

Results summary

- Increased eligibility verification rate from 77% to 93%
- Decreased eligibility denials slightly from 2.5% to 1.42%
- Increased automation from <5% to 92.8%



University Physicians, Inc. (UPI) increases eligibility verification and introduces best practice workflows.

With the help of Centricity* EDI Services, UPI improved its eligibility verification process, freeing resources to perform other registration and insurance quality functions.

UPI employs over 1,000 non-physician staff who support the clinical practices of the University of Maryland School of Medicine. These staff provide administrative support functions, such as business development, finance, human resources, information technology, compliance, legal affairs, practice operations support, and reimbursement management. Core functions include developing common practice standards, collecting and reporting statistical and financial data, and contracting with payers.

The University of Maryland School of Medicine has approximately 1,200 full-time faculty members involved in teaching, research, and clinical practice. Physicians' clinical schedules accommodate approximately 1,000,000 inpatient/outpatient visits per year. Annual revenue from clinical activity exceeds \$212 million.



“Collaboration between GE Healthcare and UPI, and the commitment of everyone involved were key to the project’s success. We’re very pleased with the outcome of the project.”

K. Laura Linantud, Director of Training and Registration Quality, UPI

Situation analysis

Since 2003, UPI had been using the Centricity EDI Services’ eligibility module within a centralized office for insurance verification, but, due to operational challenges, had been unable to realize the full potential of electronic eligibility. UPI felt that the time was right to improve its process for eligibility verification, which relied heavily on manual review. This was a daunting task for the centralized team.

In Centricity Business v4.3, new features are available to automate much of UPI’s manual process. However, after upgrading in 2009, UPI had not activated these new features.

UPI’s staff was still manually reviewing each individual payer response for all statuses, whether the patient was active, inactive, mixed, or rejected. The workflow for verification was very detailed, requiring constant correction of registration errors by users and continual updating of benefit information from the payer. The process needed to change.

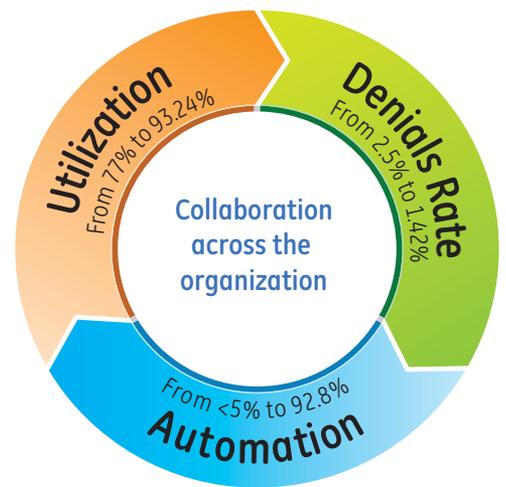
“We spoke with other similar academic practice groups that were using electronic eligibility verification much more effectively across a broader payer base than we were,” said Charles Henck, Chief Information Officer, UPI. “We knew we had to take a serious look at our operation and manual processes to see how we could be more efficient and determine whether there was technology we weren’t using.”

Solution delivery

Centricity Business brings innovative technology together with seasoned expertise to drive performance across organizational models and business processes. Leveraging the Centricity Business and Centricity EDI Services product, UPI engaged the Centricity EDI Services consultants to provide Eligibility Workflow Optimization. This workflow-specific, consultative service uses key performance indicator (KPI) driven improvements and introduces best practice workflows into an organization.

“From the very start of the project, we began identifying measurable goals,” said K. Laura Linantud, Director of Training and Registration Quality, UPI. “We knew we wanted to increase overall insurance verifications for scheduled patients—that was the big one. We also wanted to maintain eligibility-related denials and at least not see them increase. And we wanted to automate the process as much as possible, because every account that went out had to be verified and touched by a staff member, whether it went through the eligibility module or not.”

