Officer, Annie Fowler, is “responsible for the wellbeing of Sound’s colleagues and the impact of culture on our strategy and operations” (Sound Physicians, 2021d). With this focus she works with people support to assist employees – creating a wellbeing program called Sound Strong. Sound Strong is an employee funded employee assistance program that works towards well-being within the Sound community offering financial assistance for employees going through a hardship (Sound Physicians, 2021e).

Identify Your Strategic Area

Although there are several processes that the revenue cycle team needs to address the top three areas of opportunity within the processes are their manual request process, missed billing process, and pre-discharge process. These three processes, although, seemingly different, do feed into each other and have a direct impact on the teams’ overall efficiency and the revenue affected. Working from a mindset that each time a charge is touched, the company is losing revenue, means that if we can reduce the amount of time the team has to manage a charge, we can increase the team’s efficiency and increase the overall reimbursement obtained by the organization.

The current pre-discharge process involves reviewing charges while the patient is still admitted to the hospital and releasing billable charges to the third-party biller to start the claims process. The team can hold charges in the back-end system, however, the way the front-end system was created

does not allow for editing once charges are released to the biller. As new charges are added, they remain able to be edited. However, providers may need to go back and add additional charges on a date of service that has been released, this prompts an email being sent to the team's billing help email and another "touch" by the team to resolve the additional charges that need to be added or adjusted. If this change cannot be done via the back-end system, the team has been instructed to fill out a billing correction spreadsheet that is sent to the third-party biller at the end of the work week. The third-party biller then edits the charge and refiles as needed.

If the site coordinator has already entered a pending charge for a provider for a date of service that is released to the biller, the providers can enter a one-time charge into the front end system; however, what generally happens is that the providers skip adding the charge and that pending charge is caught during the missed billing process the team has to review for cases where a provider has not billed for a billable service. At this time, the team does not routinely review for missed billing unless instructed and because some electronic medical record (EMR) systems archive documentation after a certain timeframe (usually 90 days), the team must request the documentation be faxed for review. This feeds into the manual request process.

Currently, a revision for the predischarge process and missed billing process is being reviewed so we are focusing on the manual request process because manual request have a direct impact on reimbursement received by the organization. The critical nature of reviewing this process is due to money being involved. If the requests are not sent and followed up on appropriately, then that is revenue that is lost to the company and the providers are giving away free services. The process needs to be reviewed and changed based on feedback from facility stakeholders. Being as the revenue cycle department created the initial manual request process they are also in control of the process and can revise it as needed.

Strategies and Action Steps

Strategic Area Number One: Predischarge

Strategy: Review Predischarge Process to Make Improvement

Action Step 1: Revenue Cycle manager should review the process for reviewing patients still admitted to the facility and releasing billable charges. This review should also take into consideration the front-end of the process where charges become uneditable.

Action Step 2: Upper management should review with IT to see if there can be an application update between Sound Connect (front-end billing system) and CCIS (back-end billing system) that will allow specific charges to be released in CCIS and have the remaining charges still be available for editing in Sound Connect.

Action Step 3: Dependent upon the review with IT, if there can be an application update then no further steps need to be taken. If an application update cannot be done, a further review of the predischarge process and further delineation of the times to release charges should be considered. These reviews should be done no later than May 2022.

Predischarge is an area that affects other processes. Effective management of predischarge can result in overworking and extra work. Care should be taken to ensure that the company's needs are being met along with allowing for the process to flow smoother from an end-user point of view.

Reviewing for an application update to allow specific charges to remain editable in Sound Connect will reduce the number of billing corrections the team needs to create due to uneditable charges. Updating the predischarge process should help with reducing the need to review for missed billing.

Strategic Area Number Two: Missed Billing

Strategy: Increase Effectiveness of the Missed Billing Process

Action Step 1: Ingida and Amanda should review the overall process for missed billing process for effectiveness, team member engagement, and overall ease of the process regarding creation of spreadsheets and maintaining spreadsheets. Review of high performing team members should be done to gather their best practices to be integrated into a revised process.

Action Step 2: Management should create guidelines for how often team members review for missed billing so that they are aware of the need. They should add in how much revenue was received from the previous year using the process.

Action Step 3: Management should roll out a guideline to facilities to ensure that providers are entering all charges, review the one-time charge function with providers. The a review should be done to ensure that site coordinators are aware to review for pending charges and how to change pending charges to no charges for dates of service in the middle of the stay that the providers did not see patients.

Reviewing for missed billing allows the company to capture revenue that might otherwise be lost; however, there are a lot of pending charges captured in the reporting process. Reviewing with the site coordinators the process to review for pending charges and the procedures for adding no charges to reduce the number of invalid pending charges needing to be reviewed by coders is beneficial. Less time needed by team members to review for missed billing allows them to focus on true missing charges or other work.

Strategic Area 3: Manual Request Process

Strategy: Improve the Overall Process and Allow for Better Follow-up by Team Members

Action Step 1: Management should conduct a high-level review of the overall process by speaking with each team member to determine their understanding of the process, ability to follow-up effectively, and best practices.

Action Step 2: Management should review the resources available to team members; are they easily found, effective, and utilized effectively.

