

# Unlock a Truly Optimized Revenue Cycle

November 9, 2023





## TODAY'S SPEAKER



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Solution Strategist

*Waystar*

Justin Roepe is an experienced healthcare professional with more than 20 years of industry expertise. Currently serving as a Solution Strategist at Waystar. He has assisted more than 200 healthcare organizations with innovative and meaningful solutions that improve margin performance.

Based in the Atlanta Metropolitan Area, Justin combines his deep understanding of the healthcare industry with data analytics to provide valuable insights for his clients.

Justin holds a Master of Healthcare Administration from the University of West Florida, where he also earned his Bachelor of Science in Health Care Administration. He has further enhanced his knowledge through the Harvard Business Analytics Program and has a foundation in accounting and finance from the University of Central Florida.



# Learning Objectives

- State of the industry
- Healthcare within Hawaii
- Meeting patient expectations
- Patient financial care experience
- The win-win plan
- Patient experience + technology



# State of the Industry



ADMINISTRATIVE WASTE

**\$300B**

Administrative **waste** in U.S. health care<sup>1</sup>

COST PROHIBITS CARE

**1 in 3**

Americans report **not seeking treatment** for a problem in the last 3-months **due to cost**<sup>2</sup>



# Current state of healthcare

EXPENDITURES

**\$4.3T**

Total U.S. health care expenditures<sup>1</sup>

SURPRISE BILLS

**20%**

Patients who received a surprise medical bill in CY 2022<sup>3</sup>





## Current state of denials

Between outdated technology and highly manual workflows, following up on denied claims drains significant time and monetary resources.

# A problem worth solving

5%

Unresolved claim denials can represent an average loss of up to 5% of net patient revenue

63%

Of denied claims are recoverable

2/3

Of denials are never worked

49.5%

Allocate most denial resources on back-end revenue cycle on working denials + submitting appeals





# 44%

Of patients have avoided getting healthcare services because they were unsure of costs<sup>1</sup>

# 78%

Of Americans support federal legislation to prevent surprise medical bills<sup>2</sup>

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# 30%

Of U.S. adults report that they **would not have access to affordable care** if they needed it today<sup>1</sup>

# 1 in 3

Americans report **not seeking treatment** for a problem in the last 3-months due to cost<sup>2</sup>

<sup>1</sup>West Health Survey, 2022. <sup>2</sup>Health Affairs, 2022



Make a difference in your  
community



## PROBLEMS WORTH SOLVING

# The impact of patient access

### ACCESSIBLE

51%

patients skip necessary medical care due to cost<sup>1</sup>

82%

report that prior authorization can lead to treatment abandonment<sup>4</sup>

### TRANSPARENT

48%

patients have difficulty understanding what they owe<sup>3</sup>

44%

working-age adults with insurance have healthcare-related debt<sup>1</sup>

### INFORMED

67%

patients worry about unexpected bills<sup>2</sup>

52%

patients are more stressed about the billing process than clinical quality



<sup>1</sup> Kaiser Family Foundation

<sup>2</sup> US Bank

<sup>3</sup> TransUnion

<sup>4</sup> AMA <https://www.ama-assn.org/system/files/prior-authorization-survey.pdf>

# Healthcare within Hawaii





## Current State of Hawaii

Workforce shortages, an aging population and expected growth on the horizon.

# Healthcare unique to Hawaii

17%

Non-physician healthcare positions remain open in 2022

19.5%

Aging population

15%

Hawaiian's who were not actively working had exited from healthcare + social assistance industry

