



UnityPoint's Journey to Automation

A case study on UnityPoint's continued
journey to automation.

Meet your speakers



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Agenda

Meet UnityPoint

Who is UnityPoint and what challenges do we face?

Our story

How did we start our journey to automation?

Your story

How will you know where to start automation?

Remarkable results

What happened when UnityPoint automated?

We're just getting started

What's next for UnityPoint

Meet UnityPoint

- Improve the health of the people and communities we serve.
- Best outcome, every patient, every time.



21 Regional Hospitals
480+ Clinics serving our communities#
19 Community Network Hospitals

7 Affiliated Community Mental Health Centers
14 Home Health Locations
4 Accredited UnityPoint Health Colleges



33,008 Team members
1,169 Staff/Employed physicians
12,113 Nursing-related roles
4,361 Volunteers



\$4.6B Total projected revenue



\$299.7M Community impact
Service area of **2,350,188** people
392,372 ACO covered lives+



1,210,120 Unique patients seen across our clinic, home care and hospital settings

1,011,294 Unique patients seen in clinics

543,696 Unique patients seen in hospitals

21,192 Unique patients seen in home care



21,536 Births



103,150 Surgeries

8,435,649 Total patient visits

4,638,365 Clinic visits

3,253,646 Hospital visits
(outpatient and inpatient)

543,638 Emergency visits

624,520 Home health visits

429,526 Home care

185,074 Home hospice

9,920 Pediatrics



Statistics, outside of facility counts and team members which are updated at time of publishing, are based on the 2019 calendar year unless noted below.

Updated January 2021

+ Doesn't include Medicaid MCOs or Medicare Advantage ACOs

Clinic is defined as a physical address and suite.

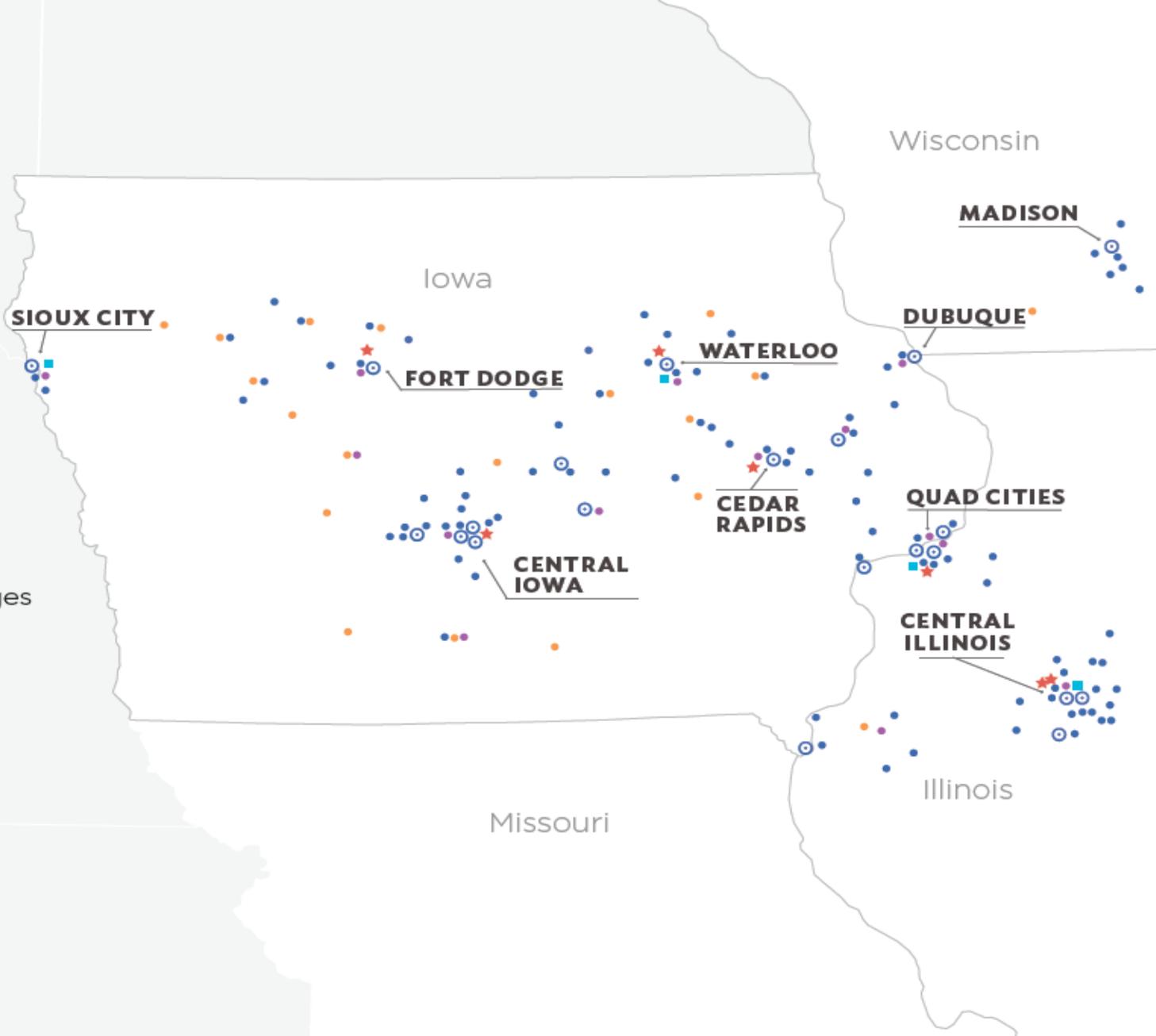
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In Nine Regions

