Registration Accuracy  
As a Revenue Cycle  
Key Performance Indicator (KPI)

Inspiration & Motivation

"For every thousand people striking at the branches of evil, there is only one striking at the root.“  Henry David Thoreau

“There is nothing more powerful than an idea whose time has come.”  
Victor Hugo
The Impact of Patient Access on the Revenue Cycle

- My Revenue Cycle was only as good as my front-end
  - If the root is unhealthy, the rest of the tree will be too – regardless of tree-saving efforts
- At the front door, Registration Staff hold the keys to:
  - Customer Service & Patient Satisfaction
  - Medical Loss & Risk Management
  - Medical & Financial Data Integrity
  - Revenue Cycle Impact (our focus today)

The Impact of Patient Access on the Revenue Cycle – a Quiz

- What is the #1 reported complaint of billers?
  - Registration Errors – ask any biller!
- What percentage of the UB04 data elements required to bill a clean claim come from a REGISTRAR?
  - 70% - UB04
- What percentage of billing staff time is spent doing rework?
  - Up to 80% - Health Information Technology Magazine
- What percentage of Business Office staff are dedicated to rework?
  - 75% - HFM Magazine
The Impact of Patient Access on the Revenue Cycle – Quiz Part 2

- It costs < $0.01 cent for a credit card transaction to be processed. What does it cost to process a hospital claim?
  - $22 - $28
- What is the National Average Registration Error Rate?
  - Self-reported: 2% to 20% - HCPRO Hospital Survey
  - Audit-reported: 30% - Zimmerman’s Revenue Cycle Journal – and automated QA Clients (AccuReg)
- What percent of denials are preventable in Registration?
  - 80% - Emdeon, 2009
- Write offs as a percent of net revenue that are preventable?
  - 1% to 3%

Denial Statistics: 80% from Patient Access

Source: Emdeon, 2009 Study
Preventable Registration Errors
Expensive Examples:

- Wrong Insurance Plan
- Policy# or Group# missing or invalid
- Patient not eligible on DOS
- Private Pay Patient with Insurance
- Medicare loaded when patient covered by Medicare HMO (Medicare Advantage Plans)
- Medicare Listed as Primary when should be Secondary (MSPQ auditing – RAC Alert!)
- Minor Guarantors
- Duplicate Medical Record Numbers
- Accident Claims without Occurrence Codes
- Relationship Code errors
- Medical Necessity (RAC Alert!)
- Internal coding mismatches (ie; financial class to patient type to service code to admit code)
- Missing Prior Authorizations or Pre-certifications
- Transposed digits: SSN, DOB, Policy#, Group#
- Invalid punctuation
- Misspelled Name (#1 Medicare reason for RTP claim rejections)
- Insurance Eligibility Verification failure
- Address Verification failure (Returned Mail Cost)
- 72-hour rule/OBSV failures
- POS Collection failure
- Physician Orders (RAC Alert!)
- Hundreds more…

Registration Accuracy KPI:
Why Not Prevalent?

- Why do so few organizations monitor Registration Accuracy as a standard KPI:
  - Don’t understand the revenue impact of Patient Access
  - Difficult to track & report consistently
  - Can’t measure it so I can’t manage it
  - The billing department corrects the errors anyway
  - Can’t change behavior anyway
  - Too expensive
  - Complacency
    - To be content and satisfied with your life and surroundings, even when something which may destroy these conditions is imminent.
    - I know I live in hell but I know the names of all the streets…
Factors Influencing Registration Accuracy

- Quality of Data from MD or Patient (changing data)
- HIS/ADT System Limitations
- Low Compensation & High Turnover
- Priorities and the need for speed
- Changing payer and hospital rules
- Inevitable Human Error
- Increasing Complexity...

