Efficient Revenue Cycle Processes Project

Informational Webinar
March 4, 2026

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Cohort Revenue Cycle Project

Utilizing Lean Methodologies and Problem Solving Tools

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What is Lean?

How will it help us with Revenue Cycle?

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What is Lean???

Lean philosophy for health care is focused on:

- Defining value in the eyes of the patients
- Eliminating wasteful steps that add no value to the organization
- Creating flexibility and agility to meet the changing needs of the patient and industry
- Empowering frontline staff by incorporating easy problem-solving tools to use daily
- Doing more with less

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ERCP: Reducing Claims Denials

Focus: Identify and improve the process where insurance claim denials originate:

- Document Supporting Medical Necessity
- Coding
- Entering Patient Information
- Insurance Verification
- Create "best practices" for reducing denials and their financial impact

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ERCP: Reducing Claims Denials

Processes Targeted for Improvement:

- Clinic Registration
- Generating and completing Advance Beneficiary Notices (ABNs)
- Identification of Medications covered by Medicaid
- Emergency Room (ER) to Inpatient Authorization
- Radiology Pre-Authorization
- ER Registration
- Lab Registration Insurance Verification

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Revenue Cycle Topics - PYA

- Overview
- Scheduling
- Registration
- POS Collections
- Charge Capture
- Coding
- Billing
- Collections
- Denial Management
- KPIs

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Lean Methodologies used for Completion of Project

- Collect data:
  - Hospitals track claim denials
- Project Scoping:
  - Determine the issue, identify the process, develop a team, observe
- Map current process
- Work through the project using A3 Problem Solving Tool
  - Issue, Background, Current State, Root Cause Analysis, Target State, Countermeasures, Implementation Plan, Test Outcomes and Follow Up
- Report out during Wrap Up

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Why Lean???

Utilizing Lean in Health Care can Potentially:
- Reduce costs by 30-35%
- Improve work and patient flow
- Improve patient and non-patient care processes
- Improve morale, productivity and the bottom line

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Revenue Cycle Successes

- Improved patient and staff satisfaction
- Project contacts and teams speak of how this project really opens communication between departments
- Reduction of unbillable claims
  - Reduced unbillable ED visits by $80,000
  - Reduced unbillable Lab visits by $13,000
- Nearly 90% of post-project evaluations indicated the hospital had reached the goals they set

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Positive Outcomes

- Meaningful – building positive team communication
- Breaks complicated concepts into meaningful bites
- Outside content expert coming to the hospital for site visit
- Data tracking and measuring improvements made
- Monthly coaching calls for accountability and support
- Realistic timeframes
- Celebration wrap up

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Past Participant Perspective

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Holton Community Hospital

Diana Gaddis, Director of Revenue Cycle

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Revenue Cycle Lean A3

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Team

Diana Gaddis, Director of Revenue Cycle
Heather Naylor, Manager of Financial Services
Molly Weishaar, Reimbursement Specialist
Mason Baum, Assistant Clinic Director/Triage Nurse
A3 Coach: Monica Waymire

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Background/Problem Statement

Copay collection at the Holton Family Medicine
varies leading to a low percentage of
collection. In January 2025, there was an
8% collection rate for co-pays in the
HFM clinic.

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Problem Situation/Current Condition

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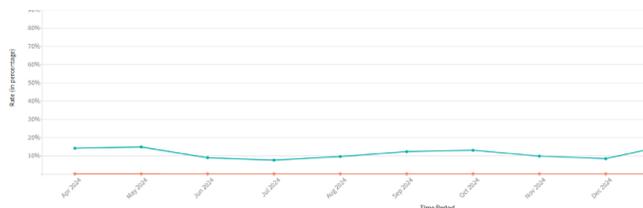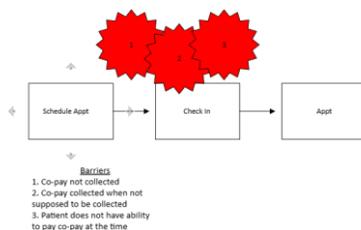
Goals/Targets:

Initial Goal:

Increase co-pay collection rate at Holton Family Medicine from 8% to 30% by December 31, 2025.

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Analysis/Cause Investigation

Copay collection at the Holton Family Medicine varies leading to a low percentage of collection

Why? Co-pay isn't collected

Why? Registration staff didn't ask for it

Why? Registration staff didn't know to ask for it

Why? Registration staff not trained to ask for it

Why? Not included in training for role of registration

Why? Process on how to collect wasn't created

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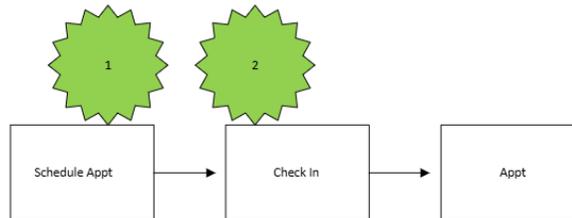
Future State

Future State
1. Patient knows copay expectation prior to appointment
2. Co pay collected every appropriate appointment