-  21 UnityPoint Health Hospitals
-  Communities served by **480+** Clinics*
-  19 Community Network Hospitals
-  14 Home Health Locations
-  7 Affiliated Community Mental Health Centers
-  4 Accredited UnityPoint Health Colleges
-  Insurance presence across all UnityPoint Health markets

*Clinic is defined as a physical address and suite.



Our automation journey

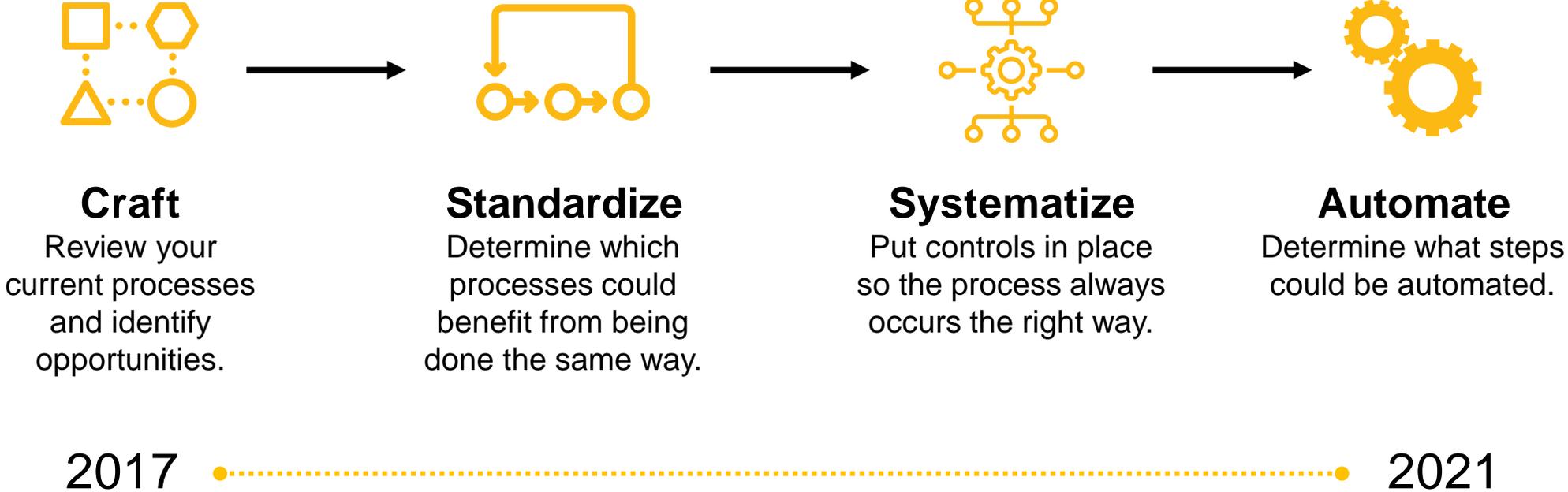
Why did we start this transformation?



