Agenda

* About MUSC
* Why Epic?
* Planning, Implementation, and Go Live
* Results
* Wins and Challenges
About MUSC

Since its founding in 1824, the Medical University of South Carolina (MUSC) has grown into one of the nation’s preeminent academic health science centers, with a nationally recognized clinical enterprise, MUSC Health, and six colleges that train approximately 2,600 health care professionals each year.
MUSC Health

* MUSC Health represents the clinical enterprise, serving nearly one million patients annually throughout the state, nation and world. MUSC Health is comprised of:
  * MUSC Medical Center
  * MUSC Physicians
  * MUSC College of Medicine
MUSC Health Overview

- Employees 7,000
- Physicians 750
- Nurses 2,400
- Inpatient visits 36,114
- Observations 5,629
- Emergency department visits 66,736
- Ambulatory surgeries 3,693
- Outpatient visits 1,205,066
- Off-campus care settings 120
- 709 beds between four inpatient facilities including the Main hospital, Ashley River Tower, Children's Hospital and Institute of Psychiatry
- Clinical trial studies 581 actively enrolling
- Operating budget $1.1 Billion
A New Way of Thinking, Integration!
Why Integration, Why Now?

- Prepare for future state of healthcare delivery & reimbursement
- Pay for performance
- Enhance patient satisfaction
- Pursue best practices
- Implement Epic with “back office” SBO
- Gain economies of scale
- Reallocate resources
- Increase efficiency & effectiveness
- Decrease costs
- Provide a framework for growing our employees
HOW?
Timeline for Enterprise Go - Live

August – September 2012
  Phases 0 & 1: Discovery and Planning

October – November 2012
  Phase 2: Workflow validation

December 2012 – August 2013
  Phase 3: System Build and Preparation

September 2013 – June 2014
  Phase 4: Testing and Training

July 2014 – August 2014
  Phase 5: Go-Live / Support
Planning

- Identify Team Members and Governance Structure
- Work the “Bolt On” List
- Track Current State KPIs
- Current state workflow mapping
ARCR Team Structure

Access and Revenue Cycle Readiness (ARCR) Steering Committee

Access and Revenue Cycle Readiness (ARCR)

Epic Revenue Cycle Operations Oversight Committee

Admit Data Transfer
Epic ADT

- Nancy Hendry
  Bed Planning
- Sherry Falin
  Case Management & Utilization Review
- Nancy Hendry
  Environmental Services
- Kathy Ragusa
  Patient Access
- Dan O'Donnell
  ADT

  Admissions, ED Registration, UR, Bed Management

Cadence
Epic Scheduling

- Bambi Miller
  Front-End Registration
- Bambi Miller
  Referrals & Pre-Certification
- Carrie Weston
  Scheduling

  Check-in/out, POS Collections, Referral and Pre-Cert Management, Registration

Health Information Management
Epic HIM

- Christine Lewis
  Coding
- Greg Bellamy
  HIM Hospital

  Hospital Coding, Release of Information, Deficiency Tracking

Resolute Hospital Billing (Epic HB)
Single Business Office (Epic SBO)

- Tom Schueler
  Billing/Claims
- Steve Hargrett
  Finance
- Tom Schueler
  Insurance Follow-Up
- Gail Scarboro-Hritz
  Shannon Ravenel
  Overall Revenue Cycle
- Sherry Smith
  Payment Posting

  Insurance Payments, Guarantor Payments, 3rd Party, Self-Pay Follow-Up & Collections

Resolute Professional Billing
Epic PB

- Angie Malphrus
  Charge Capture
- Mike Keels
  Finance
- Becky Walker
  Insurance Follow-Up
- Gail Scarboro-Hritz
  Shannon Ravenel
  Overall Revenue Cycle
- Jackie Doscher
  Payment Application
- Barbara Baxter
  Claims

  Insurance Payments, 3rd Party Follow-Up, CRC, Self-Pay Follow-Up

ARCRTeam11/4/2013
Access and Revenue Cycle Readiness (ARCR):

- **ARCR Team Member Responsibilities:**
  
  - Subject Matter Experts
  - Install decisions relative to their areas
  - Readiness Profile Ownership
  - Pre-live Risk Mitigation Planning
  - Functional Testing Lead
  - Review Training Materials
  - Create and/or Modify Policies
  - Post-live Management
Planning

