



Opportunity

- A medical billing department was in need of streamlining process. Bills were not being generated by the billing staff and for patients whose insurance policies had expired. Often, the wrong policy was being billed for services. Clerks were not collecting insurance information from patients upon admission for appointments. Medical bills were being produced with incorrect insurance information, delaying payments and leading to claims being denied.

Scope

- The project goal was to produce clean billing statements, decrease collection time, streamline collection of information, train staff and assign accountability.
- Conduct a baseline assessment through development of Value Stream Maps.
- Develop maximum acceptable times for each stage of the process.

Successes

- Developed a future-state Value Stream map with key performance metrics for monthly throughput, allowing time for assessment.
- Developed standard work procedures.
- Collection rate was increased to 95% first time through (FTT) and delivered an annual collection increase of \$492,000.
- Payment of health insurance claims increased by 30%.
- Workers were more accountable for their work.
- Correct insurance information was made available online, leading to a reduction in waste.