Complexity Shift to the Front

- MPI Search & Selection
- Insurance Eligibility Verification
- Address Verification
- Interpreting Physician Orders
- Pre-Certs, Prior Authorizations
- Medical Necessity Checks/ABN’s
- Coordination of Benefits
- MSPQ
- Privacy Notices/Consents
- Advance Directives
- Insurance Coverage & Benefits
- Copays, Deductibles
- TPL & Accidents
- Workers Compensation
- Local Employer Health Plans
- Guarantor & Subscriber Rules
- ER Logs
- Physician selection
- Choosing the Right Plan Code, Group, Employer, Relationship
Complexity Shift to the Front (continued)

- Language Barriers/resources
- Charity Screening/Financial counseling
- Prior balance review
- EMTALA, HIPAA, Fair Debt, Joint Commission
- Hospital Policies & Procedures
- Procedure & Charge Posting
- Medicare and Medicaid Rules
- 10 to 15 Software Apps & Sites
- Insurance forms (multi-payor)
- Scanning systems
- Scheduling
- Pre-registration
- Bed placement
- Patient Transportation
- POS Collections, Receipting
- Customer Service 😊
- 10-minute wait and reg times
- Contact Fatigue (fishbowl effect)
Registration is like flying an airplane - ONE system/process failure can result in a bad outcome for the Revenue Cycle...

...unless we course-correct (systematically)

- Deviations (failures/errors) are *inevitable*
- Course-correcting systems must be *deliberate*
Standard Revenue Cycle KPI's

- Net Days in A/R
- POS Cash as % of Total Pt Cash Collected
- Clean Claim Rate
- Denial Write-offs as a % of Net Revenue
- Cost to Collect
- DNFB

NOTE: KPI's are great, but do they change the situation?

Thermostat vs Thermometer

Registration Accuracy as a KPI

- Registration Accuracy is more than a KPI
  - The activity required to track it (QA) is a thermostat that moves other KPI's:
    - Net Days A/R
    - Clean Claim Rate
    - Denials Rate
    - Net to Cash
    - DNFB
Registration Accuracy Rate Calculation

- **Registration Error Rate**
  \[
  \text{(total errors / total registrations)}
  \]

- **Registration Accuracy Rate**
  \[
  \text{(error-free registrations / total registrations)}
  \]

Registration Accuracy and the Revenue Cycle
Registration Accuracy to Net to Cash 30/30
CHRISTUS Health - St. Elizabeth
Net to Cash 30/30: 30 Days Cash Collected / Net Revenue Within 30 days

Registration Accuracy
Net to Cash 30/30 Insured
Linear (Net to Cash 30/30 Insured)

Automated QA system installed July 2008

Registration Accuracy - Net to Cash 60/60
CHRISTUS Health – St. Elizabeth
Net to Cash 60/60: 60 Days Cash Collected / Net Revenue Within 60 days

Registration Accuracy
Net to Cash 60/60 Insured
Linear (Net to Cash 60/60 Insured)

Automated QA system installed July 2008

Hurricanes Gustav (8/25/08) & Ike (9/13/08)
Registration Accuracy - Net to Cash 90/90
CHRISTUS Health - St. Elizabeth
Net to Cash 90/90: Cash Collected / Net Revenue Within 90 days

Registration Accuracy - Net to Cash 120/120
CHRISTUS Health - St. Elizabeth
Net to Cash 120/120: Cash Collected / Net Revenue Within 120 days
Registration Accuracy Rate to Unbilled Days
CHRISTUS Health - St. Elizabeth

![Graph showing registration accuracy rate to unbilled days.](image)

Registration Accuracy Rate to POS Collections
CHRISTUS Health - St. Elizabeth

![Graph showing registration accuracy rate to POS collections.](image)
Two Methods of Tracking Accuracy

**Manual QA:**
- >$2.50 per account (1 FTE per 24-48k accts)
- 20-30% random accounts audited
- 10-20 error types
- Auditor Corrects
- Limited error tracking and Management reporting

**Automated QA:**
- <15 cents per account - No FTE required
- 100% accounts audited
  - Objectively
  - Consistently
- Hundreds of error types
- Registrar Corrects
- Error Tracking, Employee Performance and Management Reporting

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**Manual QA Checklist**

- Patient Information:
  - Error
  - Guarantor Information:
  - Error
  - Patient Name Format
  - Guarantor Relationship to Patient
  - Patient Address
  - Guarantor Name
  - Patient Phone #
  - Guarantor Address
  - Patient SSN
  - Guarantor Phone #
  - Patient DOB
  - Guarantor SSN
  - Emergency Contact
  - Guarantor DOB
  - Patient Employer
  - Guarantor Employer
  - Employer Address
  - Guarantor Address
  - Employer Phone #
  - Guarantor Phone #
  - Patient MRN
  - Minor Listed as Guarantor

