



Smart decisions. Lasting value.™

How to Implement an Autonomous Business Office

Welcome



Brian Sanderson
National Managing Principal
Healthcare Services

Housekeeping

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Housekeeping

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Smart decisions. Lasting value.™

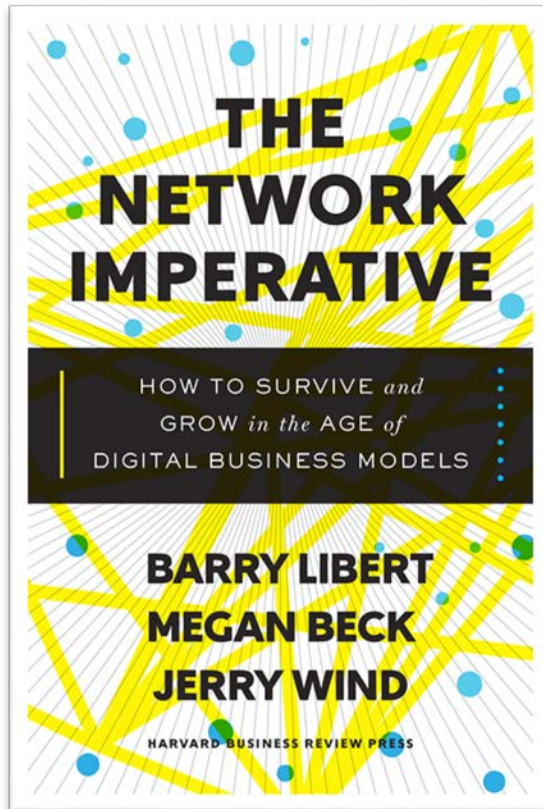
How to Implement an Autonomous Business Office



Topics for Discussion

- Review the concept, structure and market value of the Autonomous Business Office (ABO)
- ABO implementation guidelines and considerations
- UnityPoint Health's journey to an autonomous business office
- Stair steps to your own autonomous business office adventure

Market Value has already transitioned ...



AI penetration in Healthcare is low



AUTOMATION

the use of largely automatic equipment in a system of manufacturing or other production process.

AUTOMATE

to apply the principles of automation to a mechanical process, industry, office environment, etc.

AUTONOMOUS

denoting or performed by a device capable of operating without direct human interaction.

AUTONOMY

the right or condition of self-government

“Leadership requires two things:
a vision of the world that
does not yet exist,
and the ability to
communicate it.”



Does anyone
think that the
business office
of the future will
NOT
be automated
...?



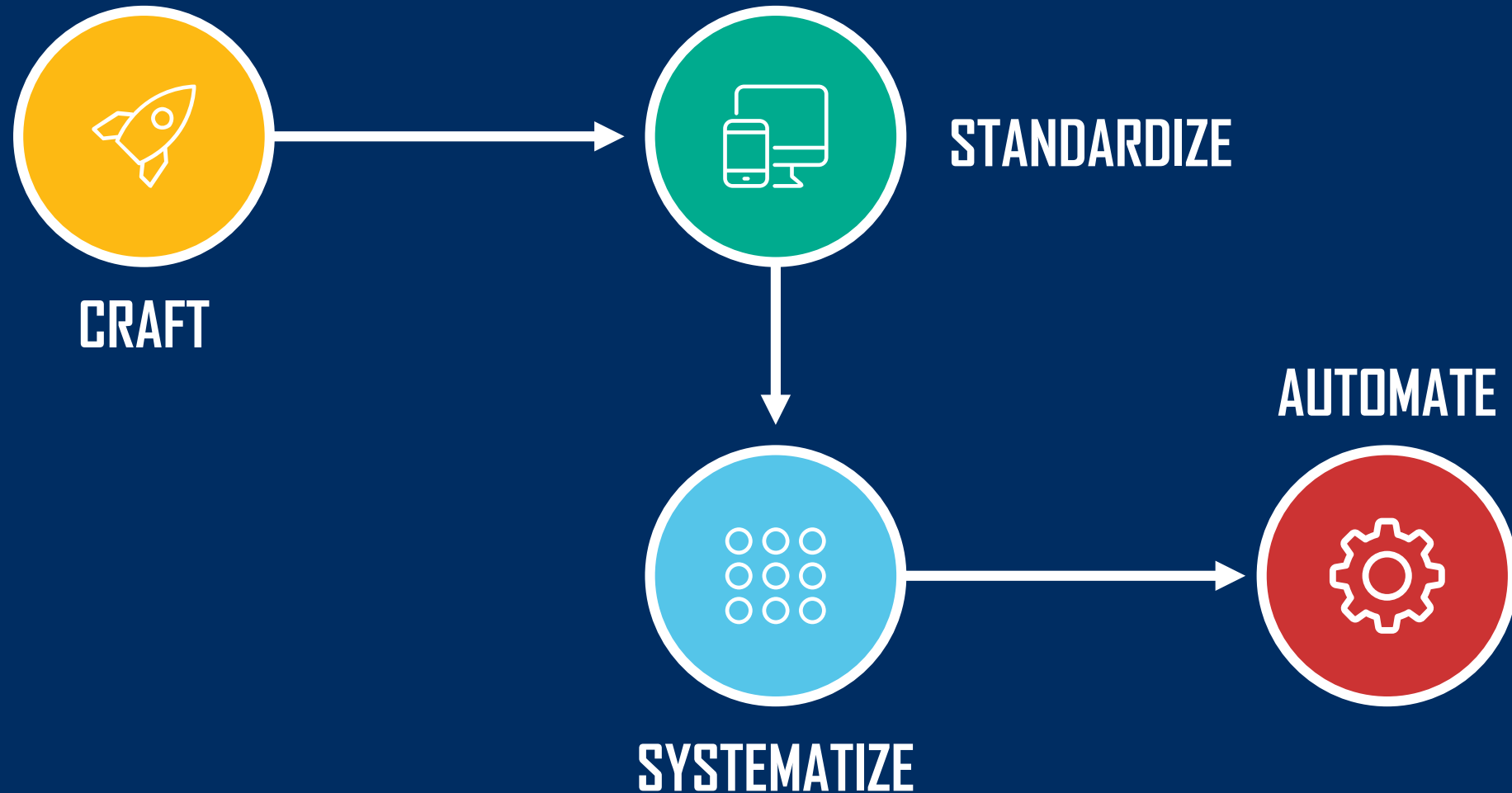


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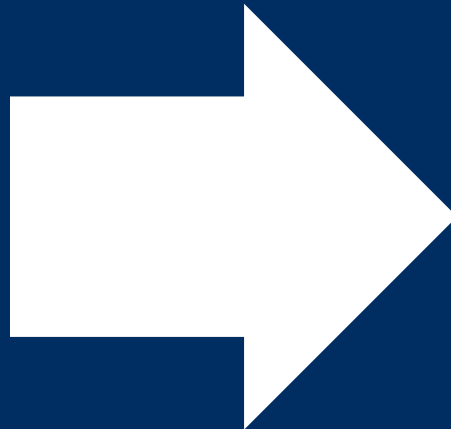
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It's a JOURNEY to Automation...