Our story

How we got started on
our journey to automation.

Here's how to start your journey.

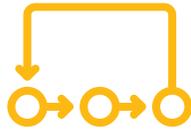


Benefits of preparing for automation.



Craft

- Implemented a system wide denials management framework.
- Created and led organization wide POS collection training.



Standardize

- Implemented work queue scoring to prioritize workload.
- Standardized visit leveling in multiple departments including the ED.
- Developed a standard performance scorecard or communication plan for all regional revenue cycle performance discussions.



Systemize

- Redesigned CBO work queue structure and implemented WQ scoring to prioritize workload on a daily basis.
- Optimized the ASAP calculator in the ED to reduce clinician time and create controls around visit level scoring.

The Results

\$56.2M

Annualized cash acceleration benefit

\$58.3M

Annualized new cash benefit

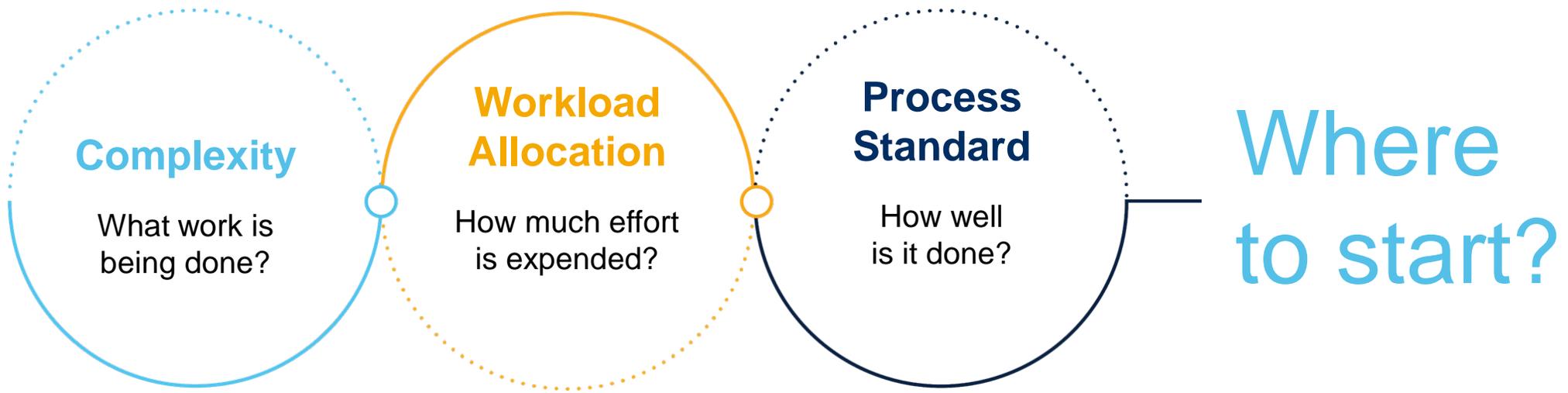
\$114.5M

Total annualized benefit

Your story

Understanding what to automate
and when

You can know where to begin automation.