- Insurance Information:
  - Error
  - Other Information
  - Error
  - Insurance Co Name
  - Incomplete/Incorrect MSP
  - Insurance Policy/Group#
  - Medical Necessity Checked/ABN
  - Subscriber Name
  - Accident Code/Date & Time
  - Subscriber DOB
  - Coverage/Benefits/Verified
  - Subscriber Relationship to Pt
  - Incorrect Insurance Placement
  - PreCert Required
  - M'care & M'care HMO loaded
**Manual QA Tools**

- Handout: Sample QA Checklist
- Handout: Sample QA Tally List
- Manual QA Cost-Benefit Calculator
- Manual Error Tracking & Reporting Database: "AccuReg Lite"

**Hospital Managers only:**
- Email a request to info@accuregsoftware.com
- Visit www.accuregsoftware.com
- Leave business card with “Manual QA Tools”
- Call 866-872-7498

**Cost Estimator for Manual vs. Automated Registration Quality Assurance**

<table>
<thead>
<tr>
<th>Yellow: your assumptions</th>
<th>Pink: calculated fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Registered Per Day</td>
<td>500 Regs per day</td>
</tr>
<tr>
<td>Number of Financial Impact Error Types to Audit for:</td>
<td>30 Error Types (financial impact only)</td>
</tr>
<tr>
<td>Minutes required to review one error type in one account:</td>
<td>20 Seconds to review one error</td>
</tr>
<tr>
<td>MINUTES REQUIRED TO FULLY AUDIT ONE ACCOUNT</td>
<td>180 Minutes to Review one Account</td>
</tr>
<tr>
<td>Percent of Registrations to be Audited:</td>
<td>100% Percent of Accounts to Audit</td>
</tr>
<tr>
<td>Minutes required to review at above rates</td>
<td>6000 Total Productive Minutes required</td>
</tr>
<tr>
<td>Productive Minutes Per Day Per FTE</td>
<td>310 Productive Minutes per FTE</td>
</tr>
<tr>
<td>STAFF REQUIRED:</td>
<td>15 FTE’s to do the job</td>
</tr>
<tr>
<td>Avg Hourly Rate Per FTE reviewer:</td>
<td>$15.00 Hourly Rate incl ben + OH</td>
</tr>
<tr>
<td>Cost Per Account:</td>
<td>$1.94 Cost Per Account</td>
</tr>
<tr>
<td>Cost Per Day:</td>
<td>$1,904.76 Cost Per Day</td>
</tr>
<tr>
<td>Cost Per Month:</td>
<td>$38,095.34 Cost Per Month</td>
</tr>
<tr>
<td>Cost Per Year:</td>
<td>$457,142.86 Cost Per Year</td>
</tr>
</tbody>
</table>

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1. **Automated QA systems audit 100% of accounts for hundreds of error types not limited to financial impact errors (compliance and operational edits are included). For a fair comparison of manual to automated QA methods, the Percent of Registrations Audited field should be set to 100%.

2. **Productive Minutes Per Day Per FTE**: 480 mins/day - 60 lunch & breaks x .75 productivity ratio

3. **Monthly Service Fee quoted by vendor does not include initial setup or training fees**

Source: DSI (AccuReg Software) - www.accuregsoftware.com

For more information: paul@accuregsoftware.com - 866-872-7498

Updated: 2/11/2011
Evolution of QA

- **First Generation**: Manual QA
- **Second Generation**: Automated QA with individual accountability to self-correct errors
- **Third Generation**: Automated QA with Performance and Productivity tracking and Management Reporting
- **Fourth Generation**: Automated QA with Performance, Productivity and Integrated Learning Tools
  *(Professional Development focus with Specific Training and “In the Moment” Coaching)*

Today’s Automated QA Tools

- Audit 100% of accounts in real-time and work queue workflows
- Identify hundreds of error types – specific to service type, stay type, payer status, etc.
- Customizable to target problem issues
- Changes Behavior!
  - Educates the registrar - automatically and consistently
  - Empowers supervisors to better manage front end staff
  - Tracks Performance Improvement at facility, location and individual levels
- Integrates with 271 Eligibility Data for value-variance auditing
- Comprehensive auditing – compliance risk, financial impact, operational impact, data integrity – for **ONE simple KPI**
# Accuracy Rate Benchmarks

