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# Sunsetting Patient Accounting Systems

Amy Scott, MHA, CPC  
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## Learning Objectives

**At the end of the presentation you should be able to identify:**

- ✓ Necessity of sunsetting legacy system
- ✓ Risks of inaction
- ✓ Considerations and challenges
- ✓ 4 steps to a successful wind down

## Polling Question #1:

Have you  
started  
sunsetting a  
legacy  
patient  
accounting  
system?

- A. No, have no intention of switching systems in the near future.
- B. No, but intend to do so in the near future.
- C. Yes, already started but not done cleaning up credit and debit legacy accounts.
- D. Yes, all done. Legacy credit and debit accounts are entirely cleaned up.



# Trends, Risks and Challenges

## Trends

- EHR replacement is on the rise  
59% increase between 2010 – 2015 <sup>4</sup>
- From paper records to EHR is declining  
26% decrease between 2010 – 2015 <sup>4</sup>

So what does this mean?

Legacy data concerns are increasing <sup>4</sup>

## Why is EHR adoption on the rise? <sup>6</sup>

- 16% rise per year between 2008 – 2014
- 75% in 2014 alone
- Incentives and then penalties

## What do you do with the old system?

## Risks

# A legacy system makes it difficult to...

Stay Competitive

- #1 Concern – Financial Challenges

Meet Government Mandates

- #2 Concern – MACRA and CEHRT

Stay Compliant

- #3 Concern – Patient Safety & Quality of Care

# Top concerns for hospital CEOs 1

# Challenges

Scope

Operating Out of Two Systems

Accessing Legacy Data

# Challenges

## Scope

- Major undertaking: outsource parts of process
- Simultaneously maintain AR and patient care in two systems
- Impact on staff, productivity and revenue

## Challenges

### Operating Out of Two Systems

- Cash collections decreasing
- DAR increasing
- Concerns with patient safety
- Strain on staff resources

# Challenges

## Accessing Legacy Data

### Traditional Approaches

- Full Data Conversion
- Summary Reports
- Balance Forward Methodology
- Maintaining Legacy Access to Patient Records

# Challenges

## Accessing Legacy Data

### New Approach <sup>3</sup>

#### Active Archiving Technology

- No data loss
- Add, edit, view, or run reports in the same fashion as the legacy system
- Patient, clinical, and financial data can all be extracted and archived for easy access
- Staff can view and manage data directly
- Legacy systems are decommissioned reducing costs and IT support requirements
- Acts as a single repository for all legacy systems allowing IT to easily manage all legacy data
- Assures state and federal data retention compliance

## Polling Question #2:

What is the biggest obstacle your organization is facing in winding down your legacy system?

- A. Concerns with accessing legacy data after retiring system
- B. Lack of available staffing resources to complete the project
- C. We don't foresee any obstacles in retiring our legacy system
- D. We do not have a legacy system



# 4 STEPS

## TO SUCCESSFULLY SUNSETTING PATIENT ACCOUNTING SYSTEM





1

# PLANNING PLAN AND MORE PLANNING

# Planning

- Engage Stakeholders
- Accountability
- Team members from all affected areas

- Data-input end date
- Legacy AR processes
- Legacy system retire date

- Conversion issues
- State of legacy AR and time/resources to work
- Time away from current billing





2

# IMPROVE PROCESSES AND MAKE ADJUSTMENTS

# OPPORTUNITY

## Use legacy data as basis for new EHR:

- Are current processes clearly documented?
- Will these processes be transferable?
- Are there operational gaps in the current state?
- How will new EHR impact resource allocation?

## Areas of focus:

# Charge Description Master (CDM) Service Locations

## Insurance Plan Dictionary G/L Mapping

## Polling Question #3:

True or False?  
You can  
increase net  
revenue by  
resolving  
credits.