15%

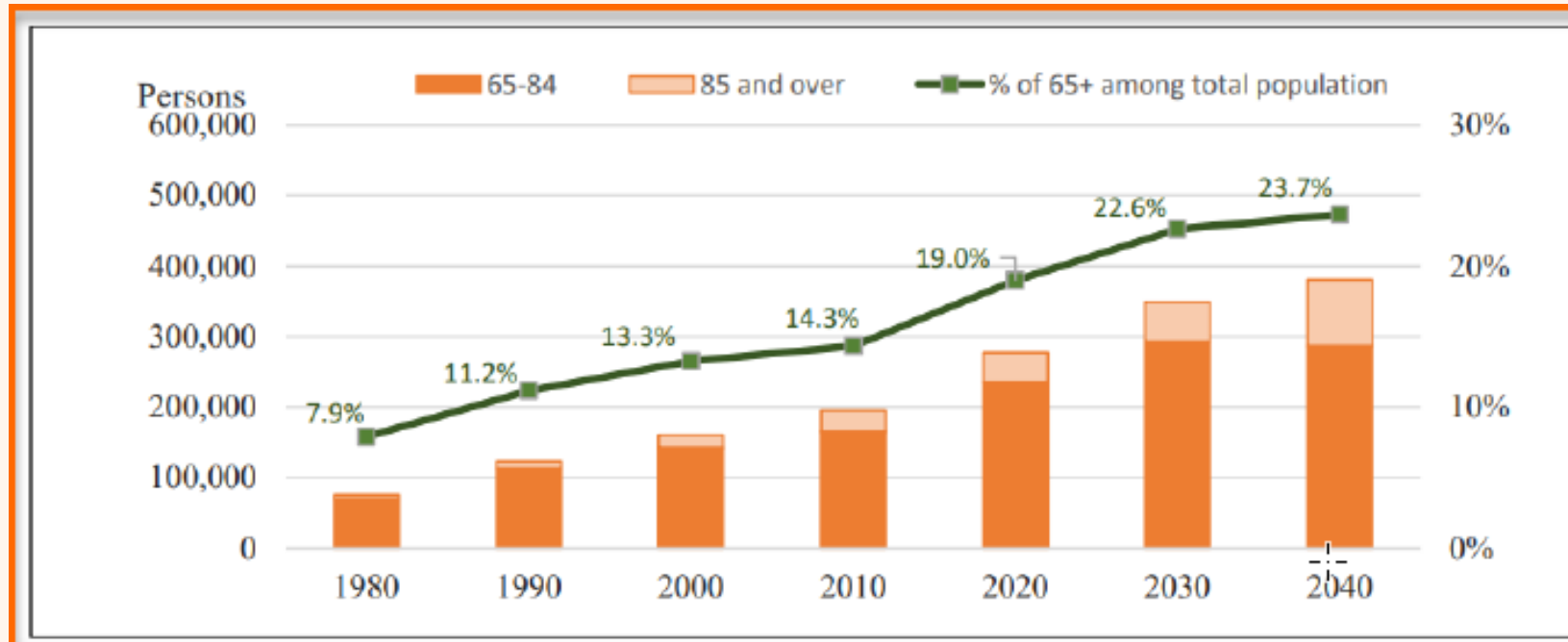
Growth projection between 2020 and 2030





## HISTORICAL + PROJECTED GROWTH

# Hawaiian elderly population



Rapid increase in population 85 years of age and over, starting in 2030



## KFF Reports Average Denial Rate for Hawaii

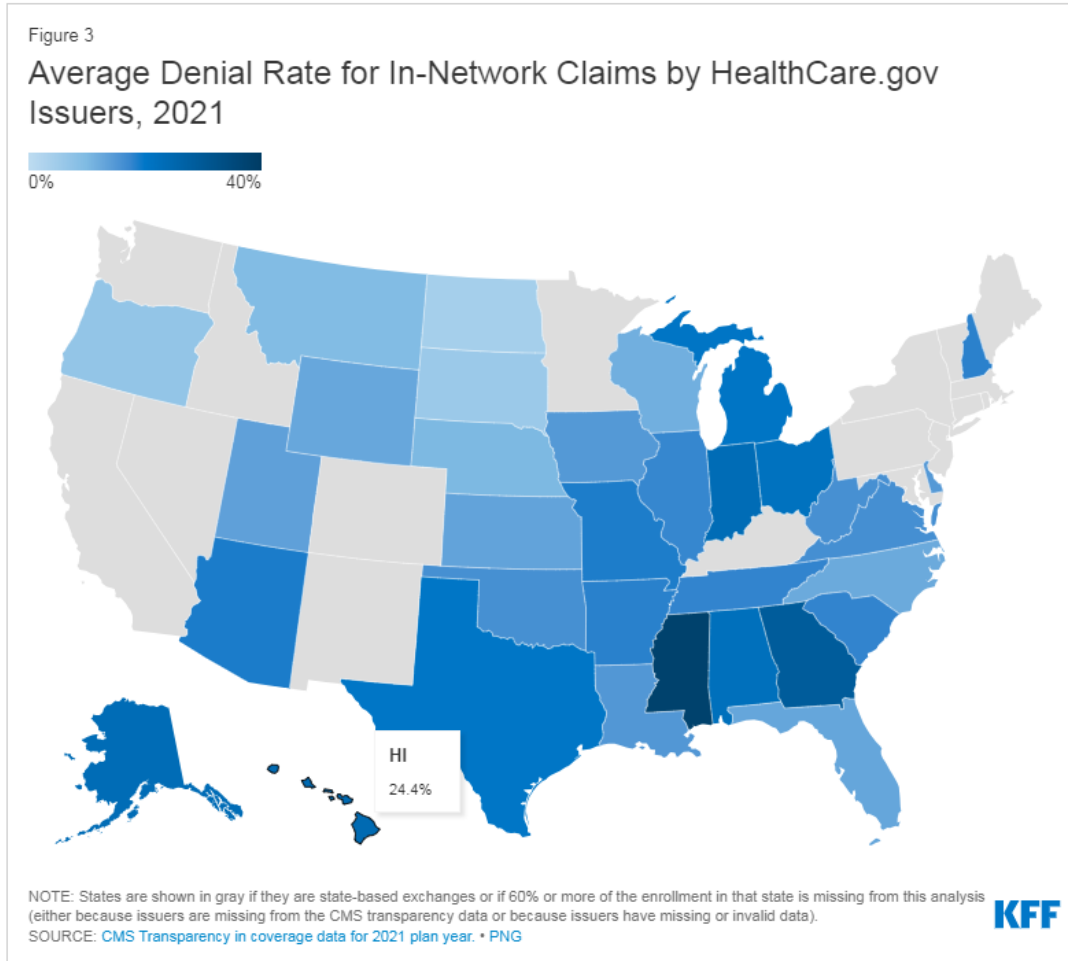
KFF reports: HealthCare.gov insurers with complete data, **nearly 17% of in-network claims were denied in 2021.**

Insurer denial rates varied widely around this **average, ranging from 2% to 49%.**

**Hawaii was reported at 24.4%**

Source: <https://www.kff.org/private-insurance/issue-brief/claims-denials-and-appeals-in-aca-marketplace-plans/>

largest market shares reported denial rates for in-network claims ranging from 15% to 42%.



### Plan-level claims denial data

CMS also collects limited transparency data at the plan level. Of the 162 issuers reporting aggregate data, 158 report plan level data on in-network claims received and denied, as well as data on selected reasons for denials. Denial rates varied somewhat based on plan metal levels. On average, in 2021,



