

BENEFITS PACKAGE DOCUMENTATION

AMH OSH PROCESSES – MD BILLING PROCESS

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Version 1.0

July 2, 2009

EXECUTIVE SUMMARY

AMH Initiative O3 focuses on streamlining Oregon State Hospital (OSH) processes. This portion of the initiative focused on increasing revenue by streamlining the MD Billing process for Medicare covered services.

Initial results are positive – after one partial month (May 5 – May 31, 2009), we increased the average amount billed per physician per month by 53% (from \$467 per month per physician to \$996) and increased the overall percent of physicians that submit billing from 84% to 100%. These improvements have added an increase in the total amount billed of \$14,801 during the first partial month of implementation. We expect this increase to be higher each month as we strive for our goal of \$1,600 billed per physician per month. We will continue to monitor the process for sustainability and drive to the goals of total amount billed per month >\$41,667 and total amount reimbursed per month >\$30,000.

IMPROVEMENT SUMMARY

A Rapid Process Improvement (RPI) event was held in April 2009 to streamline the MD Billing process at OSH.

- The future state was implemented rapidly on May 5th 2009 due to the potential revenue.
- Wasteful steps were removed from the process to increase efficiency.
- An extensive training strategy was developed and implemented to ensure that the MDs had the tools they need for success.
- New billing forms were created that are clear and simple.
- A reinvestment plan is in development to ensure that increased revenue is monitored closely and reinvested appropriately.
- Up to 20% of the revenue has been earmarked for continued medical education expenses.
- Five key metrics were established.

We completed most of the actions required for the future state process by mid-June 2009. Final actions will be completed by our 90-day check-in during July 2009 and we are closely monitoring the process for sustainability.

BENEFIT/OUTCOME DESCRIPTION

From May 5 through May 31st, 2009, the following quantitative benefits have occurred:

- The percentage of physicians that submit billing increased from 84% to 100%.
- The total amount billed per month increased 53% (from \$13,075 to \$27,876).
- The total amount reimbursed increased from a baseline of \$10,460 to \$18,497.
- The average amount billed per physician per month increased 53% (from \$467 to \$996).

Cost Savings/Productivity

- Increased revenue required in the budget.
- Annualized revenue projected is \$360,000.

Quality

- Increased compliance with Medicare documentation standards.

Service

- Enhanced relationship between physicians and the DHS Institutional Revenue, Office of Payment Accuracy & Recovery (OPAR).

People

- Increased intrinsic satisfaction for physicians as they see the financial results of their work, while striving to help people become Independent, Healthy & Safe.

ATTACHMENTS:

MD Billing Scorecard