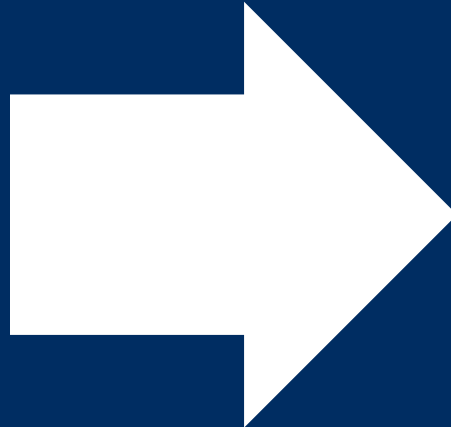
REVENUE CYCLE CURRENT



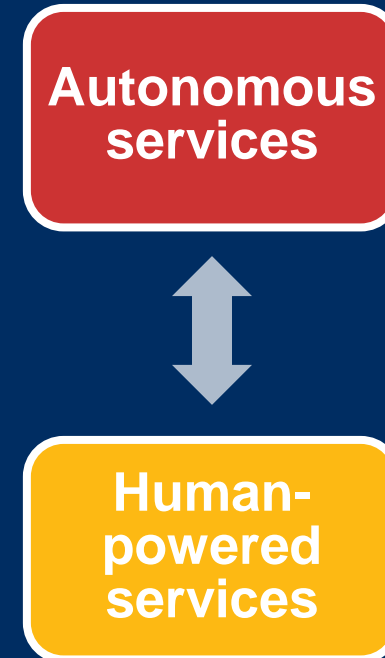
REVENUE CYCLE FUTURE



REVENUE CYCLE CURRENT



REVENUE CYCLE FUTURE





Michael M. Allen,
HFMA, CPA
Chair, HFMA

INS

Shirle

Medicare for All — for what

If we fail to define or articulate a problem correctly, there is virtually no chance we can solve it.

Drawing strongly from Lean training that I've been exposed to in my career, I've learned to be laser-focused on solving the right problem. Consider "Medicare for All," for example. It's certainly a combustible phrase in our political circles, regardless if you are left, center or right. So let's put aside our political alliances and cognitive bias for a few minutes and sort through the rhetoric. The question we should ask ourselves about Medicare for All — or any technical "fix" for healthcare, for that matter — is, what problem are we trying to solve?

The cost of healthcare is marching toward 20% of our GDP, and most agree that healthcare in this country is too costly. Is it? Is that what we are solving for?

But wait. A 2016 article in the *Quarterly Journal of Medicine* includes data suggesting that when medical and social services spending are combined, the United States has the ninth-highest spending in the world, in line with most of Europe. So is the problem *how* we are spending our dollars, rather than *how much* we are spending? Would Medicare for All reduce healthcare spending?

Or are we trying to solve the problem of the uninsured? The number of uninsured was estimated to be 44 million in 2013 before the Affordable Care Act was passed, and it dropped to 27 million by 2016, according to data on the uninsured population published in 2018 by KFF.org. But by 2017, it began rising again. Is having everyone covered necessary to have a

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How about
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Simply put,
any other "s
problem. A
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HFMA as ar
out of politi
credible co
healthcare t
financial m
realistically
financial in
finance pro
gather objec
makers, fra
effective sol

Is there a pr
I "Dare You

Consider — certainly a combustible phrase in our political circles, regardless if you are left, center or right. So let's put aside our political alliances and cognitive bias for a few minutes and sort through the rhetoric. The question we should ask ourselves about Medicare for All — or any technical "fix" for healthcare, for that matter — is, what problem are we trying to solve?

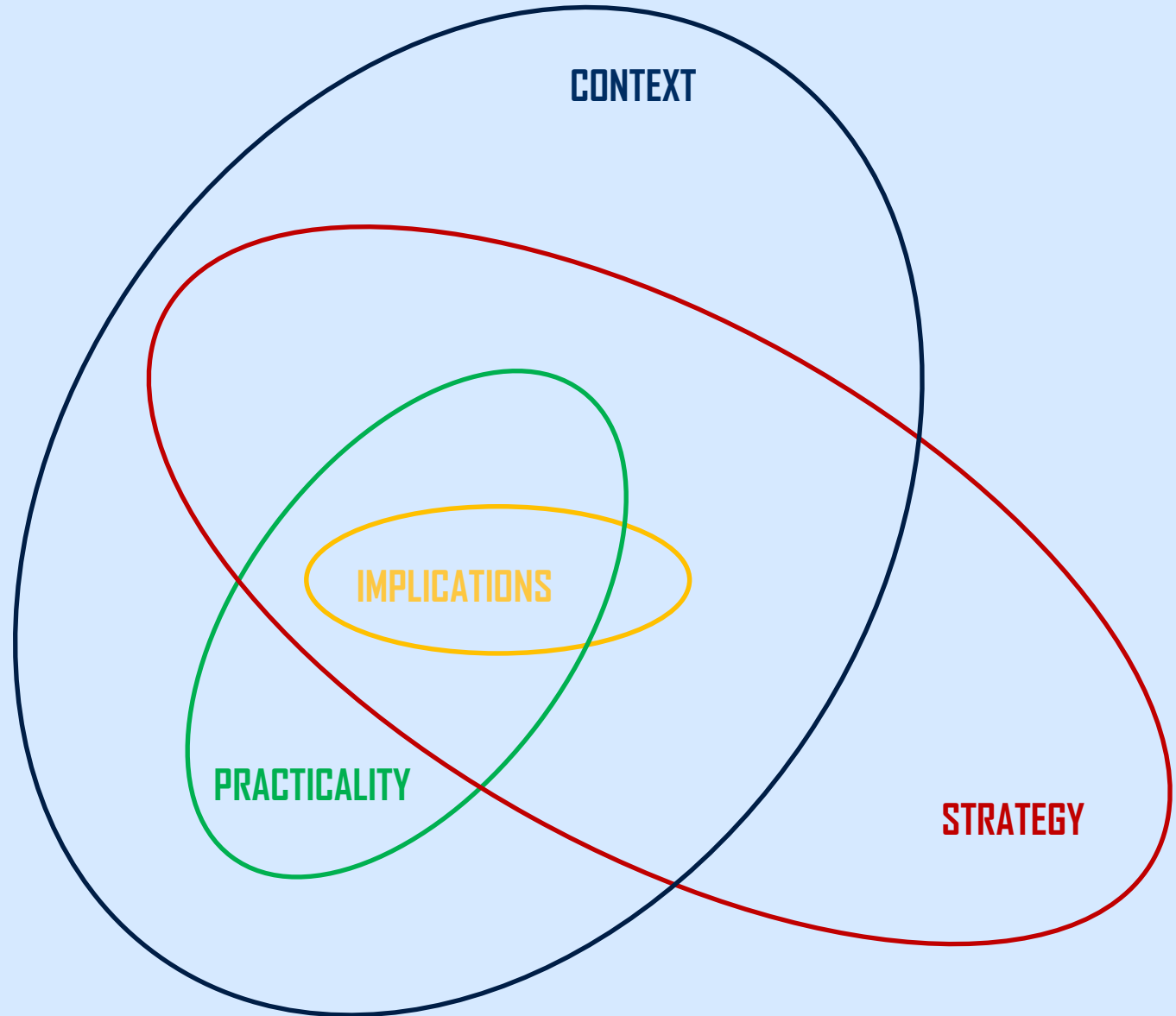
The cost of healthcare is marching toward 20% of our GDP, and most agree that healthcare in this country is too costly. Is it? Is that what we are solving for?