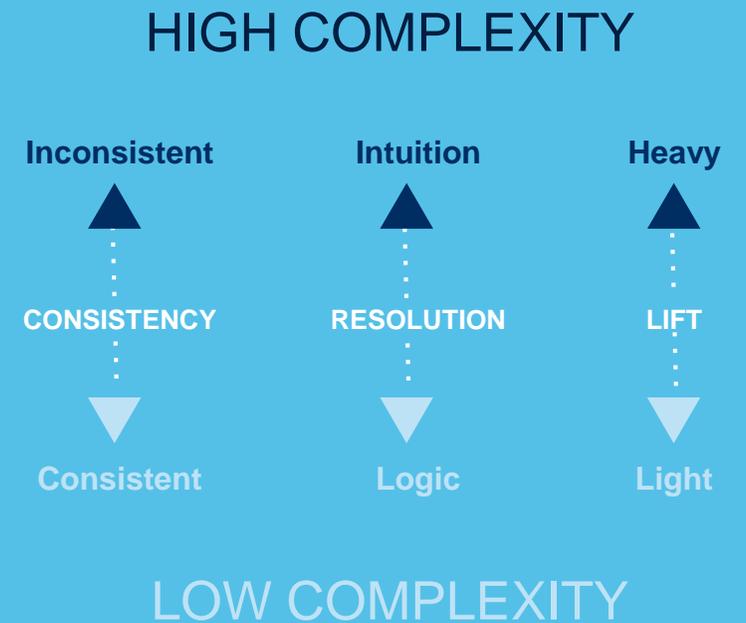




What work is being done?

Three ways work can be complex: consistency, resolution, and lift.

The more complex, the harder to automate.



Understanding complexity is key.

| | | LOW | | | MEDIUM | | HIGH | | |
|--|--|---|--|---|--------|--|------|---|--|
| Billing | | Account Follow Up | | Denials/Appeals | | Remittance Posting | | Self-Pay | |
| COMPLEXITY - 5.3 | | COMPLEXITY - 4.0 | | COMPLEXITY - 6.8 | | COMPLEXITY - 2.4 | | COMPLEXITY - 5.3 | |
| 4.8 Correct Claim Edits in Scrubber | | 2.0 Claim Status Monitoring/Adjudication | | 5.5 Technical Denial Follow Up | | 2.0 Remittance Posting & Management | | 8.0 Patient Call Center | |
| 4.8 Correct Claim Edits in EHR | | 6.3 Escalating Issues with Claims Processing | | 7.7 Clinical Denials Resolution | | 2.8 Unapplied Cash Resolution | | 1.7 Financial Assistance Policy App. | |
| 6.7 Late Charge Monitoring/Resolution | | 3.7 Hardcopy Correspondence Processing | | 6.3 Escalating Payor Issue with Denials Processing | | 2.0 Reconciliation of Cash Payments | | 4.2 Attorney Requests | |
| 5.0 Claim Payor Rejection Processing | | | | 8.3 Research Denial Root Causes & Mitigation | | 2.8 Credit Balance Resolution | | 7.3 Patient Collections | |





How much effort is expended?

Figure out how many hours are being expended to get the job done

Know the hours automation can save.

| | | | | | LOW | MEDIUM | HIGH |
|---|--|--|---|--|-----|--------|------|
| Billing | Account Follow Up | Denials/Appeals | Remittance Posting | Self-Pay | | | |
| WORKLOAD - 23.8% | WORKLOAD - 15.7% | WORKLOAD - 22.9% | WORKLOAD - 21.2% | WORKLOAD - 16.4% | | | |
| 9.7% Correct Claim Edits in Scrubber | 3.5% Claim Status Monitoring/Adjudication | 3.1% Technical Denial Follow Up | 2.4% Remittance Posting & Management | 2.3% Patient Call Center | | | |
| 4.3% Correct Claim Edits in EHR | 9.8% Escalating Issues with Claims Processing | 8.5% Clinical Denials Resolution | 1.8% Unapplied Cash Resolution | 9.2% Financial Assistance Policy App. | | | |
| 5.9% Late Charge Monitoring/Resolution | 2.4% Hardcopy Correspondence Processing | 9.8% Escalating Payor Issue with Denials Processing | 9.0% Reconciliation of Cash Payments | 3.7% Attorney Requests | | | |
| 3.9% Claim Payor Rejection Processing | | 1.5% Research Denial Root Causes & Mitigation | 8.0% Credit Balance Resolution | 1.1% Patient Collections | | | |