* Identify Team Members and Governance Structure

* **Work the “Bolt On” List**

* Track Current State KPIs

* Current state workflow mapping
## “Bolt On” List

<table>
<thead>
<tr>
<th>Category</th>
<th>Function</th>
<th>Status</th>
<th>Operations Owner</th>
<th>KEANE</th>
<th>GE-Centricity</th>
<th>EPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBO Customer Service</td>
<td>Collections</td>
<td>Active</td>
<td>Holmes/Fletcher</td>
<td>VS Access</td>
<td></td>
<td>Epic</td>
</tr>
<tr>
<td>Legacy Payments</td>
<td>Patient Portal Payments</td>
<td>Active</td>
<td>Rosenthal</td>
<td>Compass</td>
<td>Compass</td>
<td>Epic</td>
</tr>
<tr>
<td>HB Billing/CDM</td>
<td>CDM management</td>
<td>Active</td>
<td>Rosenthal/Greger</td>
<td>CraneWare</td>
<td>Chargemaster Toolkit</td>
<td>Inhouse Developed</td>
</tr>
<tr>
<td>PR Financial Services</td>
<td>Price Estimates and Variance Reporting</td>
<td>Pending</td>
<td>Fletcher</td>
<td>CraneWare</td>
<td>Inhouse Developed</td>
<td>Epic</td>
</tr>
</tbody>
</table>

Vendor:
- Holmes/Fletcher
- Rosenthal
- CraneWare
- Inhouse Developed
- Epic
- GE-Centricity
- Compass
- Chargemaster Toolkit
- ChargeMaster & Estimator
Planning

* Identify Team Members and Governance Structure
* Work the “Bolt On” List
* Track Current State KPIs
* Current state workflow mapping
Implementation

- Charge Testing
- Parallel Revenue Cycle Testing
- Operational Testing Days
- Revenue Reconciliation Workshops
- Legacy AR workdown
Charge Testing

* Each individual charge was triggered and validated for accuracy
  * Cost center assignment
  * Modifiers
  * CPT code
  * Price
Implementation

* Charge Testing
* Parallel Revenue Cycle Testing
* Operational Testing Days
* Revenue Reconciliation Workshops
* Legacy AR workdown
Parallel Revenue Cycle Testing

* 50 physician and hospital claims recreated from scheduling/admission to clearinghouse

* 6 month timeline
  * Preparation (2 months) – determining appropriate scenarios
  * Testing (4 months) – test until it’s right!

* Operational owned testing
Implementation

- Charge Testing
- Parallel Revenue Cycle Testing
- Operational Testing Days
- Revenue Reconciliation Workshops
- Legacy AR workdown
Implementation

* Charge Testing
* Parallel Revenue Cycle Testing
* Operational Testing Days
* Revenue Reconciliation Workshops
* Legacy AR workdown
Revenue Reconciliation Workshops

- “Road Shows” to clinical town halls
  - Charging is be triggered by clinicians via Epic through documentation and charge capture. Charges will flow real time to Epic’s billing systems.
  - Clinical teams are be responsible for reviewing department specific revenue reports daily for accuracy based on census or daily appointments.
  - Success in Charging was through accountability with our clinical teams and was a MUST that it be owned by them.
Revenue Reconciliation Workshops

- Revenue Integrity held mandatory hands on revenue reconciliation workshops for all nurse managers and business managers
- Hands on help to set up and run reconciliation reports within Epic
Implementation

* Charge Testing
* Parallel Revenue Cycle Testing
* Operational Testing Days
* Revenue Reconciliation Workshops
* Legacy AR workdown
Began 9 months prior to Go-Live

Vendor: PWC worked out of VBO

Goal for AR to be cleaned up and outsourced so internal staff could focus on Epic training and go live
Go Live

- Command Center
- Revenue Reconciliation Meetings
- Revenue Cycle Engagement
Command Center

* Revenue Cycle Operational Support in Epic Command Center
  * 24/7 support

* Charging Command Center
  * Revenue Integrity staffed 7 days a week
  * Access for clinicians to ask questions about reconciliation and charging
Go Live