Most health system business offices want to adopt automation, but don't know exactly where, when or how to use these tools to get the best return on investment.



Confidential

Considerations for your journey to the Autonomous Business Office



A scenic landscape featuring a calm lake in the foreground, reflecting the surrounding environment. The lake's surface is still, creating a clear mirror image of the sky, the forest, and the mountain. On the left side of the lake, there is a dense forest of tall, dark green evergreen trees. The middle ground is filled with a thick line of trees, including some deciduous trees with lighter green foliage. In the background, a large, rugged mountain peak with a light-colored, rocky face rises prominently against a pale, clear sky. The overall atmosphere is peaceful and serene.

WHY
start now ...?

WHERE

do you start ...?





HOW
should you
start ...?

A scenic view of a mountain range with a dense forest in the foreground. The mountains are rugged and rocky, with some snow patches. The forest is composed of many green evergreen trees. The sky is a clear, pale blue.

WHO

**Should we
start with ...?**

HOW MUCH

should we invest ...?





WHAT

do we start with ...?

THE BASICS

1. Start with the best, most reliable process
2. Map the process down to the minutiae (key strokes, decisions, results, steps)
3. Determine the automation element you want to trigger
4. Specifically direct the automation

Example Automation – Automation as a Service (AaaS)

Denial (Non-Covered Service)

Clients



Requirements



The scope includes the following:

- Blue Cross is the current responsible payor
- Medicare is the primary payer on the account
- Reason Code 96 with Remark M41 denial open from Blue Cross
- Adjustment Code of PR on Blue Cross remittance
- Claims with revenue code 0637 for Self-Administered Drugs
- The remaining account balance is Patient Responsibility

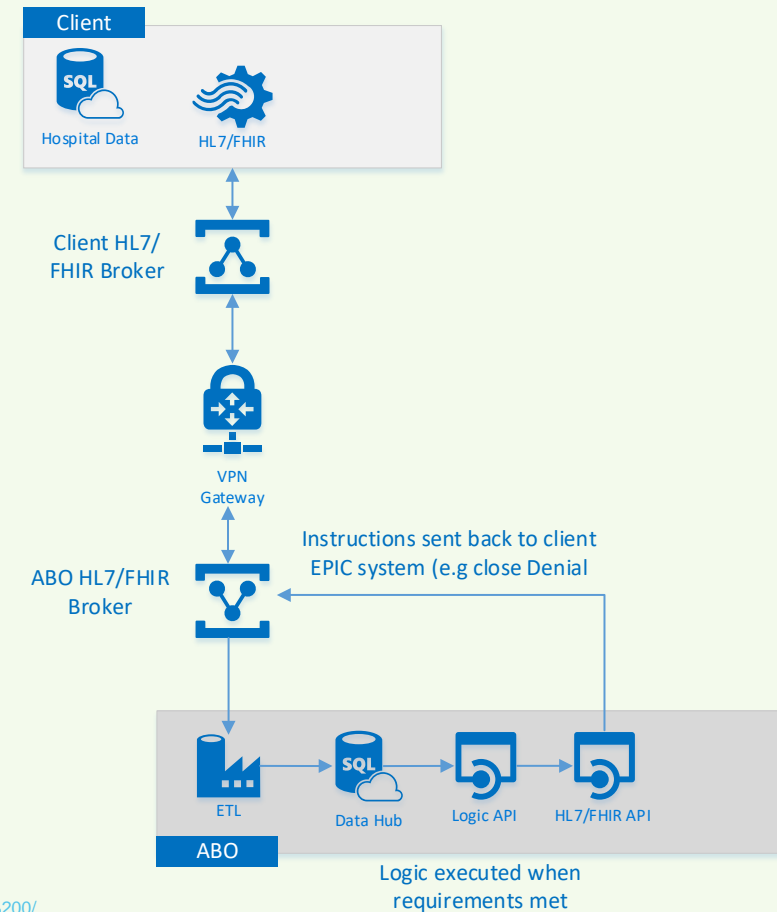
The scope excludes the following:

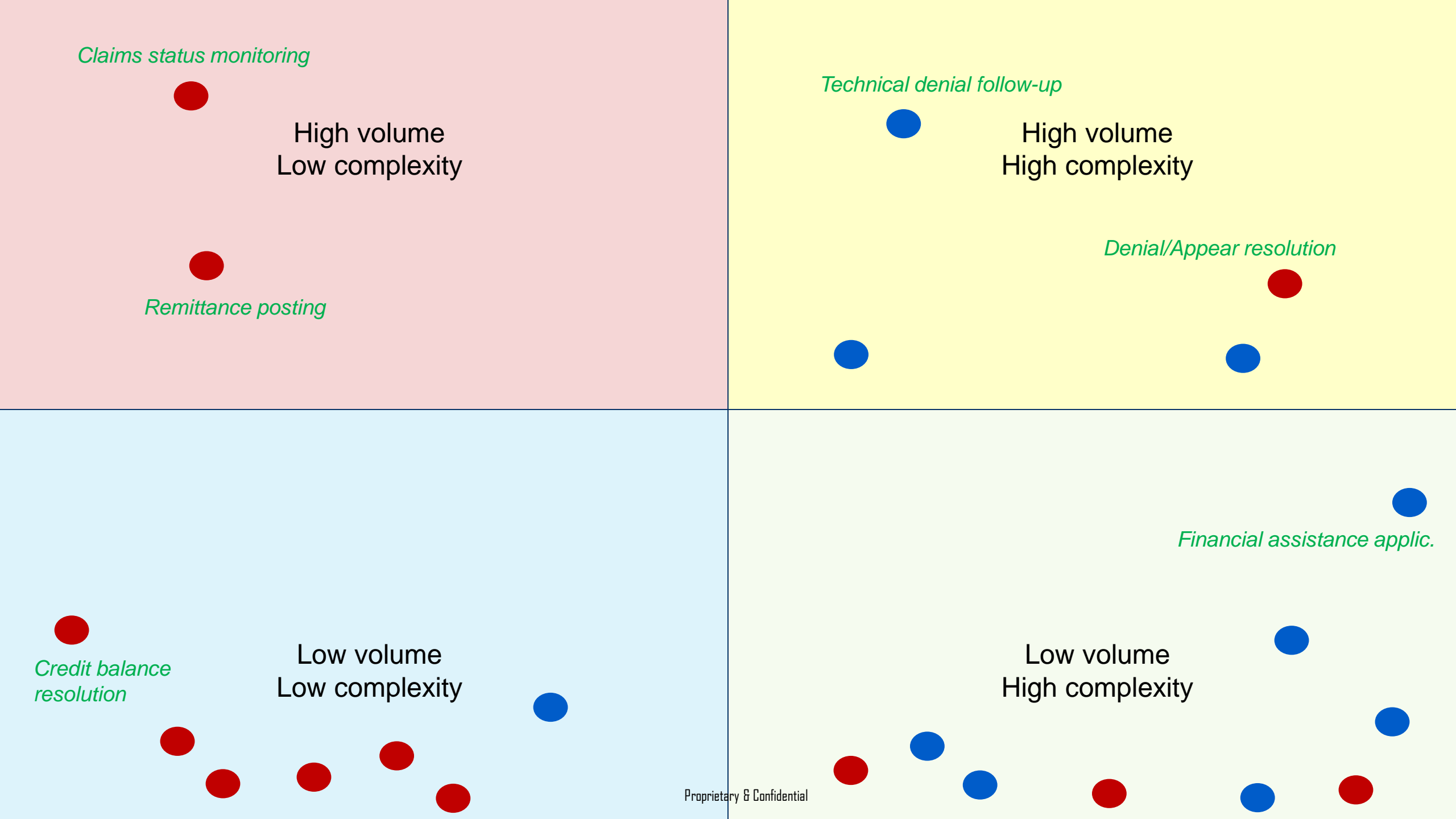
- There is no open denial from Blue Cross
- Medicare payment has not been posted yet
- Claims with multiple denial reasons other than Reason Code 96
- Blue Cross paid less than the expected Co-Insurance amount remaining from Medicare
- Accounts where the remaining balance includes amounts other than patient responsibility
- Accounts that a denial opened and was auto closed

Action: close account , update status

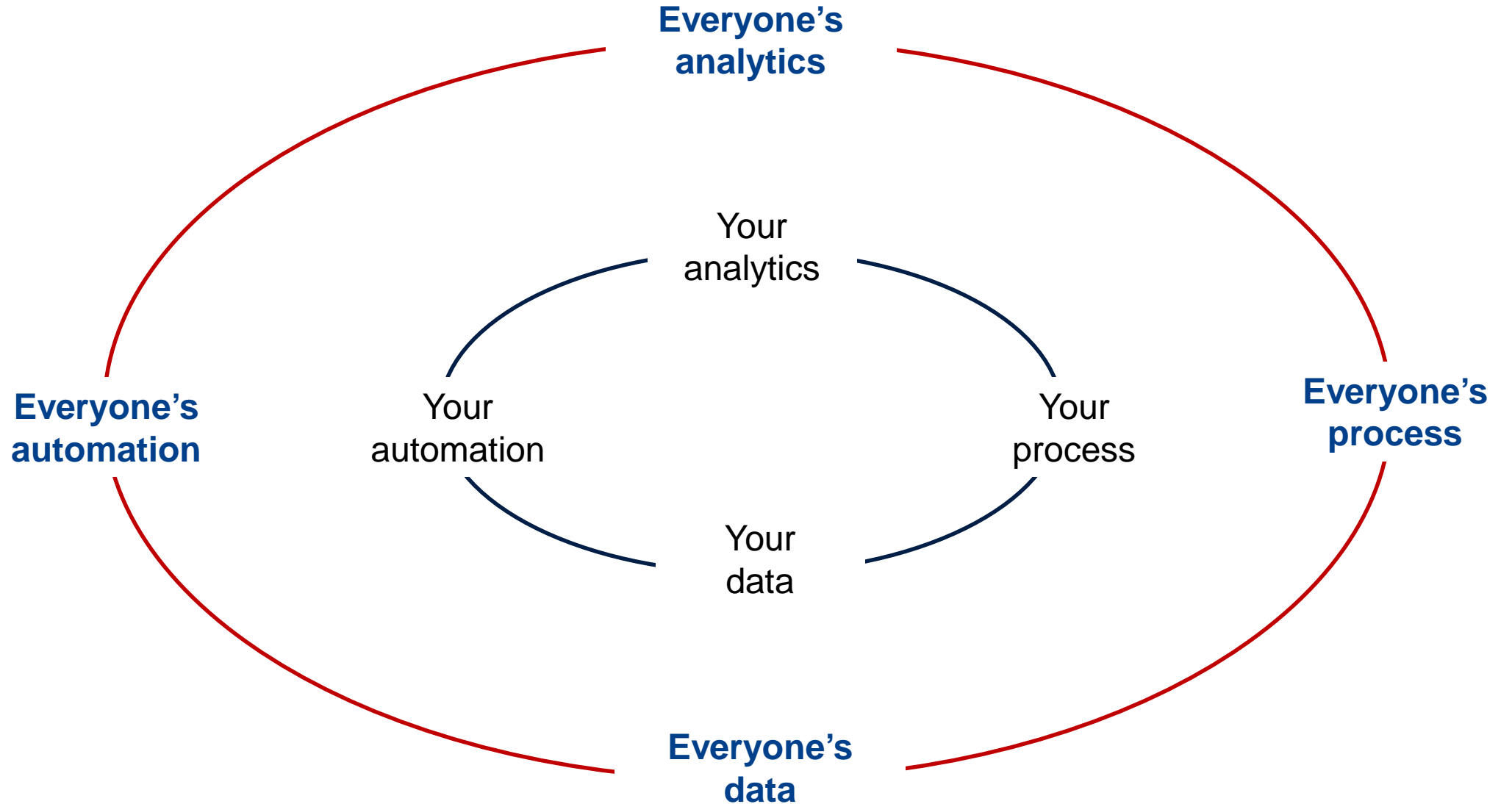
- Denial Status = "Completed"
- Resolution = "No Action Needed"
- Account Note: NRP'd 394.85 for SADs charges"

https://dev.azure.com/AutomatedBackOffice/ABO/_backlogs/backlog/Requirement%20Traceability%20Matrix/Level%200/





How cool would it be ...