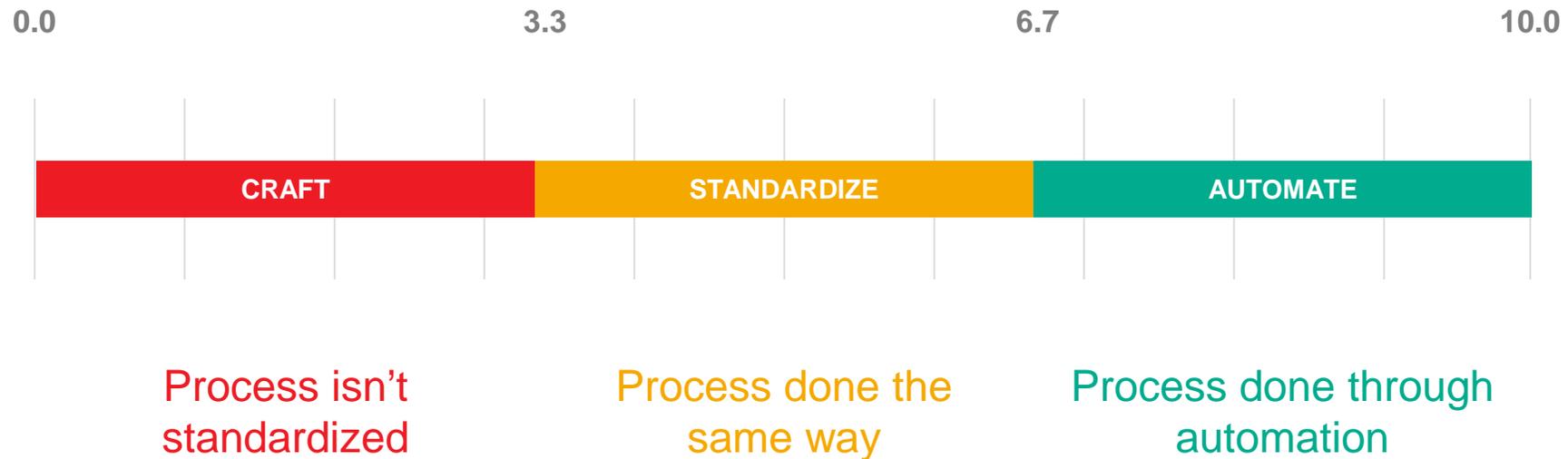
System Wide
412,829 hrs



How well is that task completed?

Understand how processes are being completed today.

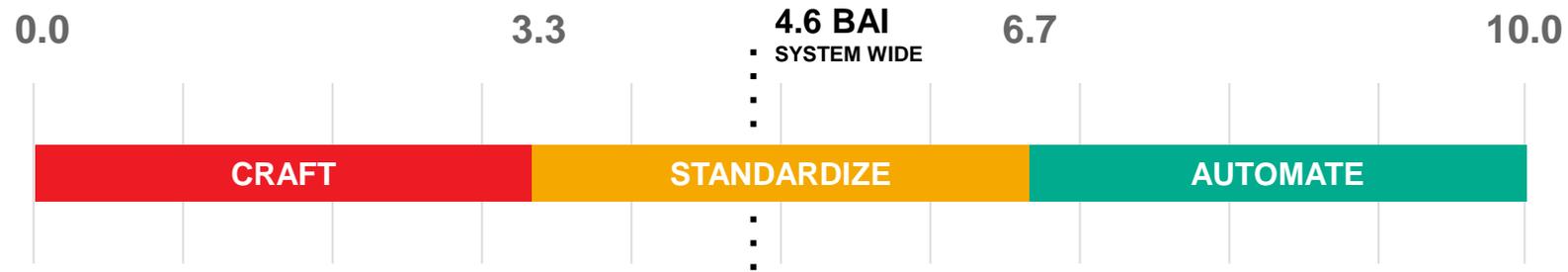
The process standard index.