# Meeting Patient Expectations



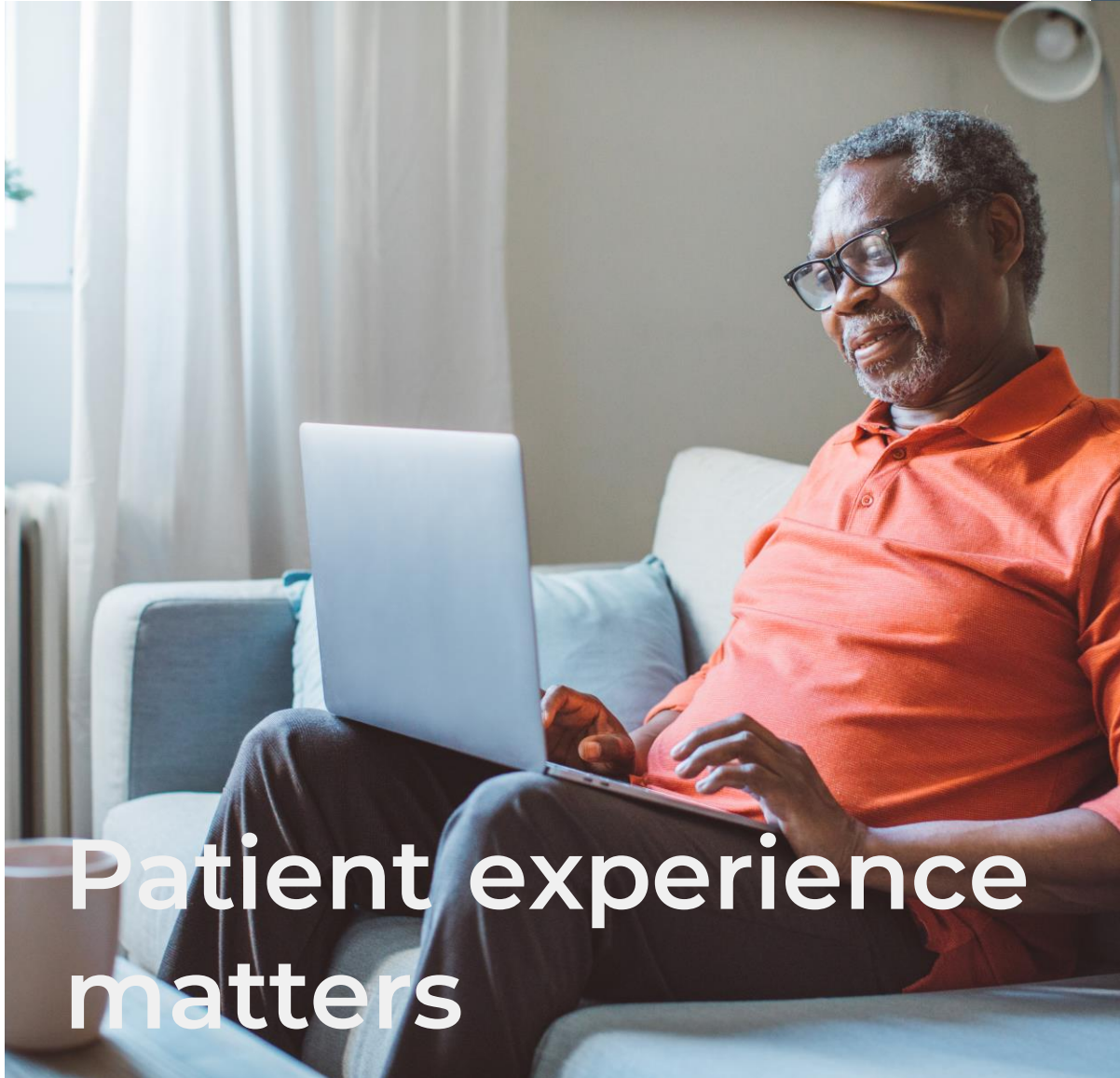


# 93% of consumers rely on online reviews to help make decisions.

**...a patient-centric approach will drive better outcomes.**



## What drives patient decisions?



Patient experience matters

1/3

Expect a response to a negative review within 3 days or less

86%

Will abandon your business if they have two less-than-stellar experiences with your business

mHealth, 2023

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# Expectations begin before patients enter the facility and extend beyond discharge.

The shift to consumerism is real.



Consumers are demanding more.



# When patients seek care, they're frustrated by:

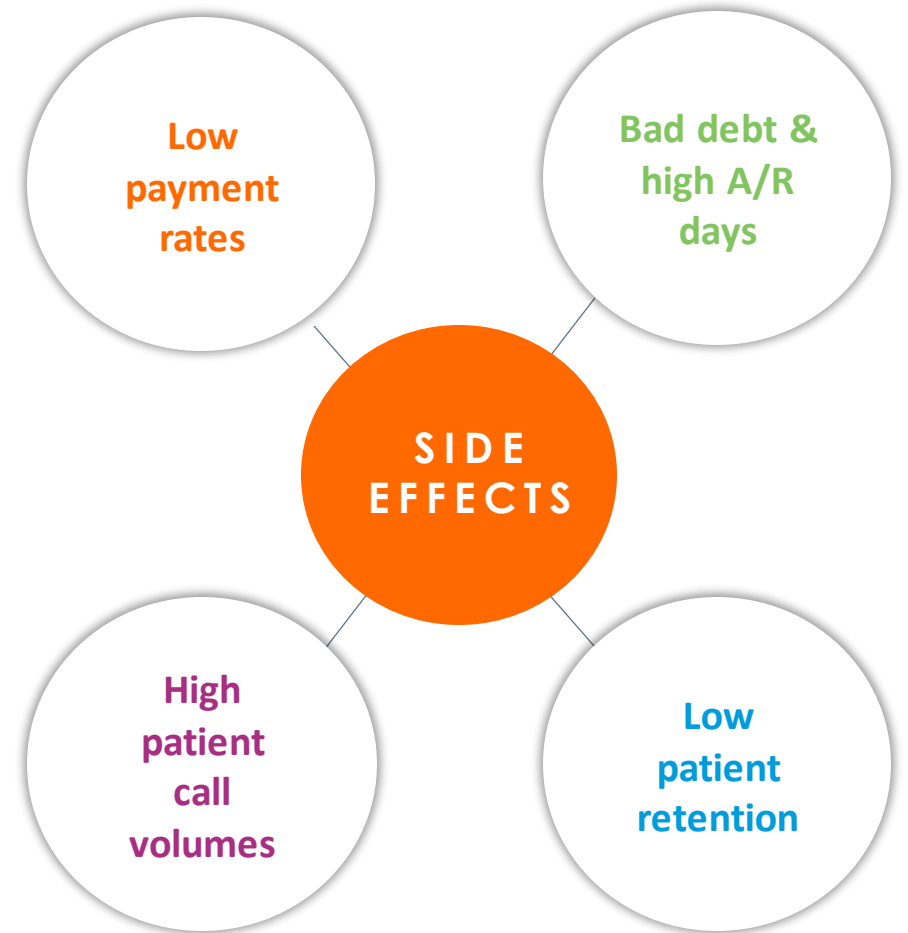
- + Impersonalized billing communications + payment offers
- + Multiple confusing billing statements
- + High bill balances with no affordable payment options
- + Inability to get their financial questions answered

**52%**

patients are more stressed about the billing process than clinical quality<sup>1</sup>