Dennis Shirley, MBA, CHFP
Executive Director, Patient Financial Services
UnityPoint Health

My perception of the current business environment ...



Why UnityPoint? Why now?





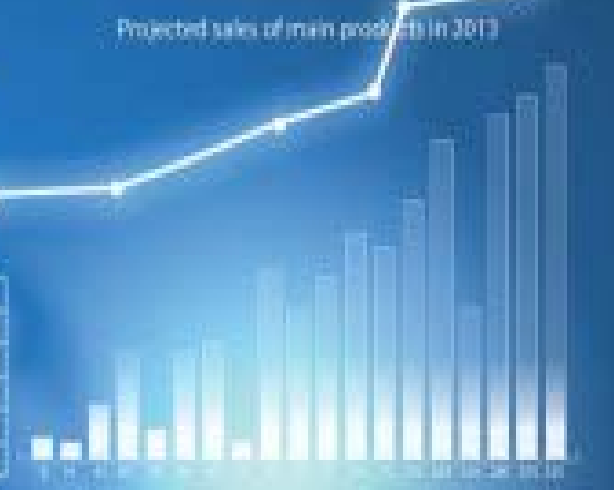
The fraction of market share among the major players is growing. CAC and B2B. From 15% and 30% percent respectively. Such a further change in market share distribution in the market will be characterized by a more stable position of market share major players.

Share of market activity



Changes in the activity of the active and passive market is uncertain. Established positive trends in various market segments.

Projected sales of main products in 2013



Passive market share

Analytics driven (at the outset)

Initial areas of focus

- Claim Status Follow-up – Low Complexity and high workload
- Remittance Posting – Low Complexity and high workload
- Technical Denials Follow-up – High Workload – Focus will be on segregating the low value denials (see next slide)

Crowe Value Score	Count	Average Current Payor Payment Probability	Avg Predicted Time to Payment	Average Predicted Cash Value
1	249	21.6%	380	\$ 4
2	1,009	23.9%	248	\$ 18
3	2,109	29.5%	207	\$ 59
4	2,633	33.8%	176	\$ 155
5	4,155	37.5%	187	\$ 332
6	5,449	37.0%	145	\$ 558
7	6,292	36.6%	133	\$ 1,168
8	4,327	38.5%	103	\$ 2,983
9	1,434	49.7%	76	\$ 11,032
10	23	74.4%	24	\$ 18,179
Grand Total	27,680	36.4%	152	\$ 1,498
Crowe Value Score	Count	Workload %	Total Predicted Cash Value	% of Cash Value
Low (1-3)	3,367	12.2%	\$ 144,513	0.3%
Moderate (4-7)	18,529	66.9%	\$ 12,177,518	29.4%
High (8-10)	5,784	20.9%	\$ 29,147,678	70.3%
Grand Total	27,680	100.0%	\$ 41,469,710	100.0%

Next up:

- Human-Digital-Human
- Seek consistency & ROI
- Network Orchestration as a rule
- Move people into highest value roles



