

Business Plan

for

Keane

Sponsor

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CCIT

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Example

Executive Summary

Supporting the MUSC Strategy

This project fits within the overall MUSC Strategic Plan by offering to upgrade the current registration and billing processes. The current text based user screens will be upgraded to web based graphical presentations allowing the user community to be more efficient and effective. Packaged under the name of EZ-Access, Keane is taking advantage of web technology to access and share information across the enterprise. Patient information is captured as service is provided, keeping records current and accurate. Custom designed screens, templates, and electronic questionnaires and forms mean more efficient and effective staff time. Duplicate efforts are avoided as patient information seamlessly flows throughout the health system, allowing secure access from multiple departments and disciplines.

This technology allows for faster collection of patient information while promoting fast application delivery and updates throughout the organization with applications loaded only on the server. Thanks to browser technology requiring only a PC and Internet Explorer – EZ-Access' point and click navigation requires minimal end-user training.

Goals & Objectives

- Increase Revenue and Cash Flow
- Increase cash collections per dollar and minimize bad debt
- Improve staff productivity
- Increase contract revenue
- Reduce operating costs
- Reduce AR Days
- Optimize secondary insurance collection
- Leverage medical necessity to maximize reimbursement
- Improve Operations
- Maximize resources
- Promote user autonomy
- Protects and enhances IT investment

Project Summary

Current Environment

Software

The Keane system currently provides MUHA with the following functions:

Patcom Modules	Purchased/Installed @ MUSC
Patcom Plus including:	Yes
ADT/Census	Yes
MPI	Yes
Patient Accounting	Yes
Insurance Proration	Yes
Claims Generation	Yes
ARMS	Yes
Job Control	Yes
Electronic Claims- 837	Yes
Electronic Remittance- 835	Yes
Refund Module	Yes
Medical Necessity	Yes
Health Information Management	Yes
Chart Completion	Yes
CCI Edits	Yes
Utilization Management	Yes

Executive Summary

Hardware

IBM RISC 6000 – The Keane hardware was upgraded last year and would not need to be changed.

Data Base

A proprietary data base is used by Keane.

Future Environment

Software

Web Enabled Patcom Plus:

Keane's development direction for all applications, including Patcom Plus is to move the existing character based applications to a browser-based, interactive family of applications. Packaged under the name of EZ-Access, Keane is taking advantage of web technology to access and share information across the enterprise. Patient information is captured as service is provided, keeping records current and accurate. Custom designed screens, templates, and electronic questionnaires and forms mean more efficient and effective staff time. Duplicate efforts are avoided as patient information seamlessly flows throughout the health system, allowing secure access from multiple departments and disciplines.

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With GUI screens and browser-based access, EZ-Access taps into the strength of the Patcom Plus system and presents the information in a user-friendly and facility defined format. The registration management piece of Patcom Plus boasts a new and more powerful User Defined Module (UDM). Going above and beyond the traditional role of an HIS, EZ-Access serves the needs of the entire enterprise, helping the organization to improve patient care, reduce medical errors, meet regulatory requirements, and enhance revenue cycle management.

The software upgrade will also provide the following functions:

- Provide a web based graphical presentation of registration & billing data.
- Improve the registration process by redesigning the admission screens.
- Improve the revenue cycle through the redesign of the billing and collection screens.
- Provide system access audit capabilities required by HIPAA regulations.
- Automatic Account Links to support combined billing requirements
- On-Time Work Queue Entries
- Enhancements to the Refund/Adjustment Module
- Payer Denial Tracking and Reporting
- Charge/Payment Record Expansion (Billing Master Conversion)
- Global Patient Updates
- MPI enhancements

Eligibility Interface ANSI 270/271

Executive Summary

The Eligibility Benefit Inquiry and Response module enables facilities to electronically inquire and receive responses from health plans, insurance companies, and other payers in a real-time or batch mode. Formatted using the X12 transaction standards mandated by HIPAA, the Eligibility module allows for direct transmissions to and from third-party payers.

Claim Status Inquiry ANSI 276/277

Claim Status Inquiry module enables facilities to electronically inquire to payers the status of a previously submitted claim. Formatted using X12 transaction standards mandated by HIPAA, the Claim Status inquiry allow for direct transmission of claim status response data into the patients record

Some of the major features include:

- Allows hospitals to make electronic inquiries to determine:
 - If a particular subscriber or dependent is on file
 - Eligibility and/or benefit information for the subscriber and/or dependent
 - Patient coverage
 - Deductible amount(s)
 - Co-insurance amount(s)
 - Co-pay amount(s)
 - Patient responsibility amount(s)

Receives immediate eligibility information from responding organization on:

- Coverage, eligibility and benefit information
- Benefit levels, coverage dates
- Third-party liability information for coordination of benefits
- Information can be sent in batch, real-time or both
- Receives and posts information automatically
- Supports multiple payers
- Inquiries can be requested at time of pre admission, registration (point of service), or at any time during the billing cycle
- Supports automatic posting of replies to patient account
- Transactions can be sent to and received directly from payer or clearinghouse

EZ-Access Patcom Billing Browser Based

Functional Detail

- Enhanced Menu Manager allows creation of task based menus to improve end user efficiency
- GUI screens allow for drop down help screens, intuitive windows navigation
- Eliminates character function driven menus/key strokes
- View log capability to monitor users access to data
- Increased information on GUI screens allow for less screen to screen navigation, increasing staff productivity

Hardware

Web Server – The Keane upgrade requires that we add a web server to the current hardware configuration. This server will publish the web pages for the entire system.

Benefits/ROI

Executive Summary

Upgrade of Patcom Plus to Release 9.00

- Decrease in manual staff intervention due to account linking function. This function expedites the patient to patient account linking process and helps ensure compliance with payer combined billing requirements
- Significantly reduction in the time, labor and paper work required to post adjustments to patient accounts, including contractual write-offs and transaction code transfers with the on-line adjustments within Refund Module
- Improved ability for Hospital Patient Accounting staff to facilitate account follow-up and use statistics on denied charges and denied claims with the enhancements to the denial tracking information
- Faster and easier access to date for reporting with information stored in the Billing Master. Reduction in time to create reports, no longer need to build time consuming extract file before building CQ reports
- Potential increase in collection of self-pay accounts with addition of total balance field for all self-pay accounts visible on the Patient Visit Selection Screen within the MPI
- Improved working of accounts being held in a Work Queue prior to billing by qualifying accounts based on on-time rules rather than waiting for day end.

EZ-Access – Web enabled

- Meet regulatory requirements through the introduction of auditing logs needed to determine level of user access
- Improve productivity and customer satisfaction by improving the registration screen and workflow processes
- Custom designed screen, templates, forms and electronic questionnaires will improve the accuracy of information collection.

Third Party payer communication: Eligibility & Claims status

Going above and beyond the traditional role of an HIS, EZ-Access serves the needs of the entire enterprise, helping the organization to improve patient care, reduce medical errors, meet regulatory requirements, and enhance revenue cycle management.

Improvement in quality of information gathered on a patients insurance, guarantor address and comment information with the Global Patient Update function

- Eligibility Software Benefits
- Automates inquiries to insurers and payers – ANSI ASC X12.281 - Eligibility, Coverage, or Benefit Inquiry (270)
- Receives eligibility information from insurers and payers – ANSI ASC X12.282 - Eligibility, Coverage, or Benefit Information (271)
- Automates the entry of the information into the patients record
- Improves staff efficiency by eliminating manual processing and reducing time spent on phone verification and copying insurance cards and information
- Reduces denied claims by providing immediate notification of ineligible patients, which permits other payment arrangements to be made
- Utilizes HIPAA-mandated standard transaction sets
- Integrated with Keane's Patient Accounting System

E-Z Access Patcom Billing – Web based

- GUI screens and browser technology improve overall access to data
- Provides a single point of entry to all healthcare information processed by Keane's system
- Addresses patient privacy considerations, data integrity concerns and stringent new federal regulations – all while providing a sophisticated new level of security protection across the enterprise
- Assists in conforming to HIPAA & JCAHO regulations, such as audit trails, customer control and authorization tracking
- Minimizes staff training

Executive Summary

- Protects the investment in Keane applications
- Provides faster, easier access to information – single login, common look and feel, common navigation, and security to all Keane applications
- Server-based system requires no software or data on the client workstation
- Provides flexible workflow options, tailored to meet the needs of each user
- User Defined Module offers exceptional flexibility in designing custom screens and building logical relationships among data fields
- More efficient and effective use of staff time
- Level of security is assigned upon login – users are able to view and/or update only information for which they have clearance

Estimated Resource Hours:

	One-Time		Two-way Interface		Recurring Annual Support
	Design/Develop	Test	Design/Develop	Test	
Analyst					(hr/wk)
Integrator (engine)					(hrs/wk)
Integrator (Oacis)					(hrs/wk)

TOTALS

Estimated Resource Cost:

One-Time:
Recurring: (Annually)

Estimated Timetable:

Project Start: Jan 2004
Project Completion: Oct 2004

Confidence Factor:

0%

Financial Impact Summary

Executive Summary

Financial Factor	Value
Qualitative Benefits	
Quantitative Benefits	
Costs	
- One-Time	
- Recurring (5 Year Period)	
Payback in Year	

Rollout Summary

Medical Records will develop rollout plan and dates as soon as the new product is fully functional.

Example