<table>
<thead>
<tr>
<th># Edits</th>
<th>Good</th>
<th>Better</th>
<th>Best</th>
</tr>
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<tbody>
<tr>
<td>&lt;25</td>
<td>85%</td>
<td>95%</td>
<td>98%</td>
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<tr>
<td>25-50</td>
<td>83%</td>
<td>93%</td>
<td>97%</td>
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<td>50-75</td>
<td>81%</td>
<td>91%</td>
<td>96%</td>
</tr>
<tr>
<td>75-100</td>
<td>79%</td>
<td>89%</td>
<td>95%</td>
</tr>
<tr>
<td>100-125</td>
<td>77%</td>
<td>87%</td>
<td>94%</td>
</tr>
<tr>
<td>125-150</td>
<td>75%</td>
<td>85%</td>
<td>93%</td>
</tr>
<tr>
<td>150-175</td>
<td>73%</td>
<td>83%</td>
<td>92%</td>
</tr>
<tr>
<td>175-200</td>
<td>71%</td>
<td>81%</td>
<td>91%</td>
</tr>
<tr>
<td>&gt;200</td>
<td>70%</td>
<td>80%</td>
<td>90%</td>
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</tbody>
</table>

## Registration Accuracy KPI: Corporate Jan 2011

<table>
<thead>
<tr>
<th>Facility</th>
<th>Go-Live Date</th>
<th>Threshold</th>
<th>Target</th>
<th>Goal</th>
<th>Total Registration</th>
<th>Error Free Account</th>
<th>Accuracy Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>GC-St Catherine</td>
<td>6/16/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>5,709</td>
<td>5,179</td>
<td>90.2%</td>
</tr>
<tr>
<td>GC-St John</td>
<td>6/16/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>7,465</td>
<td>6,909</td>
<td>92.5%</td>
</tr>
<tr>
<td>SETEX-Jasper</td>
<td>7/8/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>6,097</td>
<td>5,865</td>
<td>96.0%</td>
</tr>
<tr>
<td>SETEX-St Mary</td>
<td>7/8/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>6,660</td>
<td>5,957</td>
<td>89.4%</td>
</tr>
<tr>
<td>SETEX-St Elizabeth</td>
<td>7/8/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>14,933</td>
<td>14,139</td>
<td>94.3%</td>
</tr>
<tr>
<td>ALT-St Michael</td>
<td>6/30/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>12,030</td>
<td>11,035</td>
<td>91.8%</td>
</tr>
<tr>
<td>NLA-St Mary</td>
<td>8/18/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>8,642</td>
<td>8,096</td>
<td>92.8%</td>
</tr>
<tr>
<td>NLA - Highland</td>
<td>8/18/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>3,795</td>
<td>3,352</td>
<td>88.3%</td>
</tr>
<tr>
<td>SWLA-St Patrick</td>
<td>9/22/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>5,323</td>
<td>4,342</td>
<td>81.6%</td>
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<tr>
<td>CLA-Cabrini</td>
<td>10/22/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>11,316</td>
<td>10,112</td>
<td>90.0%</td>
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<tr>
<td>CLA-Coushatta</td>
<td>10/22/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>1,760</td>
<td>1,344</td>
<td>78.1%</td>
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<tr>
<td>BR-City Centre</td>
<td>11/17/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>12,999</td>
<td>11,857</td>
<td>94.0%</td>
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<tr>
<td>SR-Medical Centre</td>
<td>11/17/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>2,619</td>
<td>2,466</td>
<td>94.9%</td>
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<tr>
<td>SR-New Braunfels</td>
<td>11/17/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>6,749</td>
<td>6,408</td>
<td>94.9%</td>
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<tr>
<td>SR-Westover Hills</td>
<td>11/17/2008</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>4,913</td>
<td>4,478</td>
<td>91.1%</td>
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<tr>
<td>SPOHN- Alice</td>
<td>1/28/2009</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>6,617</td>
<td>5,820</td>
<td>88.0%</td>
</tr>
<tr>
<td>SPOHN- Beeville</td>
<td>1/28/2009</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>3,911</td>
<td>3,410</td>
<td>87.2%</td>
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<tr>
<td>SPOHN- Clinic</td>
<td>12/20/2009</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>3,279</td>
<td>2,804</td>
<td>85.5%</td>
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<tr>
<td>SPOHN - Kieberg</td>
<td>1/28/2009</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>3,071</td>
<td>2,744</td>
<td>89.4%</td>
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<tr>
<td>SPOHN - Memorial</td>
<td>1/28/2009</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>7,801</td>
<td>6,998</td>
<td>89.7%</td>
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<tr>
<td>SPOHN - Shoreline</td>
<td>1/28/2009</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>6,321</td>
<td>5,652</td>
<td>89.4%</td>
</tr>
<tr>
<td>SPOHN - South</td>
<td>1/28/2009</td>
<td>Good - 77%</td>
<td>Better - 89%</td>
<td>Best - 94%</td>
<td>3,782</td>
<td>3,474</td>
<td>91.9%</td>
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</table>
# Registration Accuracy KPI: Hospital Level