Culminating in a process standard.

| CRAFT STANDARDIZE AUTOMATE | | | | |
|--|---|---|--|---|
| Billing | Account Follow Up | Denials/Appeals | Remittance Posting | Self-Pay |
| PROCESS - 4.9 | PROCESS - 5.2 | PROCESS - 4.6 | PROCESS - 6.7 | PROCESS - 4.2 |
| 4.9 Correct Claim Edits in Scrubber | 6.6 Claim Status Monitoring/Adjudication | 4.0 Technical Denial Follow Up | 5.0 Remittance Posting & Management | 2.0 Patient Call Center |
| 4.9 Correct Claim Edits in EHR | 5.0 Escalating Issues with Claims Processing | 3.3 Clinical Denials Resolution | 5.5 Unapplied Cash Resolution | 6.1 Financial Assistance Policy App. |
| 4.3 Late Charge Monitoring/Resolution | 2.5 Hardcopy Correspondence Processing | 5.0 Escalating Payor Issue with Denials Processing | 5.3 Reconciliation of Cash Payments | 5.8 Attorney Requests |
| 5.7 Claim Payor Rejection Processing | | 2.6 Research Denial Root Causes & Mitigation | 6.8 Credit Balance Resolution | 3.3 Patient Collections |

Are you ready for automation?



$$\text{WORKLOAD ALLOCATION} \times \text{PROCESS STANDARD} = 4.6 \text{ BAI}$$

Where do you start?



OPTION #1

Momentum Focused

"We need to get a win on the board."

OPTION #2

ROI Focused

"We need to focus on what will get us the best return."

OPTION #3

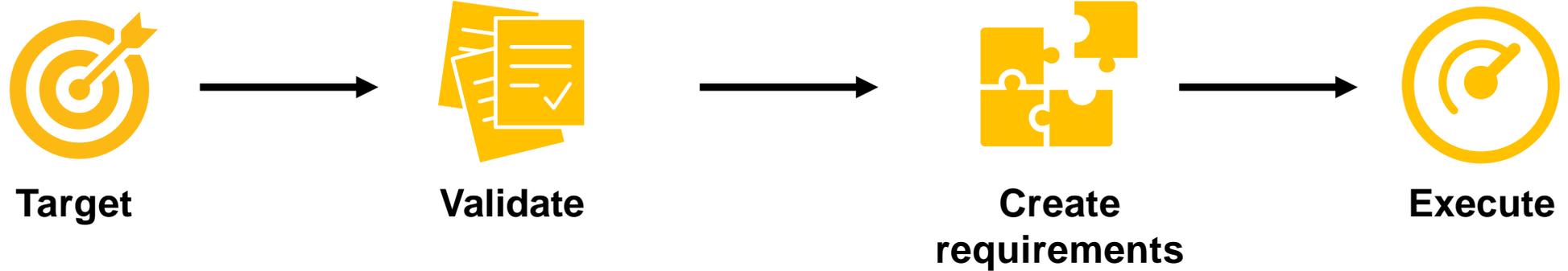
Capacity Focused

"We need to respond to cost pressures."

Remarkable results

Capacity and net revenue improvements.

The steps of automation.



Three top automation initiatives we targeted.



Technical denials follow up

High workload



Claim status monitoring / adjudication

Low complexity
and high workload



Remittance posting and management

Low complexity
and high workload

Technical denials follow up.



Target

Reviewed all denials by reason code. Discovered that the top 10 reason codes represented 79.7% of the total denials.

244,726

Annual initial denial volume



194,986

Top 10 reason code initial denial volume



Validate

Reviewed examples of high opportunity populations to identify our current approach and establish automation approach.