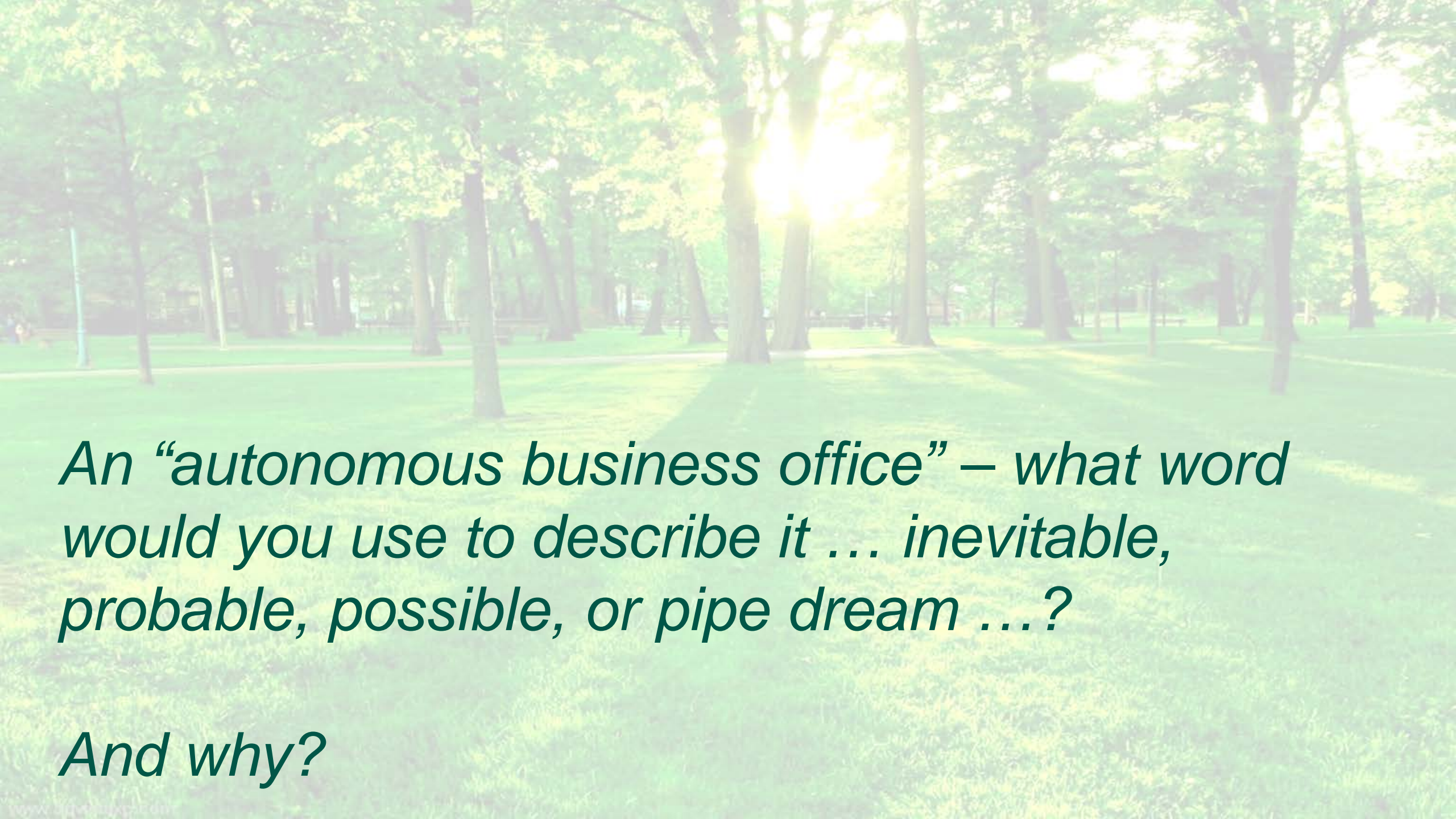
3 months
3 years

2019



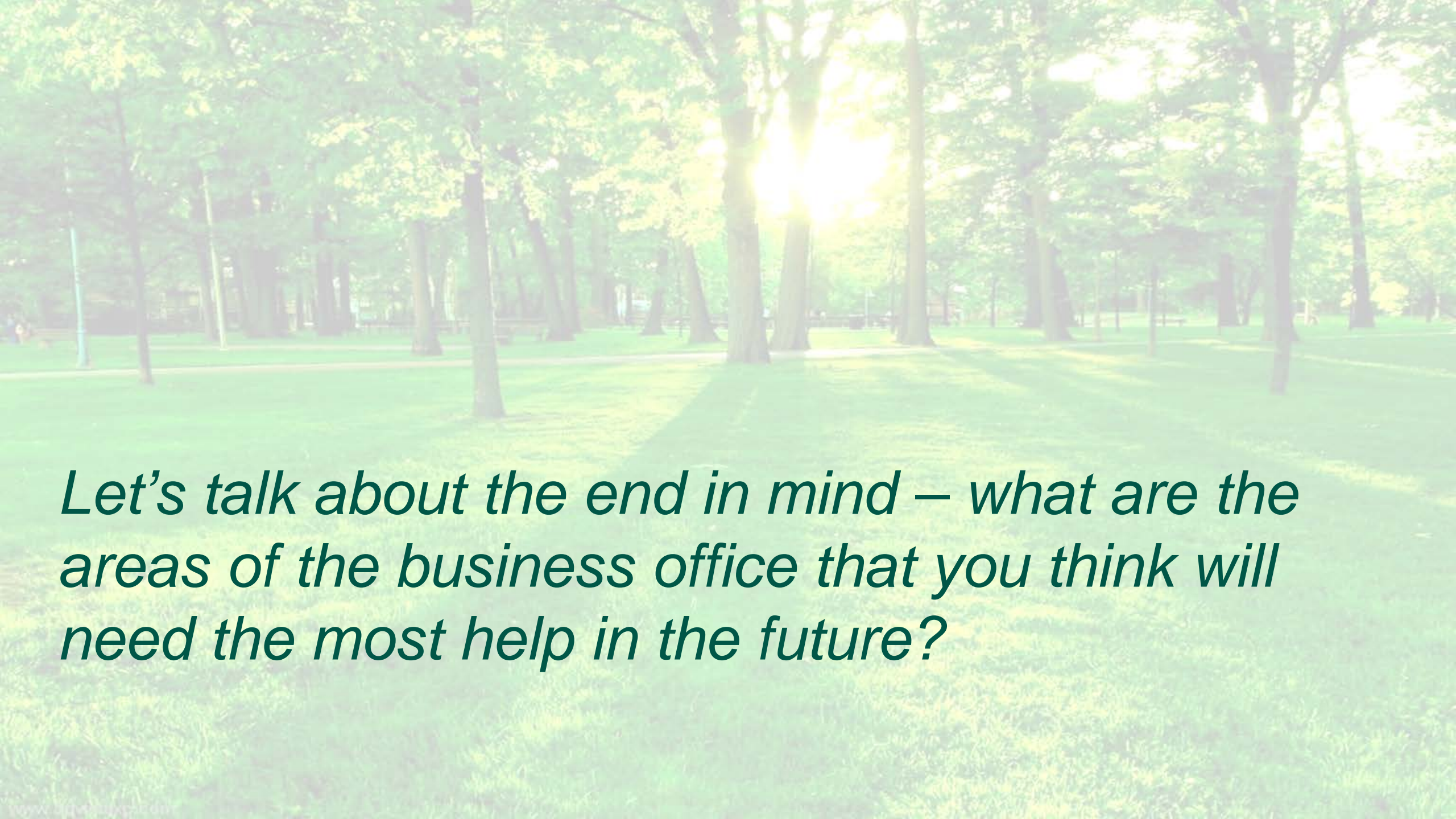
Q&A

Discussion


A photograph of a park with many trees and a grassy field. The sun is shining brightly through the trees in the center, creating a lens flare effect. The trees are mostly deciduous with green leaves. The grass is green and there are some shadows on the ground.

An “autonomous business office” – what word would you use to describe it ... inevitable, probable, possible, or pipe dream ...?


And why?

A photograph of a park with many trees and a grassy field. The sun is shining brightly through the trees in the center, creating a lens flare effect. The trees are mostly deciduous with green leaves. The grass is green and there are some shadows on the ground.