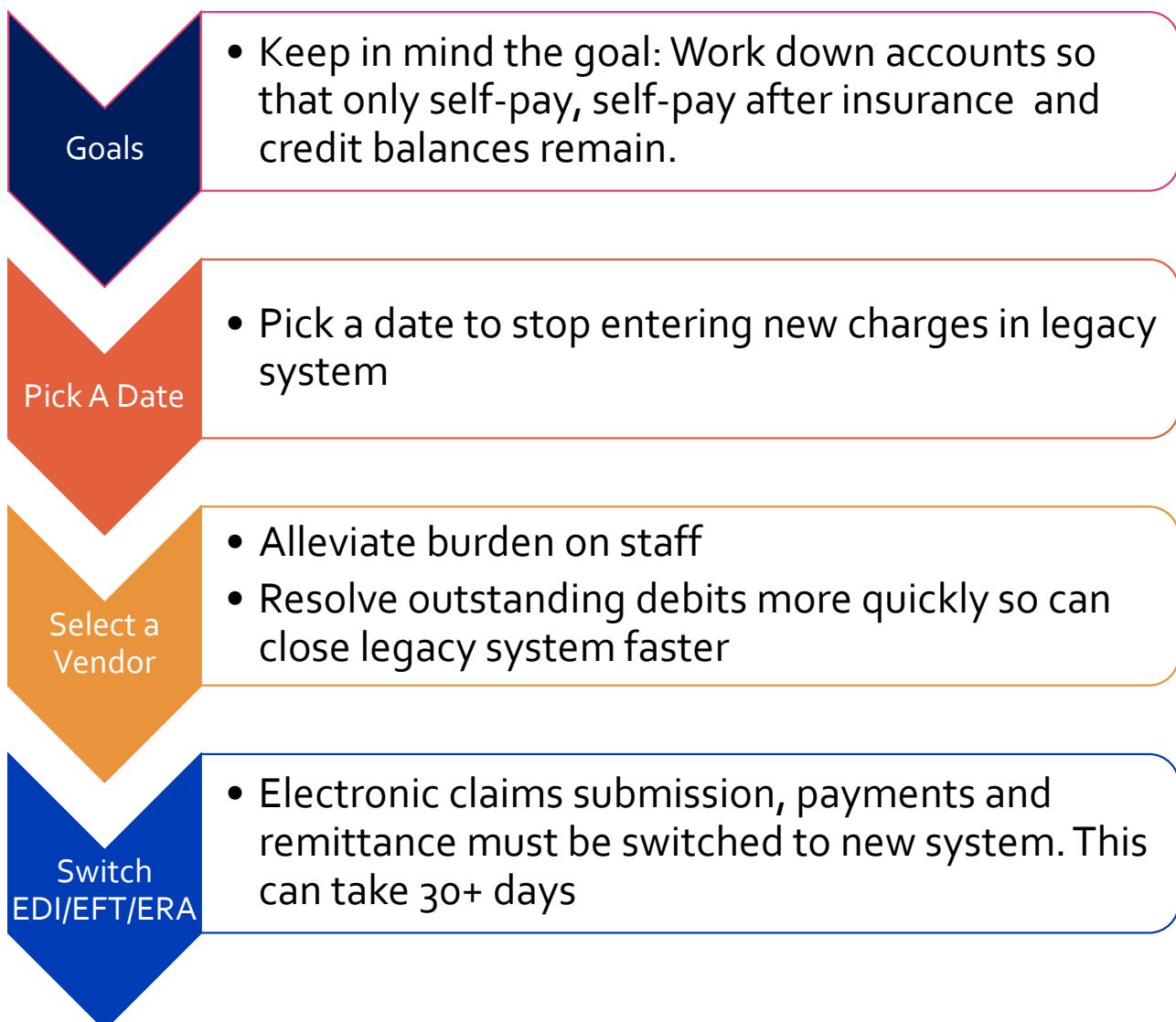
True



3

# CLEAN-UP ACCOUNTS DEBITS AND CREDITS

# Debits



## Debits

### Traditional Approaches

- Full Data Conversion
- Balance Forward Methodology
- Running A/R Data Out of the Legacy System