**51%**

patients skip necessary medical care due to cost<sup>2</sup>



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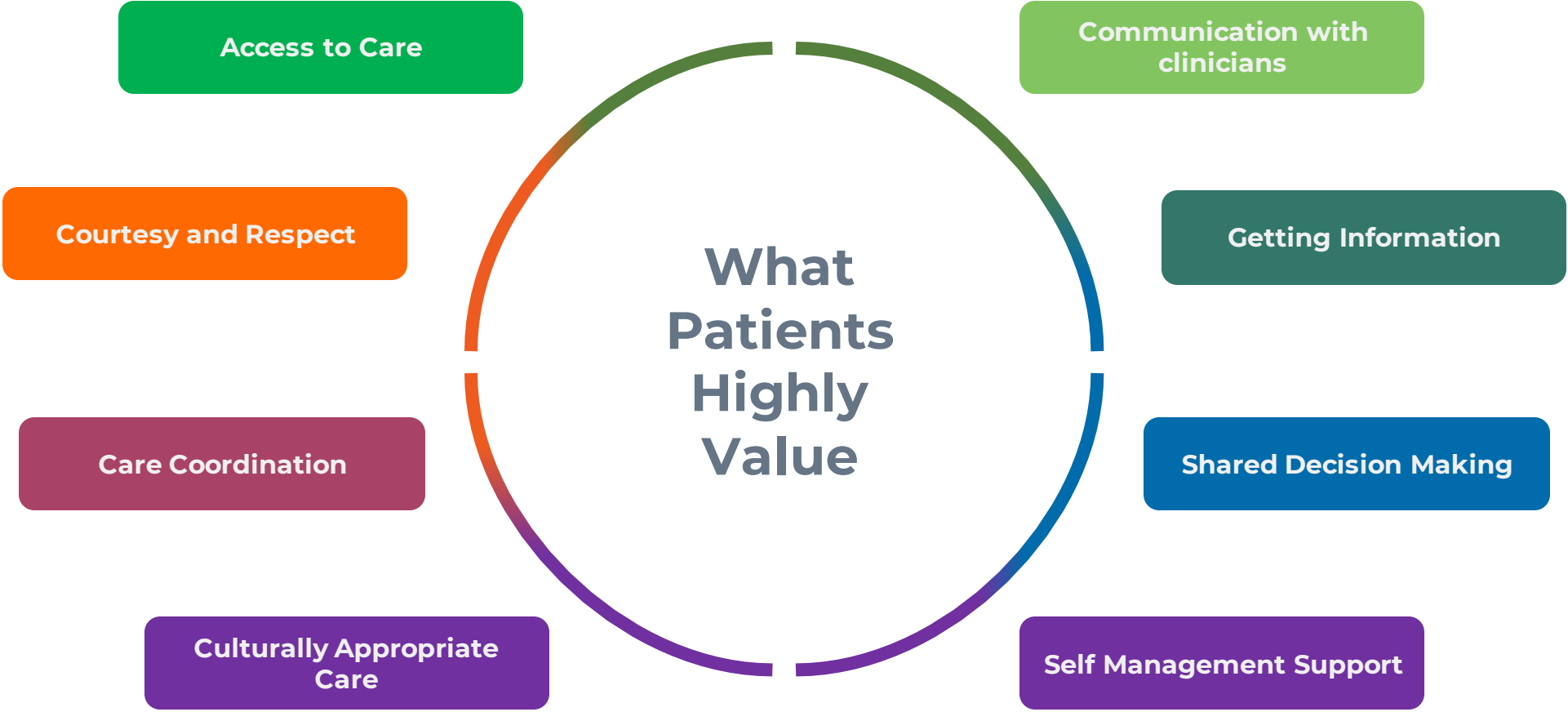
1: Waystar; 2: Healthcare Finance News



# Patient Financial Care Experience



# What is Patient Experience?



AHRQ, 2023

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# Providing incremental financial care with each step



# Your guide to patient financial care

**1** **Take Foundational Steps**

- Consistent approaches to regulatory mandates
- Transparent prices and charges
- Good faith estimates
- Respectful financial assistance

**2** **Offer Modern Payment Tools**

- Convenient self-service payment options
- Patient-friendly statements and communications
- Flexible payment plans
- Integrated merchant services for automated posting and reconciliation

**3** **Advance Beyond the Status Quo**

- Personalized pre-service estimates and reminders
- Proactive charity and propensity to pay screening
- Automated eligibility verification and coverage detection
- Timely, automated authorizations

**4** **Ensure Seamless Financial Experiences**

- Accurate insurance payments
- Automated remit + payment reconciliation
- Comprehensive statements and a 'single-version-of-the-truth' on financial obligations
- Ongoing engagement + loyalty

<b>DECREASING</b>		<b>INCREASING</b>	
↓ Time to payment	↓ Unexpected bills	↑ Patient Satisfaction	↑ Staff Satisfaction
↓ Cost to collect	↓ Service delays	↑ Patient Engagement	↑ Staff Efficiency
↓ Bad debt	↓ Call volumes	↑ Patient Collections	↑ Market Competitiveness

**Patient loyalty + trust builds throughout with incremental value at each step of the way**





# Your guide to patient financial care

## 1 Taking Foundational Steps

- ✦ Consistent approaches to regulatory mandates
- ✦ Transparent prices and charges
- ✦ Good faith estimates
- ✦ Respectful financial assistance

## 2 Offering Modern Payment Tools

## 3 Advancing Beyond the Status Quo

## 4 Ensuring Seamless Financial Experiences

### Value to the Patient

#### Meeting mandates helps patients

- + Understand what they will owe
- + Understand why they owe it

### Value to the Provider

#### Meeting mandates helps providers

- + Address patient questions
- + Avoid compliance issues

70%

estimates calculated without *any* staff involvement

77%

exact match

- + **Automated** benefits data
- + **Personalized** to each patient
- + **Compliant** estimates
- + **Comprehensive** for all expenses
- + **Accurate** assessments



# Your guide to patient financial care

## ① Taking Foundational Steps

## ② Offering Modern Payment Tools

- ✦ Convenient self-service payment options
- ✦ Patient-friendly statements and communications
- ✦ Flexible payment plans
- ✦ Integrated merchant services for automated posting and reconciliation

## ③ Advancing Beyond the Status Quo

## ④ Ensuring Seamless Financial Experiences

### Value to the Patient

#### Modern payment tools help patients

- + Understand how and when to pay
- + Increase financial literacy
- + Utilize self-service capabilities

### Value to the Provider

#### Modern payment tools help providers

- + Increase satisfaction + loyalty
- + Reduce call volumes + cost to collect
- + Increase patient payment collections
- + Automate processing + reconciliation

**20-30%**

average  
collections lift

**60-80%**

average self-  
service pay  
rate

**60**

patient  
NPS

**25-35%**

portal  
adoption rate

- + **Comprehensive** platform
- + **Intuitive** patient experience
- + **Personalized** print + digital
- + **Integrated** into user workflows
- + **Automated** posting + reconciliation to the penny



# Your guide to patient financial care

① Taking Foundational Steps

② Offering Modern Payment Tools

③ Advancing Beyond the Status Quo

- ◆ Personalized pre-service estimates and reminders
- ◆ Proactive charity and propensity to pay screening
- ◆ Automated eligibility verification and coverage detection
- ◆ Timely, automated authorizations

④ Ensuring Seamless Financial Experiences

## Value to the Patient

**Automated + proactive approaches help patients**

- + Avoid unexpected bills
- + Receive accurate estimates
- + Avoid risk of service delays

## Value to the Provider

**Automated + proactive approaches help providers**

- + Reduce denials and insurance delays
- + Reduce cost to collect + agency spend
- + Collect more payments, faster

**9+**

days-out authorization working window

**50%+**

reduction in auth + eligibility denials

**34%+**

found coverage for self-pay patients

**30%+**

reduction in bad debt

- + **Enriched** data to ensure accuracy
- + **Automated** + timely authorizations
- + **Normalized** data easing workflow
- + **Comprehensive** review of 100% patients for charity + propensity to pay