- Command Center
- Revenue Reconciliation Meetings
- Revenue Cycle Engagement
Revenue Reconciliation

- Daily meetings held with department administrators, nurse managers, business managers to review revenue by cost center
- Cost centers with largest variances were expected to report on why
Go Live

* Command Center

* Revenue Reconciliation Meetings

* Revenue Cycle Engagement
Revenue Cycle leaders met daily to review Epic dashboard to identify bottlenecks and workflow issues.
Revenue Cycle Leaders met weekly with Epic to review Epic’s Graph Package for KPI monitoring and trends both positive and negative.
Results

- Epic Predictions
- MUSC Results
# Epic Prediction

## Impact to Cash (Peak)

<table>
<thead>
<tr>
<th>Top Performers</th>
<th>HB</th>
<th>PB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Point - Cumulative % of Baseline</td>
<td>89%</td>
<td>95%</td>
</tr>
<tr>
<td>Timing of Low Point</td>
<td>2-3 months</td>
<td>2 months</td>
</tr>
<tr>
<td></td>
<td>post-live</td>
<td>post-live</td>
</tr>
<tr>
<td>Timing of Epic Payments @ 100% of Baseline</td>
<td>4-5 months</td>
<td>4-5 months</td>
</tr>
<tr>
<td></td>
<td>post-live</td>
<td>post-live</td>
</tr>
</tbody>
</table>

| Across Customer Average                             |             |             |
| Low Point - Cumulative % of Baseline                | 85%         | 90%         |
| Timing of Low Point                                 | 3-4 months  | 3-4 months  |
|                                                      | post-live   | post-live   |
| Timing of Epic Payments @ 100% of Baseline          | 5 months    | 6-7 months  |
|                                                      | post-live   | post-live   |
MUSC Results

- Back to charging baselines within a week
- Cash above baseline in less than 3 months
- Top performer in coding days, claim edit days, and candidate for billing
## MUSC Results

<table>
<thead>
<tr>
<th>Metric</th>
<th>MUHA Results</th>
<th>Epic Guardrails</th>
<th>Epic Best Performer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumulative Charges</td>
<td>103% of baseline</td>
<td>100% - 102% of baseline</td>
<td>103% of baseline</td>
</tr>
<tr>
<td>Candidate for Billing</td>
<td>6.0 Days</td>
<td>7.5 – 10.7 Days</td>
<td>7.93 Days</td>
</tr>
<tr>
<td>Coding Days</td>
<td>.94 Days</td>
<td>3 – 4.2 Days</td>
<td>3.38 Days</td>
</tr>
<tr>
<td>Claim Edit Days</td>
<td>1.81 Days</td>
<td>1.6 – 3.7 Days</td>
<td>2.11 Days</td>
</tr>
<tr>
<td>Cash Variance by Week</td>
<td>.06 Weeks</td>
<td>-.6 - -.2.1 Weeks</td>
<td>-.33 Weeks</td>
</tr>
<tr>
<td>Open Denials</td>
<td>2.0 Days</td>
<td>&lt; 2 Days</td>
<td>1.04 Day</td>
</tr>
</tbody>
</table>

As of 9/30/14
MUSC falls within all Epic guardrails
Getting to optimization

ICD-10

Busy & detailed screens

Contracts

Reporting
Revenue Cycle Wins!

- Single System of Truth
  - “I love being able to access all of the information I need in ONE place. I feel more productive!”

- Increased Collaboration:
  - “Enhanced collaboration within revenue cycle departments and clinical areas.”

- Transparency:
  - “Visibility to operational details is significantly enhanced facilitating improved response time to issues”

- Increased functionality for Business Partners
  - Real-time in Epic and work queue ownership
  - Standard extracts from Epic to Business Partners
Revenue Cycle Wins!

Real-Time Eligibility Integration:
- “When updating insurance you no longer need to “remember” to email HB or PB that a change was made!”
- “Overall, the Epic system makes it easier to get the registration done the right way in a reasonable amount of time!”

Point of Service Payment Posting:
- “Single credit card payment. We are very excited to have a single balance, payment and receipt for our patients!”

Single Billing Office
- “One patient statement and one phone call for our patients. It’s a win win!”
Questions?

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Christine Conzett, conzettc@musc.edu