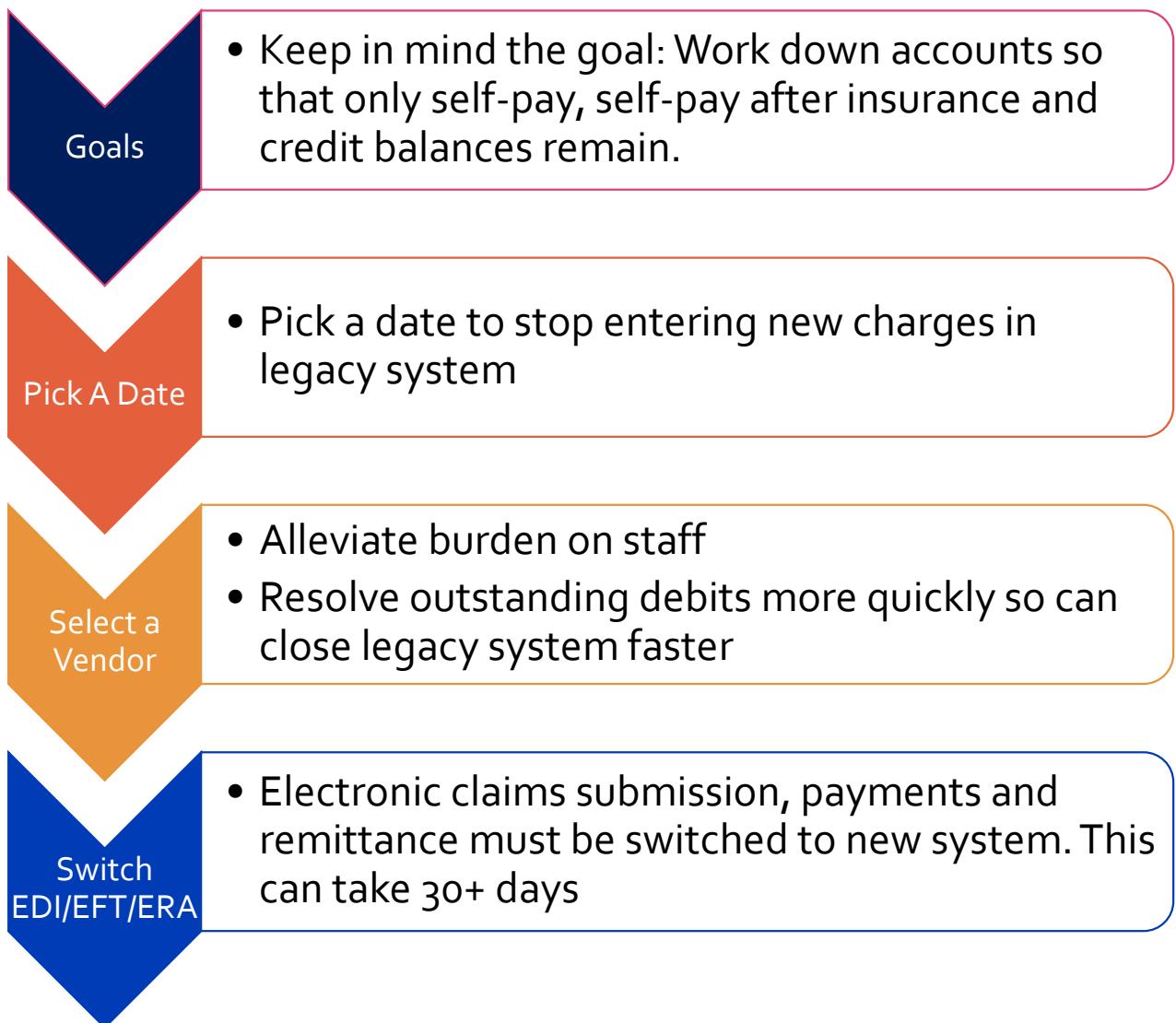
## Debits

### New Approach 7

#### Active Archiving Technology

- No data loss
- Add, edit, view, or run reports in the same fashion as the legacy system
- Patient, clinical, and financial data can all be extracted and archived for easy access
- Helps maintain cash flow
- Can bill and post existing receivables directly out of the archives
- Staff can view and manage data directly
- Legacy system decommissioned reducing costs and IT support requirements
- Acts as a single repository for all legacy systems allowing IT to easily manage all legacy data