<table>
<thead>
<tr>
<th>Name</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Review Required</th>
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<tbody>
<tr>
<td>Beverly M</td>
<td>92.5%</td>
<td>93.2%</td>
<td>97.0%</td>
<td>96.2%</td>
<td>25</td>
</tr>
<tr>
<td>Bonnie T</td>
<td>92.6%</td>
<td>97.1%</td>
<td>97.8%</td>
<td>94.6%</td>
<td>35</td>
</tr>
<tr>
<td>Brandi N</td>
<td>100.0%</td>
<td>0.0%</td>
<td>33.3%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Brenda S</td>
<td>87.5%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>2</td>
</tr>
<tr>
<td>Brenda T</td>
<td>85.0%</td>
<td>87.5%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>16</td>
</tr>
<tr>
<td>Brittney W</td>
<td>83.3%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>4</td>
</tr>
<tr>
<td>Cindy S</td>
<td>94.4%</td>
<td>94.1%</td>
<td>96.5%</td>
<td>98.5%</td>
<td>67</td>
</tr>
<tr>
<td>Curtis P</td>
<td>96.9%</td>
<td>96.9%</td>
<td>96.9%</td>
<td>96.9%</td>
<td>4</td>
</tr>
<tr>
<td>Danielle L</td>
<td>100.0%</td>
<td>0.0%</td>
<td>100.0%</td>
<td>0.0%</td>
<td>2</td>
</tr>
<tr>
<td>Deborah B</td>
<td>100.0%</td>
<td>33.3%</td>
<td>75.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Elva N</td>
<td>75.0%</td>
<td>87.7%</td>
<td>89.5%</td>
<td>93.2%</td>
<td>55</td>
</tr>
<tr>
<td>Emma R</td>
<td>90.6%</td>
<td>88.9%</td>
<td>93.7%</td>
<td>97.9%</td>
<td>47</td>
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<tr>
<td>Judy W</td>
<td>93.0%</td>
<td>93.0%</td>
<td>93.0%</td>
<td>93.0%</td>
<td>35</td>
</tr>
<tr>
<td>Kimberly R</td>
<td>88.5%</td>
<td>81.6%</td>
<td>98.2%</td>
<td>97.4%</td>
<td>37</td>
</tr>
<tr>
<td>LaCrenia W</td>
<td>100.0%</td>
<td>100.0%</td>
<td>88.9%</td>
<td>80.0%</td>
<td>0</td>
</tr>
<tr>
<td>Laura D</td>
<td>93.3%</td>
<td>97.9%</td>
<td>97.9%</td>
<td>97.9%</td>
<td>4</td>
</tr>
<tr>
<td>Marcia H</td>
<td>98.7%</td>
<td>100.0%</td>
<td>97.9%</td>
<td>100.0%</td>
<td>23</td>
</tr>
<tr>
<td>Mary J</td>
<td>96.2%</td>
<td>96.2%</td>
<td>96.2%</td>
<td>96.2%</td>
<td>72</td>
</tr>
<tr>
<td>Michelle S</td>
<td>92.3%</td>
<td>97.9%</td>
<td>97.9%</td>
<td>97.9%</td>
<td>2</td>
</tr>
<tr>
<td>Nicole J</td>
<td>90.0%</td>
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<td>4</td>
</tr>
<tr>
<td>Rachel D</td>
<td>90.8%</td>
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<td>100.0%</td>
<td>97.6%</td>
<td>40</td>
</tr>
<tr>
<td>Rachel H</td>
<td>90.8%</td>
<td>87.2%</td>
<td>93.3%</td>
<td>94.9%</td>
<td>37</td>
</tr>
<tr>
<td>Ricky D</td>
<td>92.3%</td>
<td>96.3%</td>
<td>96.3%</td>
<td>96.3%</td>
<td>19</td>
</tr>
<tr>
<td>Samantha S</td>
<td>92.7%</td>
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<td>96.6%</td>
<td>94.9%</td>
<td>37</td>
</tr>
<tr>
<td>Tara Odell</td>
<td>92.2%</td>
<td>94.4%</td>
<td>96.3%</td>
<td>92.9%</td>
<td>13</td>
</tr>
<tr>
<td>Theresa J</td>
<td>86.4%</td>
<td>77.8%</td>
<td>80.0%</td>
<td>92.9%</td>
<td>105</td>
</tr>
<tr>
<td>Tina D</td>
<td>62.5%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Tisha B</td>
<td>86.1%</td>
<td>79.6%</td>
<td>94.9%</td>
<td>97.9%</td>
<td>47</td>
</tr>
<tr>
<td>Virginia C</td>
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<td>97.5%</td>
<td>100.0%</td>
<td>10</td>
</tr>
<tr>
<td>Vivian H</td>
<td>84.4%</td>
<td>94.7%</td>
<td>100.0%</td>
<td>86.4%</td>
<td>19</td>
</tr>
<tr>
<td><strong>Supervisor Area</strong></td>
<td>98.0%</td>
<td>97.9%</td>
<td>97.9%</td>
<td>97.9%</td>
<td>964</td>
</tr>
</tbody>
</table>