# Your guide to patient financial care

## FINANCIAL CARE FOR YOUR PATIENTS

- ① Taking Foundational Steps
- ② Offering Modern Payment Tools
- ③ Advancing Beyond the Status Quo
- ④ Ensuring Seamless Financial Experiences**
  - ✦ Accurate insurance payments
  - ✦ Automated remit + payment reconciliation
  - ✦ Comprehensive statements and a 'single-version-of-the-truth' on patient financial obligations
  - ✦ Ongoing engagement + loyalty

### Value to the Patient

**Optimized experiences help patients**

- + Receive the most accurate information
- + Understand their obligations
- + Enjoy seamless experiences
- + Become more loyal to their provider

### Value to the Provider

**Optimized experiences help providers**

- + Streamline payment processing
- + Improve patient + staff experience
- + Reduce cost to collect + call volumes
- + Collect more payments, faster



- ✓ Appointment reminder
- ✓ Eligibility resolution
- ✓ Authorization status
- ✓ Estimation + Payment options
- ✓ Charity + Propensity to Pay Screening
- ✓ Upfront payment
- ✓ Claim processing + claim statusing
- ✓ Claims resolution
- ✓ Statement + follow up
- ✓ Post-service engagement
- ✓ Analytics + Reporting



# Patient Engagement + Technologies





## PATIENT-CENTRIC APPROACH

# Increases payments

### HOW INNOVATIVE HEALTH SYSTEMS DRIVE PAYMENTS:

- Personalized digital engagement based on patient preferences
- Consolidated, easy-to-understand statements
- Comprehensive self-service payment options
- Affordable payment options to fit every patient's budget
- Intuitive staff-facing payment tools that empower efficiency & productivity

### THESE TACTICS LEAD TO:

**30%** Increase in  
billed dollars  
collected

**78%** Self-service  
payments

**40%** Faster  
payments



# Integrated, patient-centric communications

## A single view of patients' entire financial responsibility

- + Across all services, including hospital and physician charges
- + Ability to make one payment or set up one payment plan for multiple visits
- + Flexible allocation rules to fit your organization's needs

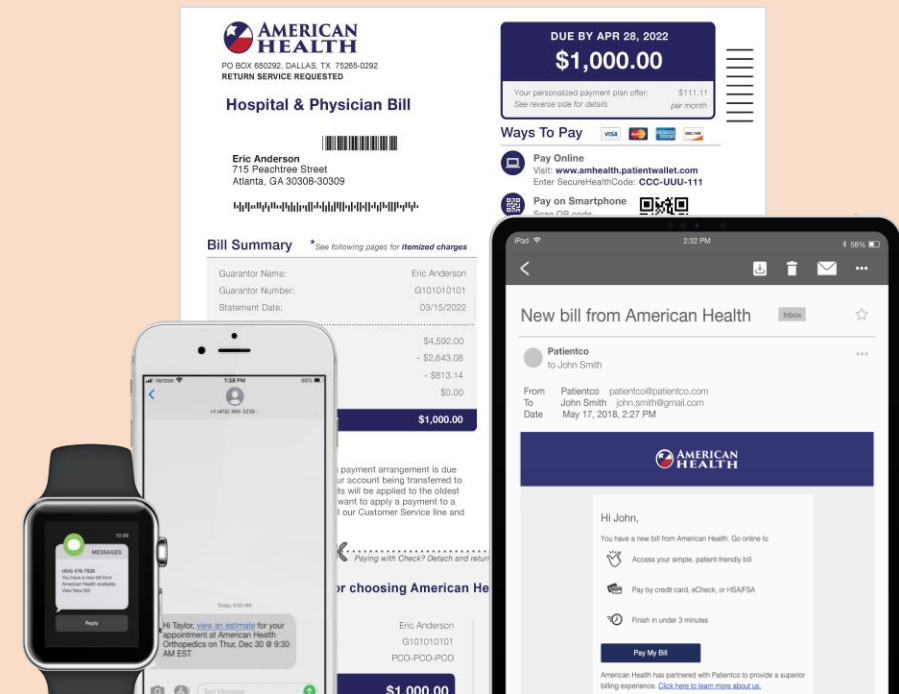
## Deliver estimates + bills digitally

- + **Communicate expected costs** upfront and provide self-service options to empower patients to pay before care
- + **Improve patient satisfaction** and **increase online, self-service pay rate** while decreasing days-to-pay

## Continuous engagement tracking

- + Maximize patient engagement with smart paperless billing
- + Increase deliverability via lower-cost channels
- + Automatically trigger paper if needed

And the best part, it's completely customized to the patient



# Comprehensive payment options

## Empower patients to pay on their own

### Online

- + **Intuitive, mobile-responsive workflow for any type of device**, plus multi-language support and patient-friendly billing descriptors
- + **Convenient payment options** like payment plans + financing, pay as guest, text-to-pay, prompt pay discounts
- + **Scalable patient support model** includes secure messaging, chat bot, and live chat

### Digital Mailroom

- + Mailed check processing + posting
- + Includes correspondence, returned mail with secure document scanning, and exception management

**Phone: Automated voice response available 24/7**



## Simplify your team's collection process

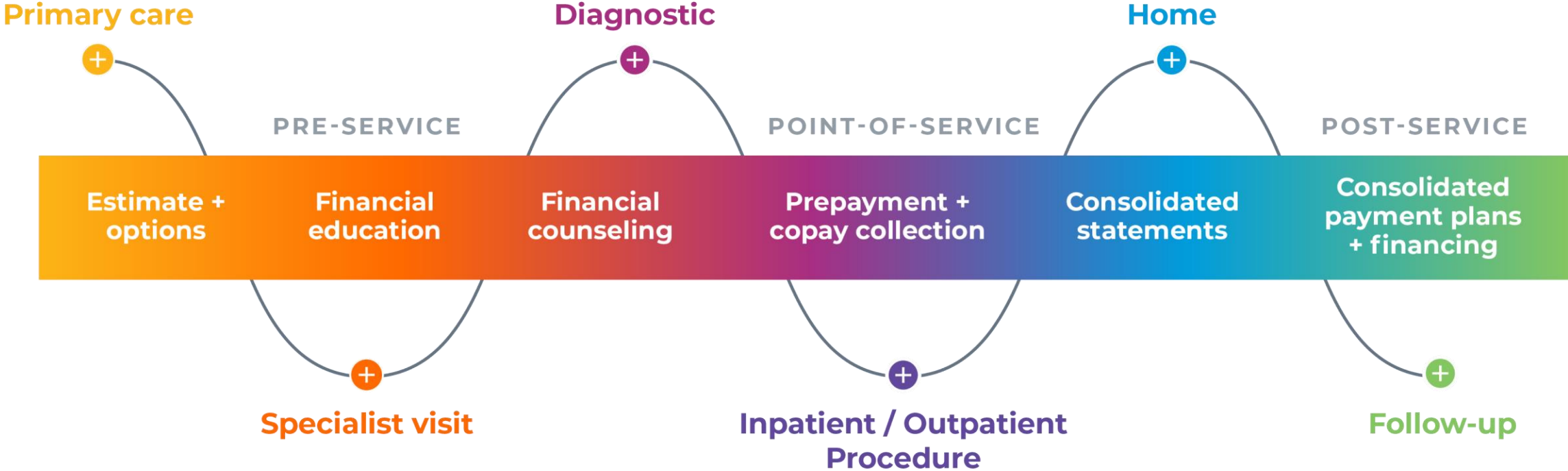
- + Integrated into existing workflows
- + Single source of truth so you can see all patient activity and communications
- + Workflow prompts for outstanding balances
- + Ability to take multiple payments within one transaction
- + Take payments on estimates, copays, or prior balances at POS
- + Allow back-office team members to take payments and stay compliant