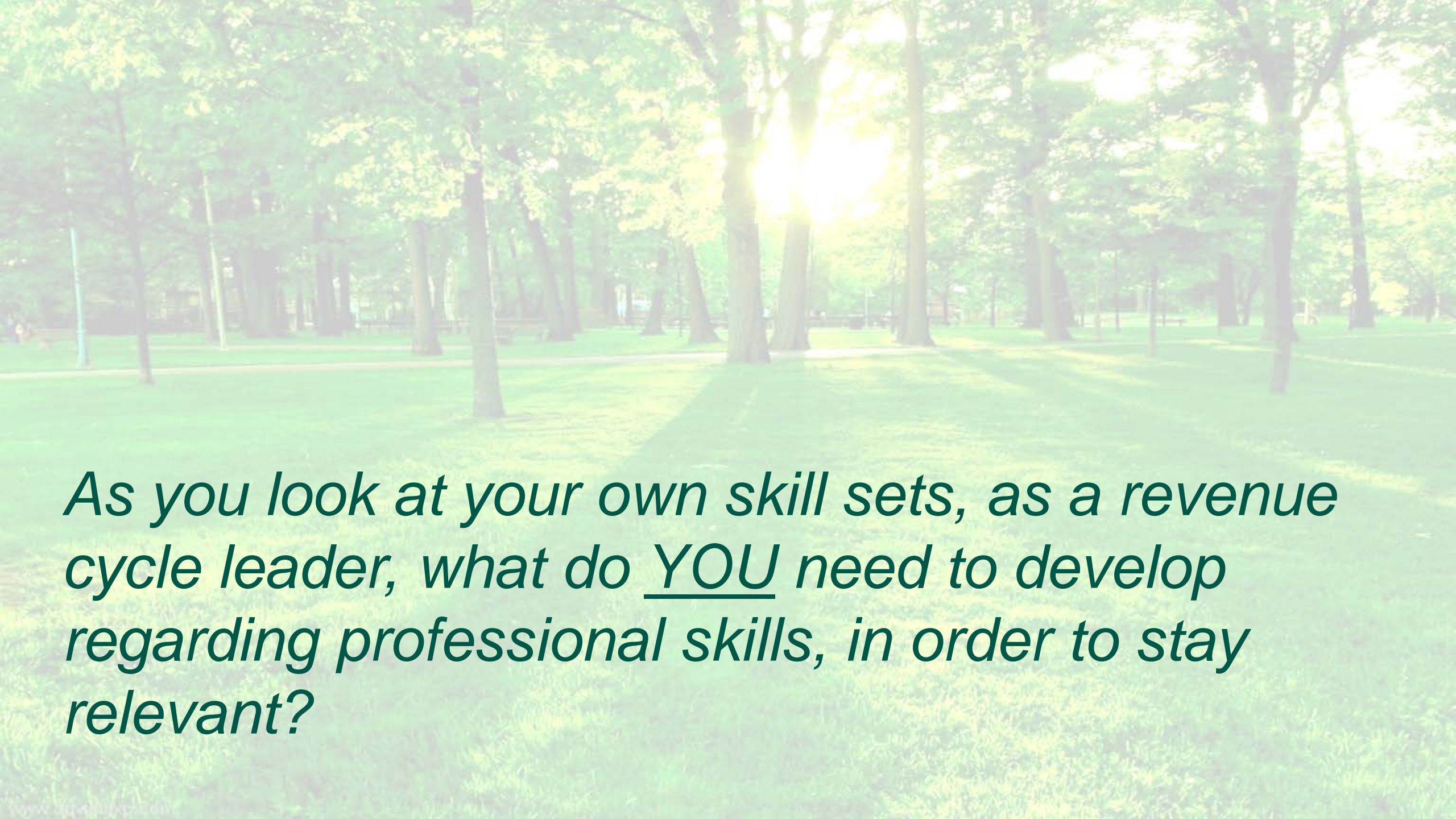
Let's talk about the end in mind – what are the areas of the business office that you think will need the most help in the future?

A photograph of a park with many trees and a grassy field. The sun is shining brightly through the trees in the center, creating a lens flare effect. The trees are mostly deciduous with green leaves. The grass is green and there are some shadows on the ground.

What kind of “change management” elements should be considered as we transition to “autonomous”?

A photograph of a park with many trees and a grassy field. The sun is shining brightly through the trees in the center, creating a lens flare effect. The trees are mostly deciduous with green leaves. The grass is green and there are some shadows on the ground.

How do you think “patient experience” will be affected by moving to an autonomous environment?

A photograph of a park path lined with trees, with the sun shining brightly through the foliage in the center background, creating a warm, golden glow. The path is paved and leads into the distance, flanked by green grass and mature trees. The overall scene is peaceful and inviting.

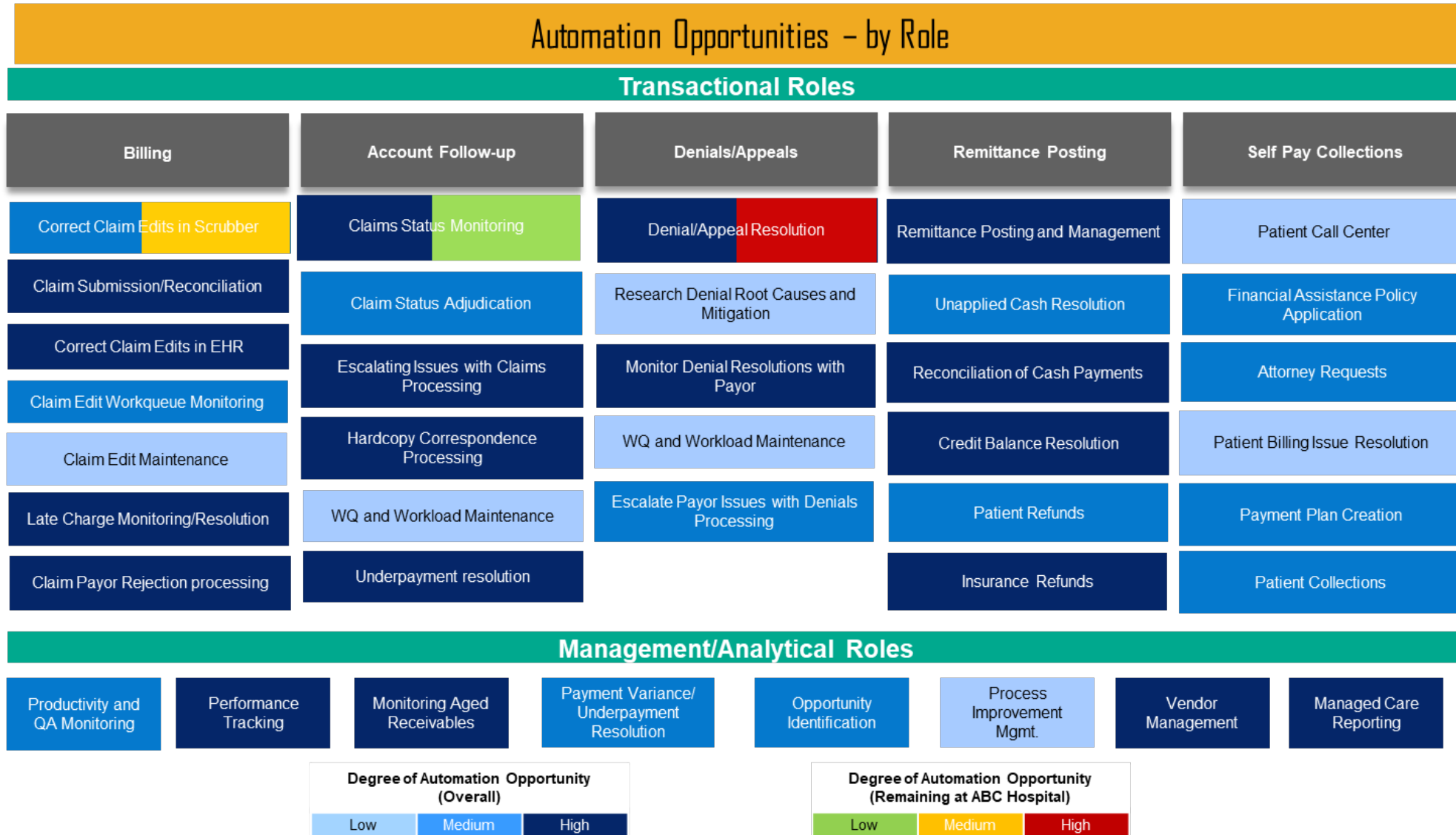
As you look at your own skill sets, as a revenue cycle leader, what do YOU need to develop regarding professional skills, in order to stay relevant?