Action Step 3: Updated guidelines for manual requests with links to resources such as the shared drive, smartsheet and tracking spreadsheet should be published to team members by the end of May 2022. Management should host a mandatory team meeting to go over the process from start to finish to ensure that all team members understand the updated process.

Manual requests for medical records affect several areas that the team works, including missed billing, medical record requests, and medical necessity reviews. Effective and efficient handling of manual requests allows for quick review by team members and works to increase the overall reimbursement to the company and better patient satisfaction because they do not receive bills for services that should be paid by the insurance company.

Vision Statement

Although Sound Physicians has a clear vision statement “to be the unmatched leader in improving quality and reducing the cost of healthcare for patients in the communities we serve” (Sound Physicians, 2021a), the Revenue Cycle department does not have a clear vision statement or a clear direction to guide the employees. My vision statement for Revenue Cycle is as follows:

We strive to handle all aspects of the life of a patients claim accurately and efficiently – creation through resolution, keeping in mind that what we do impacts another persons life. We will work together to create innovative solutions to help increase our efficiency and accuracy, and share those with others so that they in turn can be efficient. Our goal is to ensure that all aspects of a claim are handled the first time we see the information to increase claim resolution time so that we can take on additional tasks suited for our team.

Looking into the future the Revenue Cycle departments wants to be able to merge other responsibilities for the company into their workflow. Improving the current efficiency and accuracy will allow the team to be able to better merge those responsibilities and adjust their workflow for the new tasks with minimal disruption to original responsibilities. Redefining processes and streamlining them will help the team to better manage their workflow, increase efficiency, and allow them to become the go-to team for the company when there are new opportunities available.

Hold Yourself Accountable

Revenue cycle can increase the overall effectiveness and efficiency of the team. By following the action plan listed below this can be more than an opportunity and become a reality.

Table 2

Strategic Action Steps: Predischarge Process

Objective: Predischarge			
Action Item 1	Review overall process for patient in predischarge		
Action Item 2	Review with process in Soundconnect with IT		
Action Item 3	Re-review process based on information from IT and submit revised process		
Responsible Team Members			
Ingida Holt	Director	Oversite of overall project	
Amanda Curry	Supervisor	Project review	
Application Engineer	Lead Application Engineer in charge of Sound Connect	Application update determination	
Timeline			
	Start	Review	Continuing
First Review	April 2021	May 2021	Initial Review Complete
Review with IT	June 2021	July 2021	It Review complete

Re-Review	July 2021	August 2021	Review as needed
Outcome Measures			
First Review	Determine viability of process	Determine impact of billing corrections required by current process	
Review with IT	Determine if application update can be processed	Determine timeframe for application update to be done if able	
Re-Review	If application update can be done, review process for efficiency across team members	If application update cannot be done, review process for effectiveness of overall process and make decision on continuing or revising	

Table 2

Strategic Action Plan: Increase Effectiveness of Missed Billing Process

Objective: Increase effectiveness of the missed billing process			
Action Item 1	Review overall process for missed billing to determine effectiveness and efficiency		
Action Item 2	Create Guidelines for timeliness of review and timeframes to have reviews completed		
Action Item 3	Guidelines given to providers for entering charges with review of one-time charge entry function	Ensure site coordinators are aware to review for pending charges and how to change pending charges to no charges if applicable	
Responsible Team Members			
Ingida Holt	Director	Oversite of overall project	
Amanda Curry	Supervisor	Review of Project, discussion with Team	
Thea Peters	Team Member	Review with supervisor for best practices	
James Waggoner	Team Member	Review with supervisor for best practices	
Timeline			
	Start	Review	Continuing
Process Review	May 2021	June 2021	Re-review as needed
Guideline creation for Team	June 2021	July 2021	Update to guidelines as needed
Guidelines creation for providers	June 2021	July 2021	Updated to guidelines as needed
Outcome Measures			
Process review	Better timeliness in capturing missed charges	Easier/more effective creation of review spreadsheet	Better management by team members of review spreadsheet for manager review as needed
Team Guidelines	Engagement by team members in process	Increased team efficiency	

Provider Guidelines	Engagement by providers in completing billing	Fewer missed charges requiring review for capture

Table 3

Strategic Action Plan: Increase Efficiency and Effectiveness of the Manual Request Process

Objective: Increase efficiency and effectiveness of manual request process			
Action Item 1	High-level review of overall process	Determine team members understanding of process	
Action Item 2	Review of resources and location of resources for each of access and use		
Action Item 3	Update guidelines for manual request process	Review updated guidelines with team and available resources	
Responsible Parties			
Ingdia Holt	Director	Oversite of overall project	
Amanda Curry	Supervisor	Management of project, review with team members	
Thea Peters	Team member	Review with supervisor for best practices	
James Waggoner	Team member	Review with supervisor for best practices	
Timeline			
	Start	Review	Continuing
High-level review	May 2021	June 2021	Review as needed based on feedback
Review of resources	June 2021	July 2021	Review as new resources added
Update Guidelines	July 2021	August 2021	As information changes update guidelines as needed
Outcome Measures			
High-level review	Gain understanding of current process	Gain understanding of team members' understanding of current process	
Review of resources and location	Determine if resources are readily available to all team members	Determine if resources are being utilized effectively	

References

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