**All payment sources include automated posting, reconciliation, and a consolidated daily deposit.**

# End-to-end patient financial engagement

Reduce friction, increase loyalty with a solution that is integrated across every financial touchpoint



- + **Intuitive** interactions via patient education & navigation
- + **Transparent** patient cost pre-service; no surprise bills
- + **Affordable** extended payment options pre & post-service
- + **Convenient** omnichannel communications & payments
- + **Consistent** experience across encounters and locations
- + **Personalized** messaging and patient payment options





# The Win Win Plan

*Automation, Optimization and Focus*



## PROBLEMS WORTH SOLVING

# The opportunity with automation

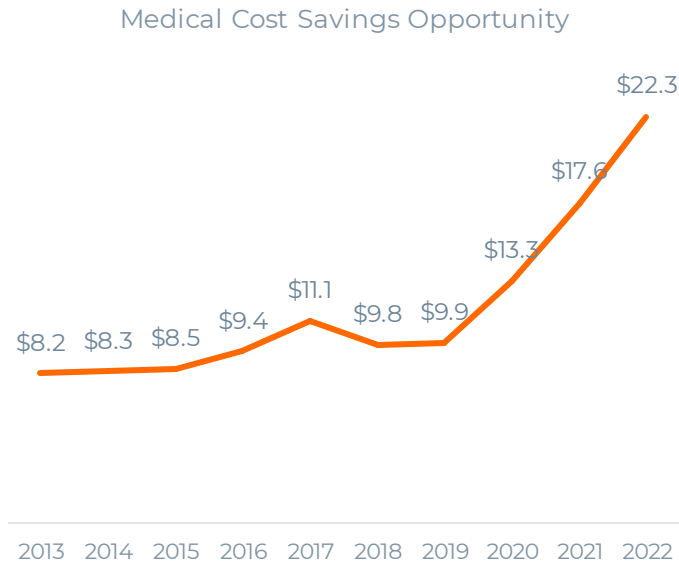
**\$22.3B**

The medical industry cost savings opportunity

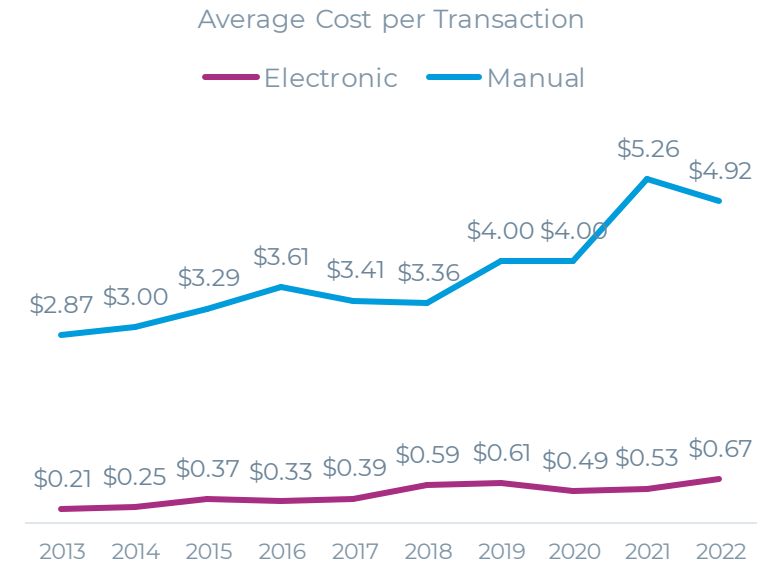
**86%**

The potential cost savings of moving from manual transactions to electronic

Medical and dental industry estimated national cost savings opportunity  
2013-2022 CAQH Index (in billions)



Medical industry average cost per transaction – manual vs. electronic  
2013-2022 CAQH Index



Source: CAQH 2022 Index



## HOW DO WE DRIVE EFFICIENCY

# Focus on improving conditions

+

Inefficiency =

- + [more] People
- + [complex] Process
- + [lack of] Technology

+

Efficiency =

- + [fewer] People
- + [effective] Process
- + [intelligent] Technology



# How Automation drives efficiency in the revenue cycle

## 1 Eligibility Verification

Use of RPA to augment missing data from X12 in order to **return richer, more accurate benefit information** as well as identify potentially missing insurance coverage

## 2 Estimation of Patient Responsibility

Use of machine learning (AI) to identify payer adjudication rules and RPA to retrieve **real-time updates on patient financial responsibility and deliver truly accurate patient estimates**

## 3 Prior Authorizations

Use of machine learning to **identify upcoming services requiring authorization + RPA to initiate and follow-up on authorization requests**

## 4 Patient Payment Optimization

Use of predictive analytics to **provide tailored payment options and automated identification of charity** determination while delivering **personalized communications to drive self-service payments**

## 5 Revenue Capture

Use of machine learning to identify accounts with a high probability of **missing charges and DRG anomalies** to maximize revenue opportunities

## 6 Claim Status Checks

Predictive analytics to optimize when to **check status of claims**, use of **RPA to retrieve updated claims status information**, and AI to **normalize each payer's unique remark codes and auto-assign disposition codes**

## 7 Denial Management

Predictive analytics to **identify those denials most likely to be successfully appealed** in order to guide workflow

## 8 Payment Posting/Reconciliation

Automated **matching of claims to remits, posting of payer and patient payments**, including remit splitting and identification of missing payments as well as **reconciliation of all payments**







## UCHealth Transformation

About UCHealth:  
15 hospitals in 3 states  
4 million patient visits per year  
\$5.4B in net patient revenue

### Powerful Results: uchealth

- Reallocated 13-15 FTEs to activities that support health system growth
- Saved \$624k-\$720k in projected new FTE salary costs in the first fiscal year alone

“UCHealth has onboarded 11 primary clinics, 67 specialty clinics, 2 hospitals and 1 surgery center without adding any new FTEs.”