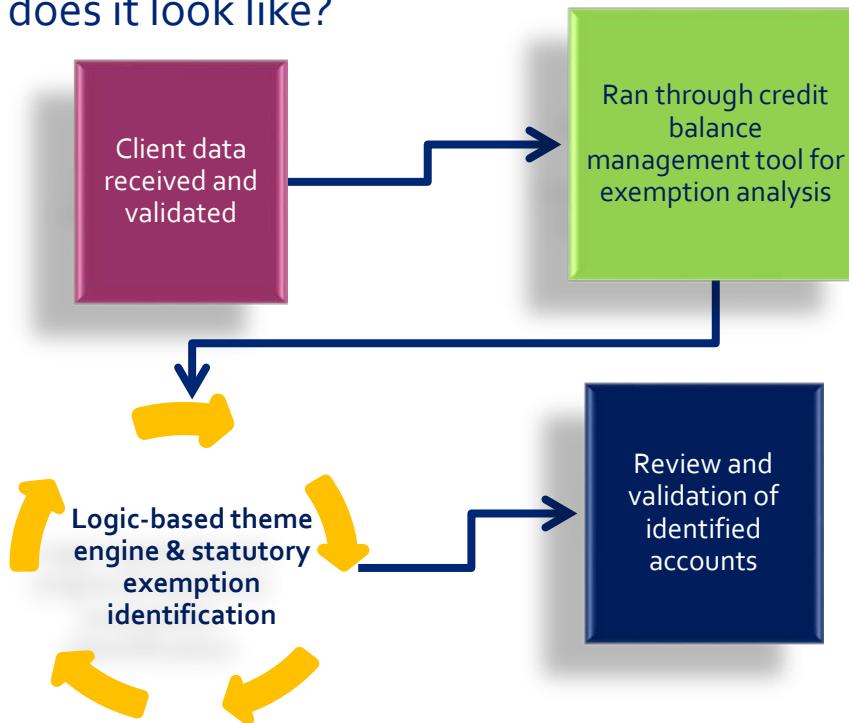
# Debits



# Credits

## Using technology to resolve credits faster

- National average shows it takes 15 minutes to manually work one credit balance account.
- Use of logic-based theme engine to identify statutory exemptions, adjustment errors, credit-debit patient transfers
- What does it look like?



Credits

# 7 Steps: Credit Balance Wind Down



# Credits

- **Exemption Analysis**
  - Credit Balance Statutes – 36 states have exemption around A/R credit balances
  - Business to Business – 12 states have unclaimed property exclusions
  - Federal Statute – Social Security Act constricts timing of Medicare/Medicaid recoups
- **Adjustment Errors**
  - Dollars not actually due back, credit balance caused by over contractualizations or other erroneous adjustment
- **Pro Forma Exemption Analysis**
  - Identifying date that remaining non-exempt refunds would become eligible for exemption – newer balances should have top priority

# Credits

- **Credit to Debit Analysis**
  - Find any open debit balance account (legacy and current system) for accounts where a patient refund is identified.
  - Transfer dollars to debit account to lower credit and debit liability.
- **Identification of Patient Refunds**
  - Use transactional account history and analytics to identify overpayments due back to patients (POS collections, duplicate payments, primary rebill, etc.)
- **Address Verification**
  - Run all remaining patient refunds through address verification before sending a refund check out
  - Accounts where address comes back invalid can be immediately transferred to unclaimed property liability account
- **Transfer of Liability (Unclaimed Property Reporting)**
  - Refers to the transferring of abandoned property to the state custodian for owners that cannot be located after a certain period of time (typically 3 or 5 years for A/R credit balances)



4

**RETIRE  
SWITCH OFF  
LEGACY  
SYSTEM**

## Checklist:

- ✓ Legacy data solution selected
- ✓ Debit accounts resolved and all payments and adjustments posted
- ✓ Credit accounts resolved and all refunds issued and transfer of liability complete
- ✓ Migrated legacy data
- ✓ Shut it down

## Polling Question #4:

What is often the biggest legacy data liability concern during an unclaimed property audit?

- A. Debits
- B. Credits
- C. Adjustment Errors
- D. All of the Above

## Take Aways

- Avoid working in both systems longer than absolutely necessary
- Realize this is a complex endeavor and you'll want to identify in-house resources and leverage outside expertise to resolve your debit and credit balances.
- Identify true liability. Send out refunds only after you are sure they are truly owed (they could be adjustment errors, meet statutory exemptions, unclaimed property.)
- Choose a method for archiving data that allows you to shut off your legacy system

# Questions



# For More Information:

Amy R. Scott, MHA, CPC  
Direct 615-515-3801  
Mobile 615-878-9054  
[amy.scott@crowehorwath.com](mailto:amy.scott@crowehorwath.com)

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# Resources

1. <https://ehrintelligence.com/news/value-based-care-to-require-new-ehr-selection-tools-resources>
2. <https://ehrintelligence.com/news/legacy-data-management-strategies-key-to-ehr-replacement>
3. <https://www.beckershospitalreview.com/finance/a-new-legacy-efficiently-managing-your-system-conversion-ar-data-costs.html>
4. <https://ehrintelligence.com/news/ehr-replacement-trend-increases-threecold-in-5-years>
5. <https://ehrintelligence.com/news/3-best-practices-for-effective-ehr-replacement-adoption>
6. <https://ehrintelligence.com/news/basic-hospital-ehr-adoption-rates-climbs-to-nearly-75>
7. <https://www.hitechanswers.net/legacy-ehr-system-data-lookup/>
8. <https://www.sciencedaily.com/releases/2012/10/121009111202.htm>