Create Requirements

Business owners generated standardized requirement document, explaining:

- Business office defined work steps – how the population was manually worked
- Total automation population size and characteristics
- Estimated ROI associated with automation implementation



Execute

IT engineers added fields to the use case and built, tested, and implemented automation:

- Estimated IT hours to complete
- IT future state high-level work steps

The Results

13

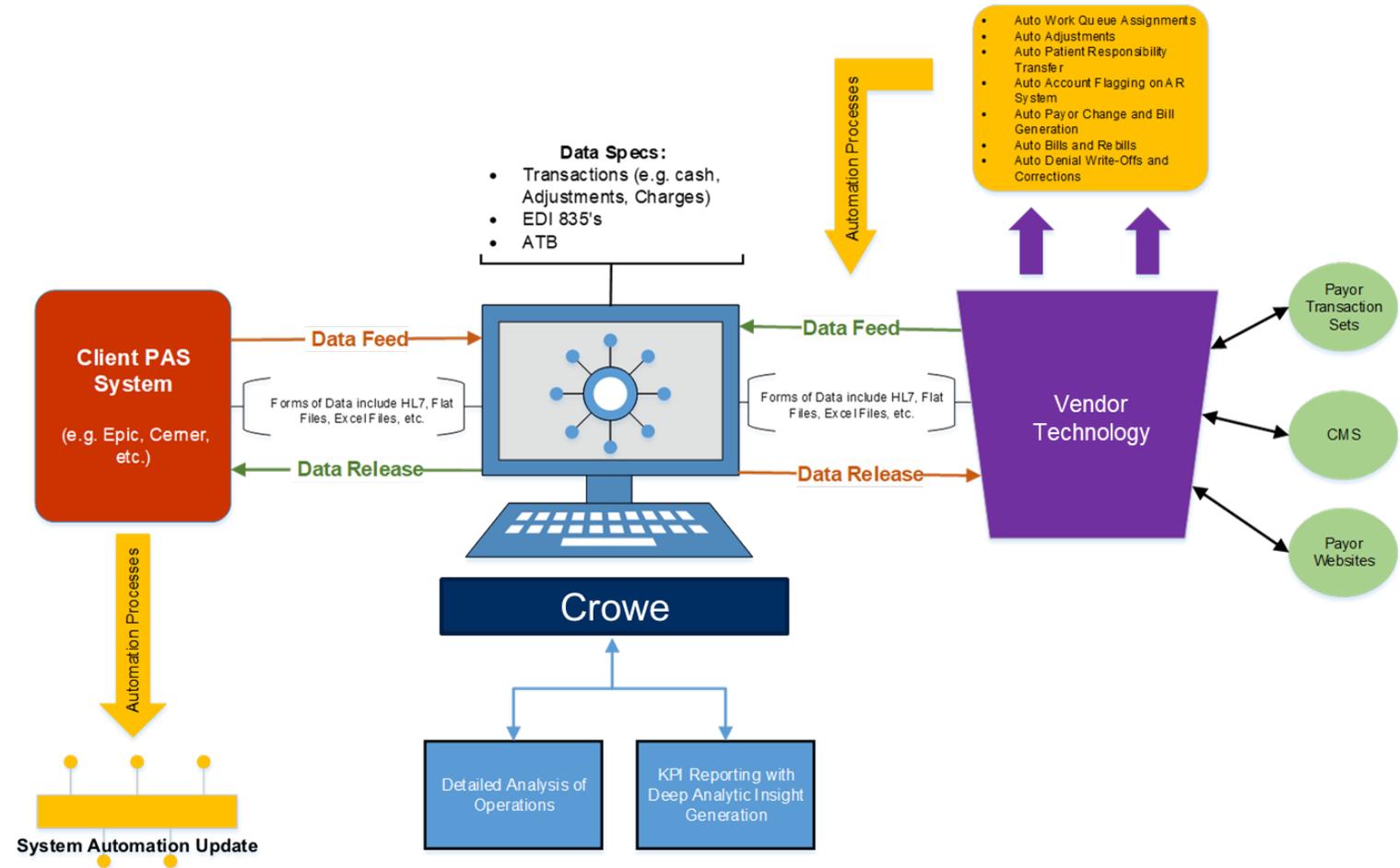
Total # of distinct automations implemented

20,659

Hours of savings

02 AUTOMATION OPPORTUNITY

Claim status through the Command Center.