Brent Rikhoff, Director, Pre-Access UC Health

60%

of authorizations automated

340%

Faster authorizations

9-day

Authorization lead time (auth on file prior to service)

46%

Decrease in authorization-related denials



## INSURANCE COVERAGE

# Automate the search for coverage detection

### Proactive approach to reduce consumer financial burden

- Automates the insurance search process
- Flexible front or back-office approach
- Powered by artificial intelligence

#### Value to the Patient

##### Automated + proactive approaches help patients

- + Provides peace of mind
- + Reduces fear of medical debt
- + Alleviate financial burden

#### Value to the Provider

##### Automated + proactive approaches help providers

- + Increased reimbursements
- + Decrease collection costs
- + Reduce bad debt
- + Increased patient satisfaction

**1,200+**

Payer connections

**30-40%**

Active hit rate

**2.5B**

Transactions annually

**50%+**

U.S. patients

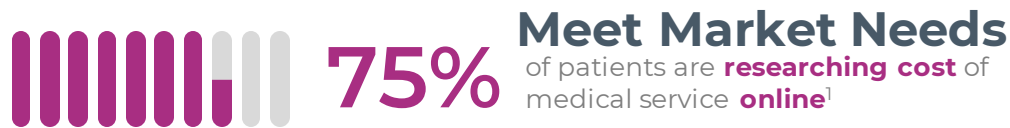
- Reduce AR days
- Improved patient experience
- Increase staff productivity
- Maximizes ACA opportunities



# TRANSPARENCY

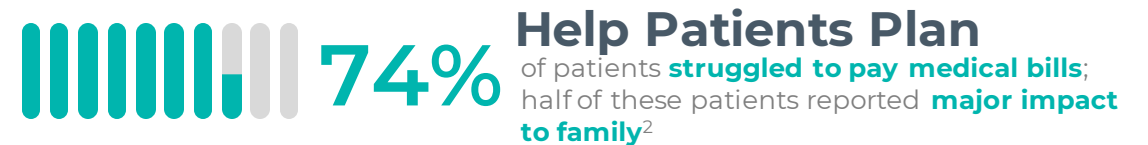
## The right thing to do

### Value Add for your **Business**



Experience **positive outcomes** to how you manage business today

### Empowerment for your **Patients**



Supports mission to provide **quality, service, and access** to healthcare

<sup>1</sup><https://patientengagementhit.com/news/75-of-patients-look-at-price-transparency-ahead-of-care-access>

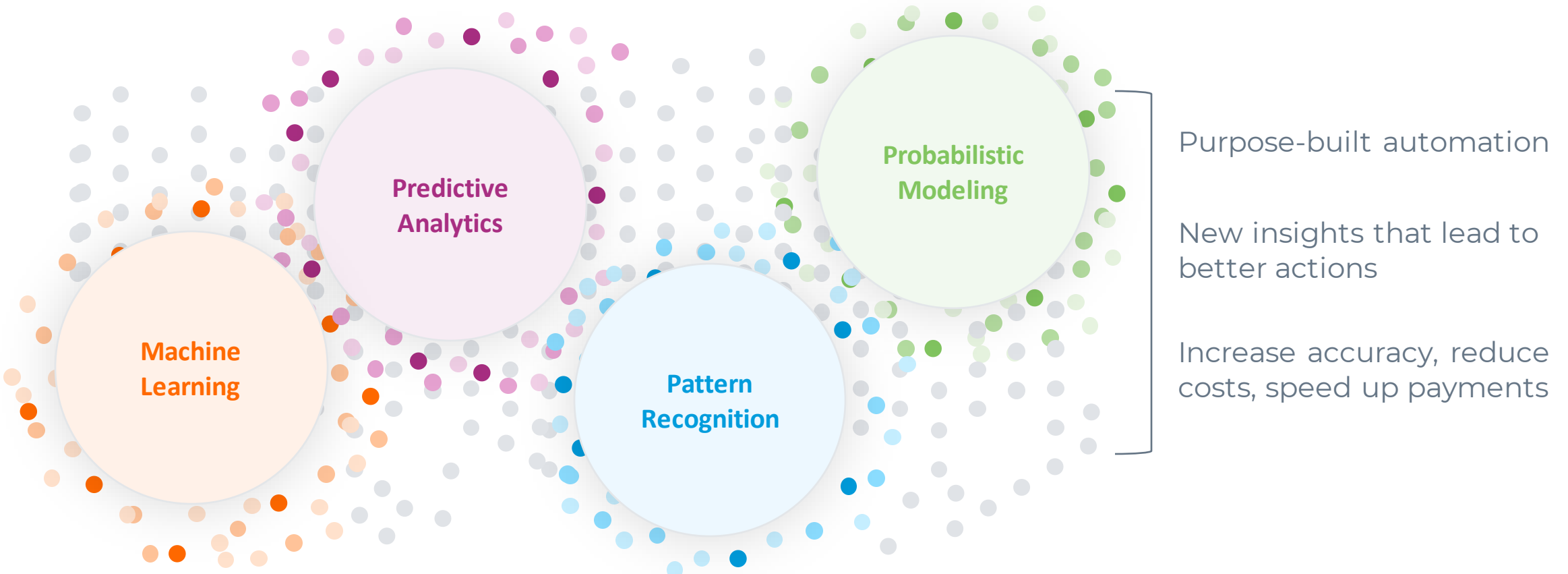
<sup>2</sup><https://www.kff.org/health-costs/issue-brief/data-note-americans-challenges-health-care-costs/>

<sup>3</sup>[https://www.accenture.com/\\_acnmedia/pdf-94/accenture-2019-digital-health-consumer-survey.pdf](https://www.accenture.com/_acnmedia/pdf-94/accenture-2019-digital-health-consumer-survey.pdf)