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Countermeasures

- Create Standard Work processes (SOP)
- Create Script
- Add training to registration staff role
- Gain access for visibility of co-pay in Athena for registration staff

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Implementation Plan

- Create and verify standard work:
  - SOP Cash/Check Payment
  - SOP for Checking in Patient
  - SOP Card Payment
- Finalize scripting and location of scripting
- Meeting to discuss training documents
- Training of registration
- Registration training with non-registration staff that cover
- Observe and monitor

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Results/Conclusions

Dashboard for HFM Co-Pay/ Outstanding Balance Collections

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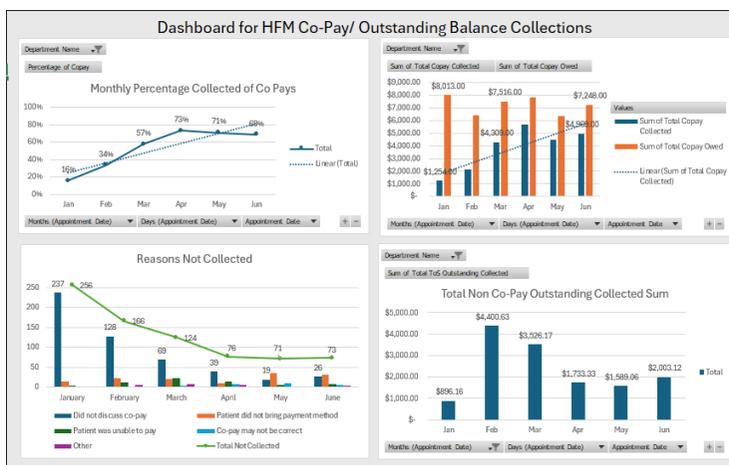
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Follow-up Actions/Control

- Continue data trending
- Monitor standard work
 - Take actions from observations and data analysis
- Spread process

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Project Overview

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Efficient Revenue Cycle Processes
Project Timeline

Pre-Kick Off Lean Training Webinar	Kick Off Meeting Wichita	A3 Submission	A3 Submission	A3 Submission
April 21	**May 7**	**May 22**	**June 22**	**July 22**

April 27&28	May 13-15	June	July	August 20
Coaching Zooms	Virtual Site Visit	Coaching Zooms	Coaching Zooms	Virtual Wrap Up Session

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What are you committing to?

- Attend and participate in a pre-kick off lean training webinar on April 21
- Attend and participate in an in-person kick-off session on May 7
- Provide staff time and resources necessary for commitment to the project. This includes project work within your facility, which will be ongoing throughout the duration of the project
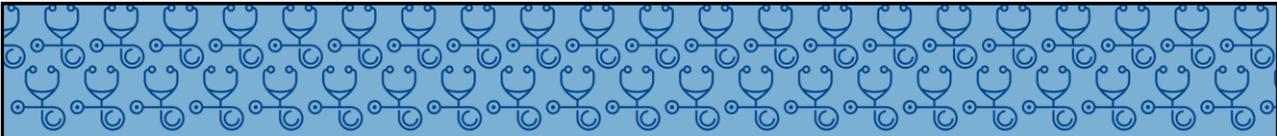- Participate in a virtual site visit and coaching zooms with Healthworks project staff
- Participate in the development of and commitment to an ongoing, sustainable monitoring program
- Maintain and submit progress reports to Healthworks project staff monthly
- Attend and participate in a virtual wrap up session at the conclusion of the project on August 20

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What will Healthworks provide?

- Basic lean and quality improvement training for revenue cycle management
- A kick-off session to provide a foundation and assist each facility with establishing internal goals
- Facilitation of peer networking
- Assistance on using lean tools and techniques for improvement
- Administration and analysis of organizational culture related to revenue cycle management
- Access to lean expertise and project management assistance
- A virtual wrap up meeting at the conclusion of the project to celebrate successes and build the plan for sustainability within your organization

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What does it REALLY look like?

- Review of a current revenue cycle process in your hospital
- Establish team and prepare for kick-off session – Susan R helps with this during initial project planning call w/ project lead and post Lean webinar touchbase call
- Your hospital's team will attend a virtual training on lean prior to the kickoff meeting
- Your hospital will bring a team to kick-off training
- During kick-off, subject matter experts will instruct your team on various ways to analyze your revenue cycle along with lean tools and techniques to help you problem solve your project
- You will leave with an action plan and work on your projects at your facility
- Put actual ideas/program improvement to work – bring back barriers/successes to share during coaching calls
- Share process – nursing, medical staff, administration
- Make improvements to processes as needed

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Data Submission A3

Title:	Fresh Eyes:	SMEs	Start Date:
Owner:	Team:		Revision Date:
PDCA - A3			Revision #:
Coach:			

Background / Current Conditions

PLAN

Problem Statement

Goals/Targets

Analysis / Root Cause (5 Whys)

PLAN

Countermeasures to Root Causes

DO

Check (Planned vs. Actual Results)

CHECK

Act/Adjust

ACT/ADJUST

Stakeholder(s):

Signatures:

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Hospital Efficient Revenue Cycle Processes Team

Staff to consider for participation on your facility Team (2 – 4 members):

- Director of Nursing/Chief Nursing Officer
- Front Line Staff Member(s)
- Business Office Manager
- Health Information Management
- Quality Manager
- Department Leads

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ERCP Project Support

Healthworks
- Jennifer Findley, Executive Director
- Susan Runyan, Consultant

Revenue Cycle Expertise
- Kathy Reep, PYA
- Merle Glasgow, PYA

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Interested in the Opportunity?