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**Accuracy KPI Changes…**

- The culture.
  - Trust and confidence between the front and back offices
  - Trust and confidence between employees and management
  - Blame is removed, problem solving fills the gap
  - Appreciation encourages teamwork
Cost-Benefit of Automating QA
...for just ONE Error

CHRISTUS Region - QA Error 077 — Pre-Cert Missing or Invalid

<table>
<thead>
<tr>
<th>Analysis Period for 4-hospital Region</th>
<th>Accounts with Pre-cert errors (errors identified at registration through QA process and corrected prior to billing)</th>
<th>Total Gross Charges: Accounts with Pre-cert Errors Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>January, 2009 – June, 2010</td>
<td>8,126 Errors / 519,456 Accts = 1.56% Error Rate</td>
<td>$39,614,914</td>
</tr>
</tbody>
</table>

COST TO AUDIT AND CORRECT PRECERT ERRORS

<table>
<thead>
<tr>
<th>Technology Cost to Audit (Automated QA)</th>
<th>Labor Cost to Correct (Labor: $2.00 avg cost per error based on avg 8 min correction time per error at $15/hr)</th>
<th>Total Cost to Audit and Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>$83,113</td>
<td>$16,252</td>
<td>$99,365</td>
</tr>
</tbody>
</table>

Est. Interest Lost due to delayed reimbursement (TVM)

<table>
<thead>
<tr>
<th>Billing Rework Labor Cost Avoided</th>
<th>Est. Interest Lost due to delayed reimbursement (TVM) (assumes 80% appeal success rate, 10% reins to charge ratio, and 0.5% interest rate, and 4 week avg reprocessing delay)</th>
<th>Total Losses Avoided (by front-end QA and error correction prior to billing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$60,945</td>
<td>$3,961</td>
<td>$2,376,895</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Avg Loss Avoided per Error</th>
<th>$300.49</th>
</tr>
</thead>
</table>

Less Cost of QA: $99,365
Net Loss Avoided: $2,342,436
ROI: 2357%

Leonardo DaVinci...

“It had long since come to my attention that people of accomplishment rarely sat back and let things happen to them. They went out and happened to things.”
Thank You!

paul@accuregsoftware.com
866-872-7498

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