## REVENUE CAPTURE

# AI powers smarter leakage detection



Built on a foundation of extensive datasets



# REVENUE CAPTURE

## CHARGE CAPTURE

**1%**

Hospital and health system **annual net patient revenue loss**<sup>1</sup>

## CODING

**68%**

Healthcare executives say **1-10% of total charges are under coded**<sup>2</sup>



## CHARGE CAPTURE

**40%**

Discuss once a month or less<sup>2</sup>

## CODING

**20%**

Healthcare executives say **11%+ of total charges are under coded**<sup>2</sup>



<sup>1</sup>HFMA, 2019, <sup>2</sup> Ingenious Med, 2019

## MISSING CHARGES

# Move charge verification up stream

### Prebill is seamless to patients

- Accurate claims the first-time
- Adherence to regulatory requirements
- Helps mitigate denials
- Charges accurately reflect services provided

#### Value to the Patient

##### Automated + proactive approaches help patients

- + Avoids confusion from unexpected rebills
- + Prevents overbilling

#### Value to the Provider

##### Automated + proactive approaches help providers

- + Increase bottom line cash
- + Reduces administrative burden
- + Greater patient satisfaction

**4:1**

Average ROI

**95%**

Accuracy

**24HR**

Turn-around

**\$8K**

Average DRG

- Accelerates cash flow
- Smarter leakage detection with AI
- Comprehensive review of all charges
- Credentialed coders + nurses

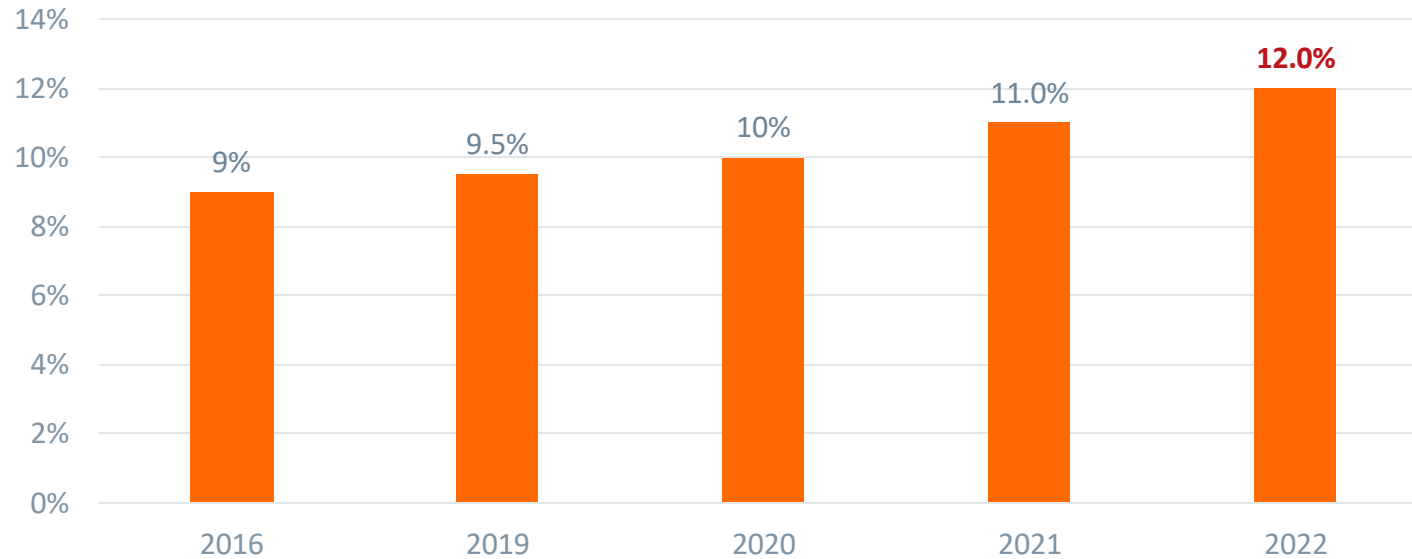




## Denials Epidemic

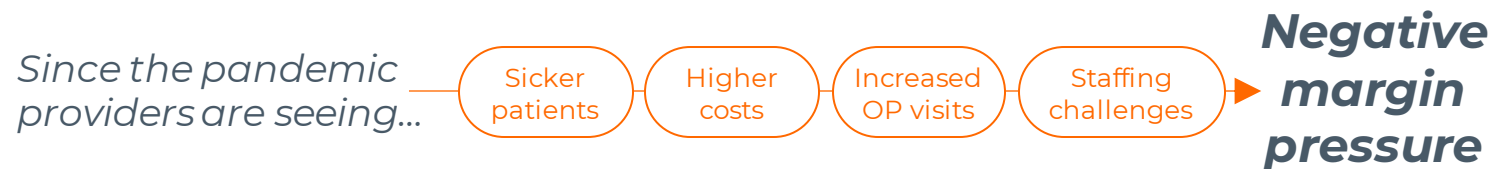
# Denials are entering a dangerous zone

NATIONAL DENIALS TRENDING



# 33%

increase in denials over the years



# Efficiently use staff resources by prioritizing accounts



## OPTIMIZED WORKFLOW:

- + Worklists are not bloated with items that **don't require action?**
- + Staff **easily identify** which accounts need attention – and for what **information or errors?**
- + Complex tasks **identified and addressed?**
- + **Important work is directed to specific** staff members that optimize work tasks
- + Workflow is driven by **established rules that allow for exception-based workflow**

**50%+** over half of Patient Access functions remain highly manual<sup>1</sup>

1. Patient Access Technology Study: Eliciting Insights, 2019



# See tangible improvements + results across your workflow

**Decrease self-pay receivables** by identifying active coverage.



**Strengthen customer satisfaction** by teaching patients about active coverage and not hassling for information.



**Increase profit margin** by reducing self-pay bad debt.



**Increase cash flow** by identifying active coverage faster and collecting owed revenue.



**Optimize staff productivity** by reducing labor-intensive patient follow-up processes.



**Eliminate the need for outsourced collections** on self-pay accounts, reducing cost.



Maximize opportunity to **capture revenue from newly insured** population created by ACA.



**Reduce rejections and denials** by identifying accurate and complete eligibility and coverage details pre-service.”



**Faster Eligibility processing** by saving staff time searching for benefit details and automating on-off checks and batch





A scenic mountain landscape at sunset. The sun is low on the horizon, casting a warm glow over the scene. The sky is a mix of orange, yellow, and purple. In the foreground, a dirt path winds through a field of pink flowers. The middle ground shows rolling hills and a valley. In the background, there are more mountains under a hazy sky.

Q+A





A scenic mountain landscape at sunset. The sun is low on the horizon, casting a warm glow over the scene. The sky is a mix of orange, yellow, and purple. In the foreground, a dirt path leads through a field of pink flowers. The mountains in the background are layered, with the nearest ones in shades of green and blue, and the farthest ones in a hazy, light blue.

# Thank you

Simplify healthcare payments

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