Key Performance Indicators (KPIs)



To guide the project, GE Healthcare worked with UPI to develop the KPIs. The team selected baseline metrics tied to UPI business goals that were well-grounded, and measurable:

- Electronic verification rate of 85%+
- Automated review of active responses 90%+
- Maintain/improve eligibility denials rate of 2.5% or lower

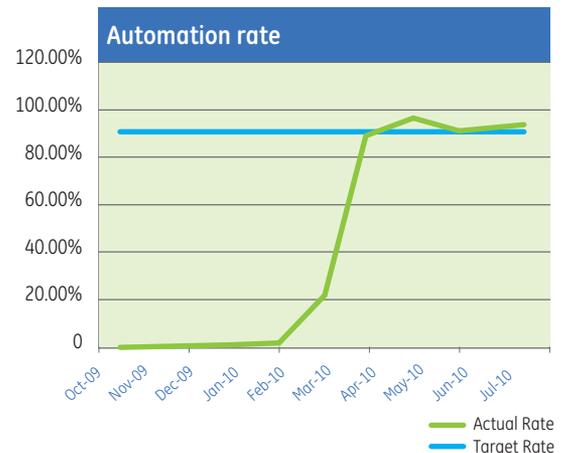
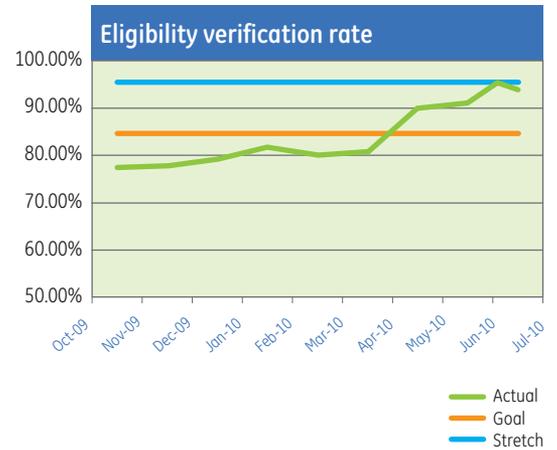
“We devoted a lot of time up front defining what success might look like at the end of the project,” said Bill Elliott, Chief Operating Officer, UPI. “Making sure the KPIs made sense and were realistic ensured we were on the right course during the entire project. And having everybody at the table with full commitment to a single goal in mind was key.”

In February 2010, Centricity EDI Services began collaborating with the Information Technology Management (ITM) and Practice Operations departments of UPI. The goal of the eligibility improvement initiative was to standardize best practices and identify ongoing opportunities for workflow improvement and automation. GE would provide the best practice workflows, while ITM bridged the gap between software and operation needs. After getting executive sponsorship and buy-in from business office locations and the ITM department, a project team was assembled.

Success of the eligibility improvement project depended on effective teamwork; trust and respect among team members; and open communication. “We spent about a month assessing our operation and planning the project, which really contributed to our success,” Linantud said. “GE Healthcare and UPI worked incredibly well together and shared ideas.”

During an initial onsite assessment, consultants from GE Healthcare mapped out existing registration and appointment workflows across the organization. Consultants performed a gap analysis relative to the electronic eligibility solution, comparing eligibility processes against known best practices to determine where they could make sustainable improvements. They spent numerous hours onsite with the ITM department and business office locations to identify opportunities for mapping of co-pays, automation, standardization, and exception-based workflow.

“GE exceeded our expectations,” Linantud said. “They really took the time to



understand our business processes and what we wanted to get out of the project. Instead of trying to force a certain technology on us, they really listened to users and offered solutions from there.”

Implementation went really well, according to Linantud: “It was very structured. We involved the users in every aspect of the process and did a lot of testing before anything went live. We made a lot of positive changes. Users loved the improvements because they saved a lot of time.”

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Achieved Results

Taking advantage of new features in Centricity Business version 4.3, the team improved the eligibility verification process. Transactions that are identified as active by both the insurer and UPI are now automatically reviewed. By managing transactions by exception, employees are much more efficient.

By taking advantage of the Eligibility Workflow Optimization solution, UPI has optimized workflow efficiency. Optimizing financial and administrative workflow has enabled more knowledgeable and informed decision-making and helped UPI achieve the following results:

Increased utilization. In the six months since implementation, UPI has increased the eligibility verification rate (percentage of appointments/visits checked electronically) from 77% to 93%.

Reduced denials. The eligibility denials rate has improved to 1.42%. This trailing indicator helps the team track whether they are doing everything right and that the project is not having a negative impact on the backend.

Increased automation rate. By taking advantage of Eligibility Workflow Optimization tools, UPI significantly changed how they work, increasing automation from <5% to 92.8%. By improving the eligibility process, UPI freed up resources to perform other functions, while improving accuracy. When they began the project, they were performing eligibility checking for 60 scheduling departments and now are working over 120 scheduling departments.

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