

The Future of Healthcare Revenue Cycle: Trends, Technology and Back Office Strategies



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Hannibal Regional
Healthcare System

Agenda

- ▶ Who contributes to the claim
- ▶ Denial Prevention vs. Denials Management
- ▶ Strategies to Improve Revenue Cycle
- ▶ Benefits of Back End Revenue Cycle
- ▶ Challenges in Implementation
- ▶ Questions

Registration to Reimbursement

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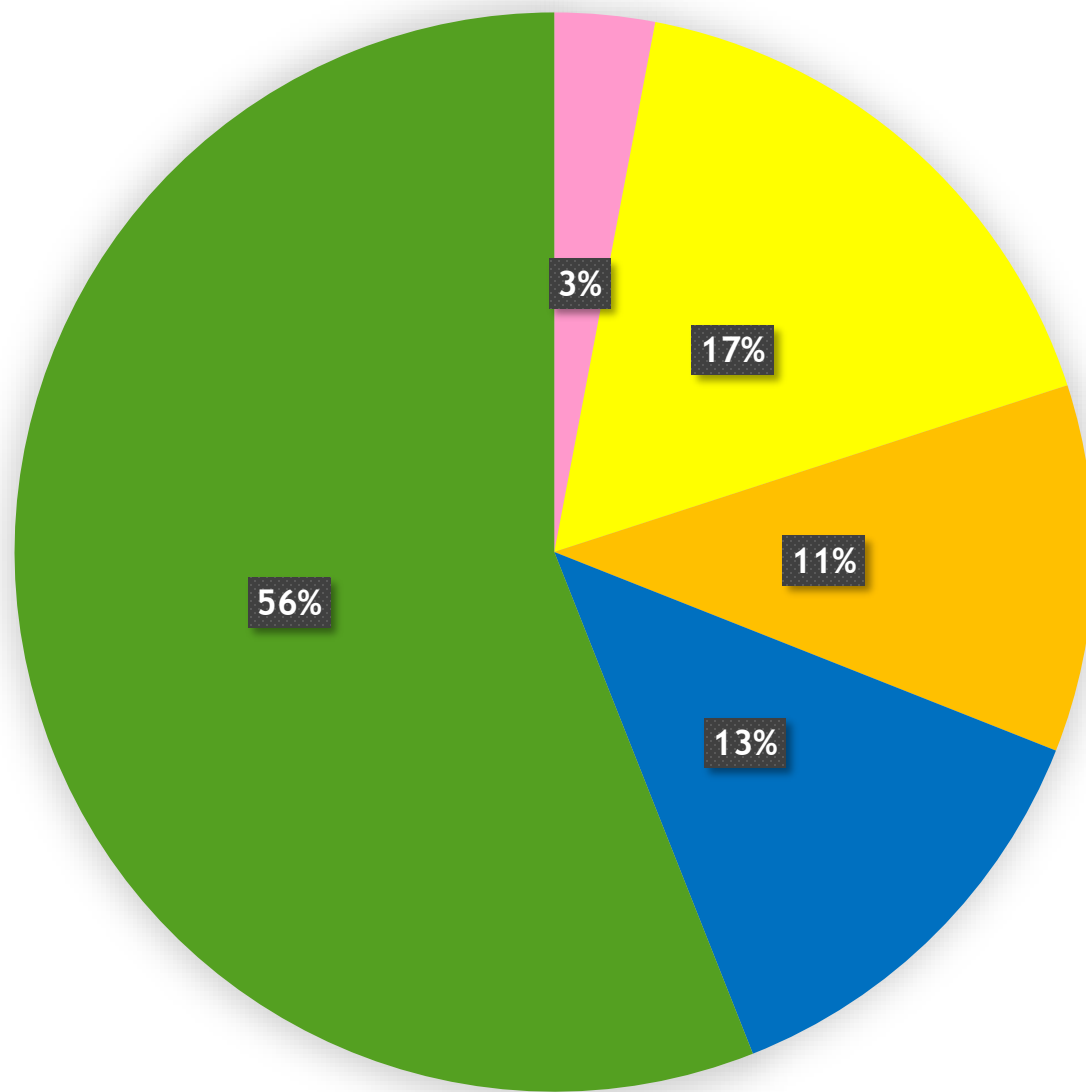
Green Patient Access