Let's start ...

```
4 # Prevent database truncation if the environment is production
5 abort("The Rails environment is running in production mode!")
6 require 'spec_helper'
7 require 'rspec/rails'
8
9 require 'copybara/rspec'
10 require 'copybara/rails'
11
12 Copybara.jsavascript_driver = :webkit
13 Category.delete_all; Category.create
14 Shoulda::Matchers.configure do |config|
15   config.integrate do |with|
16     with.test_framework :rspec
17     with.library :rails
18   end
19 end
20
21 # Add additional requires below this line. See the documentation for more
22 # Requires supporting ruby files with standard library extensions and
```

Today

Business Office Automation Heat Map



Checklist “✓”

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

GOALS

- 40% decrease in labor hours
- 5% improvement in KPIs
- Material impact on patient engagement scores



“Leadership requires two things:
a vision of the world that
does not yet exist,
and the ability to
communicate it.”

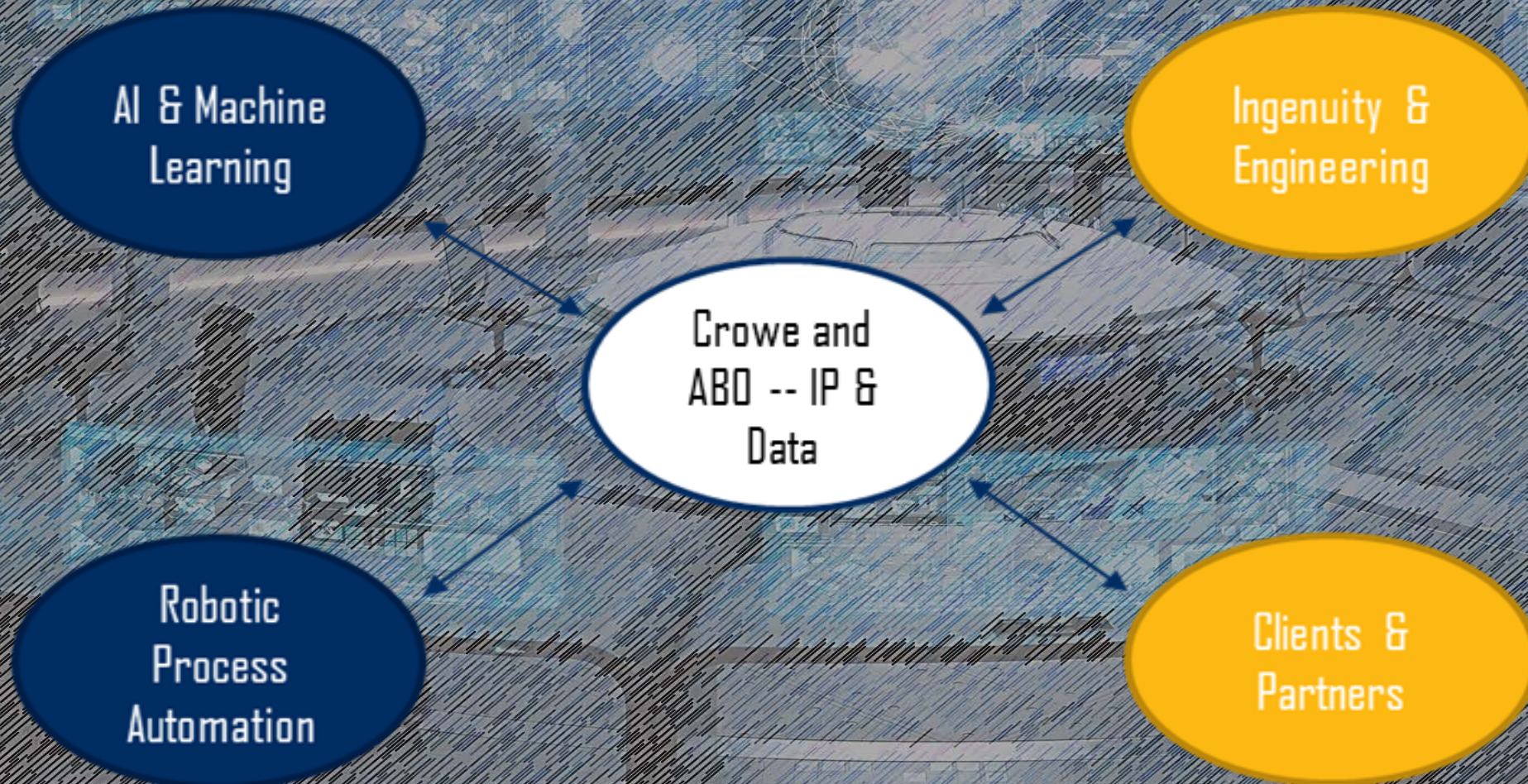



What is Crowe's plan?

We believe that an autonomous business office the only way health systems can achieve their collective goals of:

- the highest revenue realization;
- the least amount of operational variability, and;
- the lowest costs for redundant tasks.

Unique Business Model



- 
1. Shared services will become shared across the industry, without regard to competition
 2. The assumptive operating model will be “digital managed by humans”
 3. Every current job description will change

OUR WORKPLACE
IN 5 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

OUR SKILLSETS
IN 5 YEARS



Top 10 most “lucrative” college majors

1. Electrical Engineering
2. Nursing
3. Computer Engineering
4. Chemical Engineering
5. Civil Engineering
6. Biomedical Engineering
7. Computer Science
8. Construction Management
9. Mechanical Engineering
10. Petroleum Engineering

OUR EMPLOYEES
IN 5 YEARS

Thank you

