



High level results

- 100% improvement in claim accuracy during ICD-10 transition
- Improved oversight on both central and facility-billed locations
- Returned to pre-ICD-10 collection rates within two months
- Centralized Texas Medicaid billing in one weekend

Large Skilled Nursing Organization Improves Revenue Cycle with American HealthTech

Preferred Care Partners Management Group centralizes its business office and improves its revenue cycle performance using solutions from American HealthTech

BACKGROUND

The search for a quality revenue cycle management (RCM) solution for your skilled nursing organization is not one to be taken lightly, especially when your facilities span multiple states. After two years of searching, Suzi Miers, Manager of Central Billing for Plano, Texas-based Preferred Care Partners Management Group, said they were unable to find a solution that met all of their needs.

“There was nothing that was worth the pain of a transition for an organization this size,” said Miers. “At the end of the day, I thought it will take a full year for us to be completely implemented. You need to have a really good product to want to make that move.”

Preferred Care Partners Management Group, an American HealthTech client, discovered that the solution to their problem was at their fingertips with the AHT Revenue Cycle Management solution, powered by Rycan. “I will say that we liked the stand-alone Rycan product a lot, but knowing some of these

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revenue cycle solutions are integrated – with more integration on the way – is great,” Miars said. “We’re really looking forward to a revenue cycle system that is completely integrated with the rest of our EHR.”

CHALLENGES

Managing more than 100 locations spanning multiple states, a large organization like Preferred Care Partners needed their RCM solution to feature speed and accuracy to ensure a steady revenue flow. For Preferred Care Partners, neither aspect was found in their existing system.

“It was very, very slow. Also, the edits were just terrible,” said Miars. “The way things were set up in the system just did not work very well.”

Transitioning so many locations is a logistical problem in its own right. Factor in a very small staff and it’s easy to see why Preferred Care Partners didn’t take changing RCM vendors lightly.

“We’re a very, very large organization,” Miars said. “And we had me – one person – that was in charge of doing all the implementation, the setups and enrollments, in order to move all of our payers and facilities into Rycan.”

SOLUTION

Preferred Care Partners wanted to improve their revenue cycle management with a more powerful solution that would allow them to simplify their

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claims process. They also needed a partner that would support them in a smooth transition and create the least amount of downtime. American HealthTech, powered by Ryca, was the answer.

Miars wanted to be able to make the move quickly, but wanted to do it right. “Our number one goal was getting out of our existing contract, so we decided to first focus on the payers that were in our current system,” Miars said. “We had a very short time to do that.”

Some of the reasons Preferred Care Partners selected Ryca included:

- Claim processing speed
- The accuracy of claim edits and content
- The ability to submit claims electronically to all payers
- Comprehensive data mining and reporting capabilities
- Integration with the American HealthTech EHR

RESULTS

“The difference between where we were before and where we are today is completely night and day,” raved Miars. “With our other software, a claim would go through even if it was clearly missing important information. For example, we had a claim that actually passed the editing process that didn’t even have a patient name. The response from the vendor was “the payer did not list patient name as a required field.” The level of review that the American HealthTech solution offers makes a tremendous difference.”

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Implementing a new system at any level can be a painful experience. For Preferred Care Partners, the first step turned out to be much easier than expected. “The enrollment system is amazing. I love it,” said Mears. “The only thing that slowed down the enrollment process is that there was just one of me!”

Preferred Care Partners experienced the American HealthTech difference almost from the beginning. Shortly after implementation began, ICD-10 came into play, allowing some comparisons between the two systems. “We simultaneously had some buildings still in the old system, so we were able to compare system performance side-by-side,” said Mears. “With the level of editing we were getting through American HealthTech as compared to our old system, we estimate that our overall collections would have only been about 50-percent had we only been using our old system at that point.”

For Mears, seeing how quickly cash collections rebounded after the transition to ICD-10 reinforced what attracted them to the American HealthTech RCM solution. “ICD-10 went into effect in October, and our goal for December was to be at 99-percent cash collections,” Mears said. “After a predictable dip in October and November, we bounced complete back to 99% in December. We’re back up to where we needed to be, exactly when we thought we’d be there, thanks to our new RCM solution.”

Preferred Care Partners also experienced some unexpected benefits transitioning their RCM solution, mainly the ability to better oversee all

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of their locations and centralize a portion of their billing. “When we originally began planning our implementation, we had no plans to centralize any additional billing,” said Miars. “However, after using it for just a month, we decided that we had a big problem with Texas MCO. And each of our facilities was billing for it on their own.”

“We sent an email out to the office managers on a Friday and told them not to bill their Medicare the next day because we were going to do it here in the central office. And we did. We billed all of it, and since then we’ve continued billing it. Just that little change in process has really improved our collections.”

This experience has led Preferred to consider future centralization, and has improved their ability to see what is happening at the various locations. “Even though we had no plans early on to centralize more, the ease with which we can now manage our revenue cycle has inevitably resulted in a more centralized business office. And I foresee more coming. American HealthTech makes it very easy,” Miars said. “And the oversight is so much easier now. When our billers were submitting directly to the MCOs, we would have no idea if, for instance, one building didn’t bill this month or another building had all their claims rejected. Now we are able to see these things.”

While Miars has been more than pleased with the American HealthTech RCM solution, the fact that her staff has been able to quickly and easily adapt to the system is an even bigger win. “I’m very familiar with edits. At the end of the day, our normal users are

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not,” said Mears. “The edits are written in terms that are easy for anyone to understand, and that in itself has made a tremendous difference. It’s very rare that I have to help them with edits anymore.”

LOOKING AHEAD

The implementation process continues for Preferred Care Partners and Mears continues to receive exactly what she needs from American HealthTech. “Even though we are not completely implemented with all payers, we are at least implemented with every type of payer already,” Mears said. “Straight Medicaid, Managed Medicaid, Insurance, and Medicare: we bill these payers across the board and haven’t had an issue yet. Every single question that I’ve asked, they’ve been able to answer. We’re definitely a stronger organization today than we were a year ago.”

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