# Improving PHI Disclosure Efficiency in the Business Office

BY KIM CHARLAND

**BUSINESS OFFICE STAFF CAN SPEND UP TO 45 PERCENT OF THEIR DAY PULLING AND ATTACHING MEDICAL RECORDS IN RESPONSE TO HEALTH PLAN REQUESTS.**

Hospital and health system business office personnel face mounting challenges in response to the increased volume of requests for medical record attachments from billers and collectors. With pressure on providers for timely billing and collections, business office staff must respond to requests from commercial health plans and government payers, expedite payment, prove medical necessity, validate code assignment and appropriate level of care, authorize services, appeal denials, and fulfill auditor requests.

Ensuring proper release of information practices for these requests presents efficiency and productivity issues. Solutions include new workflows and technology to improve protected health information (PHI) disclosure efficiency in the business office when responding to claim attachment requests.

## Challenges

Inefficiency issues stem from the fact that billers and collectors typically lack both the health information management (HIM) expertise required to handle release of information requests and the tools needed to document and track those requests. As a result, business office staff can spend up to 45 percent of their day pulling and attaching medical records. Often, they pull the complete medical record rather than the minimum necessary to fulfill the request. In addition, payers want to receive only the information that justifies payment. Inefficient use of staff time is costly and can delay the release of information process.

Related challenges include the following:

- Business office staff distracted from core objectives
- High-priority requests requiring timely fulfillment
- Increased backlogs and requests to resubmit records multiple times
- Privacy risks and concerns
- Disparate processes among business office, HIM, and payers
- Incomplete and inconsistent business office request trackability
- Inefficient processing of business office medical record requests
- Convoluted issue resolution processes
- Lack of transparency

In our work with various hospitals and health systems, we've seen how the business office can benefit from the skills of a revenue cycle specialist trained to identify information needed by payers. A revenue cycle specialist's role is to expedite and improve the PHI disclosure process so that payers receive timely, accurate responses to their requests.

## Case Study—Yale New Haven Health

Yale New Haven Health, a leading healthcare system in Connecticut, implemented a centralized PHI disclosure management solution for handling these requests, resulting in greater collaboration, efficiencies, and cost savings.

Their story is similar to many others—the need for transparency, trackability, efficient ROI practices, and collaboration among HIM, the business office, and payers. More specifically, the challenges included the following:

- Business office staff involved in claim attachment processing
- Incomplete and inconsistent business office request logging
- Inability to track request processing status and delivery
- Cost of HIM staff and supplies to print medical records for mailing
- Cost of business office staff stuffing envelopes and mailing requests

From a cost perspective, HIM's average of 20 cases of paper per week resulted in an additional expense of $3,000 per month. Adding to inefficiencies, once records were pulled and copied, they were sent back to the business office for mailing. The average daily medical record shipment was 943 records shipped via fax or mail.

Using technology combined with new ROI and business office workflows based on payer specifications, Yale New Haven Health has improved efficiency so that requests are now fulfilled in a timely manner. The streamlined process involves three basic steps:

Business office logs the request, or creates a proactive request, and then attaches billing documents if necessary, and moves the request to HIM.
HIM reviews and verifies the request online, including documents, payer, and delivery method.
HIM selects the correct portions of medical records to be sent electronically and the medical records are sent via the preferred delivery method.

As part of the process, payer specifications are built into the system, eliminating staff time spent entering information for each request from the same payer. Making sure the right information is processed and delivered as efficiently as possible prevents unnecessary delays in the billing cycle. In addition, outcomes include the following:

- Business office staff is focused on billing and collecting.
- HIM staff is focused on pulling the requested medical records.
- Only the portion of the medical record that is requested is being sent.
- Paper processes are shifting to electronic delivery.
- Workflows are based on payer specifications.
- Medical record claims attachments are sent within 24 to 48 hours of receipt.

## Enterprisewide Benefits of Improved Efficiency

The benefits of improved PHI disclosure efficiency in the business office extend across the entire enterprise. Automated workflows and delivery methods help minimize operational costs and reduce resubmissions. Tracking payer information enables the use of data analytics to determine payer request trends and proactive medical record information needs.

Overall, technology and specialized services that enhance revenue cycle management promote efficiency and cost savings for health systems making the transition to value-based payment. The system business office and HIM personnel collaborate more effectively, focusing on their core responsibilities to maximize productivity and efficiency. New technology and workflows decrease business office staff time processing medical record requests and reduce paper processes, creating cost savings and enhancing enterprisewide compliance.

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