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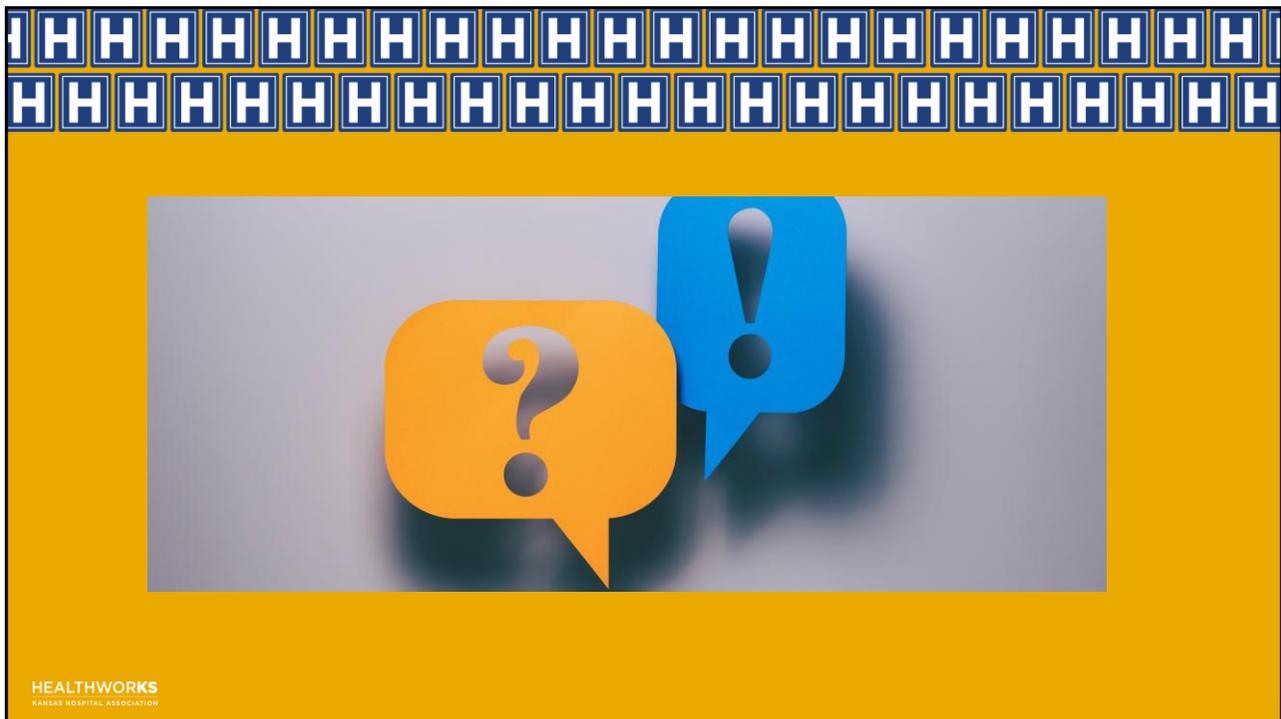KANSAS HOSPITAL ASSOCIATION

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Next Steps

- Participant Agreement signed by CEO/ Administrator and returned by March 13
  - The $250 participation fee is not due until you have been accepted. You will be invoiced.

- Notification to participants by March 16
  - Taking the first 6 – 9 CAHs

- Week of March 23 – Susan Runyan calls project contacts to answer questions

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Pre-Work

Once notified of acceptance: Susan Runyan will contact each participating facility prior to Virtual Lean Training and In-Person Kick-Off
- Discuss potential process for improvement
- Discuss observation
- Ensure relevant staff attend meeting
- Ensure adequate data to utilize during Kick-Off
- Allows the team to develop implementation plan at the Kick-Off
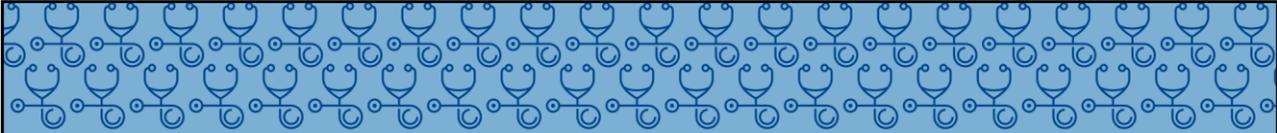
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Contact Us

Jennifer Findley
jfindley@kha-net.org   (785) 233-7436

Susan Runyan
srunyan@kha-net.org   (620) 222-8366

Susan Holmes
sholmes@kha-net.org   (785) 276-3119

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Funding Acknowledgement

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