Claim status monitoring / adjudication.

Past State

Day 30

Claim qualifies for follow-up work queue.

User calls payor or looks up the individual claim on the payor website and takes action based on the status.

Current State

Day 26

Claim status inquiry sent to pay or via EDI or screen scraping.

Status response is returned and drives a system action (i.e. account routed to in process holding WQ).

Established ongoing daily claim statuses for the top 22 payors.

The Results

22

of payor go-lives

23,869

Hours of savings

Remittance posting and management.



Target

Implemented Epic's cash management module.

Streamlined the posting of cash for major payors.

Found top areas impacted by the module.



Validate

Conducted in-depth review of current state workflows.

Created methodology to monitor and track external deposits outside of the module.



Create requirements

Built Epic's cash management module into existing workflows.

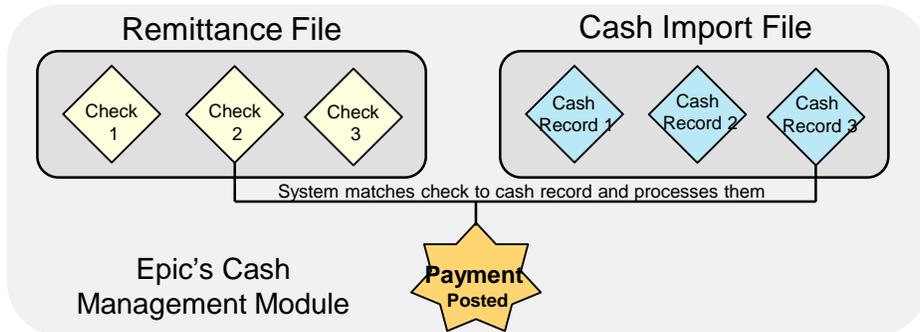
Conducted extensive testing on auto-accepting parameters.

Constructed centralized database to automate the posting of external deposits.



Execute

Commenced payor go-lives for auto-accepting parameters within the module and deployed external database.



The Results

14

Total number of payors

23,869

Hours of savings

Automation preparation checklist.

- Form an Automation/ Autonomous Sub-Committee which includes functional managers of key departments and IT representation.
- Create a quadrant map inventory on value/complexity.
- Inventory every key position, responsibility, FTE.
- Determine priorities based upon goals.
- Develop an “upskilling plan.”

We're just getting started

What's next for UnityPoint?



Our Vision

To position UnityPoint Health to have a world class Revenue Cycle model, which employs best practice operations, technology, and customer service.

The UPH Revenue Cycle will focus on patient friendly, comprehensive services beginning at the point of first introduction of a consumer to the system through the final payment for the services provided.



We will be the place where leaders want to lead, physicians want to practice, staff want a career and patients must have their care.

OUR MISSION

Improve the health of the people & communities we serve

OUR VISION

Best Outcome Every Patient Every Time®

OUR VALUES

FOSTER UNITY • OWN THE MOMENT
CHAMPION EXCELLENCE • SEIZE OPPORTUNITIES

Revenue Cycle strategic plan

Our strategy moving into the future.



Deliver personalized patient centered customer service that exhibits our One UnityPoint Brand Promise.



Innovate operational utilization of business process automation to support our team members and patients and to deliver improved efficiency.



Advocate for our most vulnerable patients in accordance with our “You Matter” commitment via Patient Advocacy initiatives.



Partner with payors to improve processes and create a better experience for the patients we jointly serve.

Our skillsets in five years.

Key competencies for the future workforce

- Creativity
- Emotional intelligence
- Analytical (and critical) thinking
- Active learning with a growth mindset
- Judgement and decision making
- Interpersonal communication skills
- Leadership skills
- Diversity and cultural intelligence
- Technology skills
- Embracing change





Thank you

Q&A



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