Blue HIM/Coding

Orange Charge Master

Yellow System Generated

Pink	Billing
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- Billing
- System Generated
- Charge Master/Dept
- Him/Coding
- Patient Access

Denial Prevention vs. Denial Management

Denial Prevention- A process that is used to stop a claim from being denied by the payer

Denials Management- A process that is used to resolve a claim after it has been billed and denied by the payer

Denial Prevention

Registration:

- ▶ Real Time Eligibility (RTE)
- ▶ Accurate Patient Demographics
- ▶ Authorization & Pre-Certification Workflows
- ▶ Front -End Edits

Clinical:

- ▶ Utilization Review
 - ▶ Peer to Peer Reviews
- ▶ Clinical Documentation Integrity (CDI)
- ▶ Revenue Integrity

Denials Prevention

- ▶ Weekly Enrollment and Credentialing
 - ▶ Provider Credentialing
 - ▶ Med Staffing and Recruitment
 - ▶ Director of Fiscal Services
 - ▶ Director of Patient Financial Services
 - ▶ IT- Clinical Application and Security Coordinators

Denials Management

- ▶ Monthly Departmental Leaders Denial Meetings
- ▶ Appeals and Tracking of Over Turned Appeals

<u>Billed Charges</u>	<u>Appeal Amount (GROSS CHG)</u>	<u>ADDITIONAL PAYMENT RECEIVED</u>	<u>NOTES</u>	
FY23 TOTALS	\$620,006.36	\$324,802.36	\$211,907.74	14 OVERTURNED OUT OF 17 APPEALS TRACKED
FY24 TOTALS	\$7,347,917.54	\$3,576,979.87	\$1,074,394.92	167 OVERTURNED OUT OF 293 APPEALS TRACKED (18 OF THE 21 EXT CIRC OVERTURNED)
FY25 TOTALS	\$10,606,771.40	\$7,788,784.57	\$2,508,563.72	200 OVERTURNED OUT OF 285 APPEALS TRACKED (27 OF THE 29 EXT CIRC OVERTURNED)

Denials Management

- ▶ Weekly Revenue Cycle Meetings
 - ▶ CFO
 - ▶ Director of Patient Access
 - ▶ Director of Patient Financial Services
 - ▶ Revenue Integrity- Supervisor
 - ▶ Professional/Hospital Billing Managers
 - ▶ Denials Management- Supervisor
 - ▶ Professional/Hospital Coding Managers

Denial Tracking

- ▶ Authorization
- ▶ No Diagnosis to Support
- ▶ Out of Network/Credentialing
- ▶ Payer Specific
- ▶ Frequency
- ▶ Timely Filing



Benefits of Back End Revenue Cycle

- ▶ Improved Aged AR
- ▶ Improved Days in AR
- ▶ Improved Cash Flow
- ▶ Cleaner Claim Rates
- ▶ Collaboration between departments
- ▶ Improved Patient Satisfaction

Challenges in Implementing

- ▶ Time Management
 - ▶ 65% Email
 - ▶ 29% Meetings
 - ▶ 2% Reporting/Analysis
 - ▶ 4% Other
- ▶ Claim Denials
- ▶ Integrating Systems
- ▶ Lack of Automation
- ▶ Technology Issues
- ▶ Staffing Issues

Strategies to Improve Revenue Cycle

- ▶ Invest in Technology and Analytics
- ▶ Enhance Front-End for Clean Claims
- ▶ Optimize Medical Coding and Documentation
- ▶ Implement Denials Management Work Flows
- ▶ Enhance Patient Collections and Payment Experience
- ▶ Automate Key processes across Revenue Cycle

Summary

- ▶ Revenue Cycle is not revenue unless collected
- ▶ Engage ALL Department and Department Leaders
- ▶ COMMUNICATION IS KEY!
- ▶ Set Goals that are a Stretch but Attainable
- ▶ Track your progress
- ▶ Continue looking for ways to optimize and improve

Questions?





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