

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



GUIDING YOU TO BETTER
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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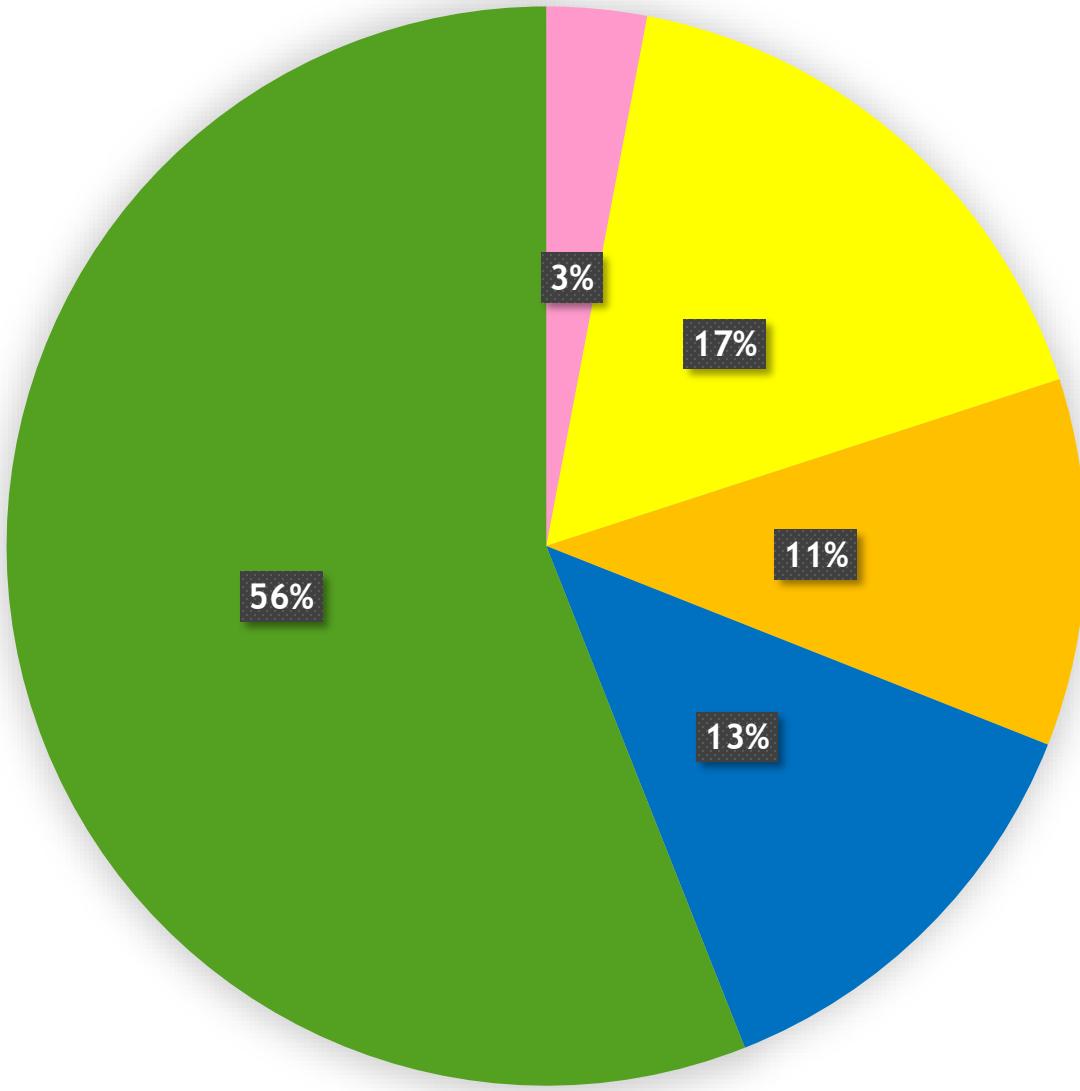
Green Patient Access

Blue HIM/Coding

Orange Charge Master

Yellow System Generated

Pink Billing



- 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
FY24 TOTALS	\$7,347,917.54	\$3,576,979.87	\$1,074,394.92
FY25 TOTALS	\$10,606,771.40	\$7,788,784.57	\$2,508,563.72

14 OVERTURNED OUT OF 17 APPEALS TRACKED

167 OVERTURNED OUT OF 293 APPEALS TRACKED (18 OF THE 21 EXT CIRC OVERTURNED)

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

\$3,500,000.00

\$3,000,000.00

\$2,500,000.00

\$2,000,000.00

\$1,500,000.00

\$1,000,000.00

\$500,000.00

\$0.00

FREQUENCY

NO AUTH

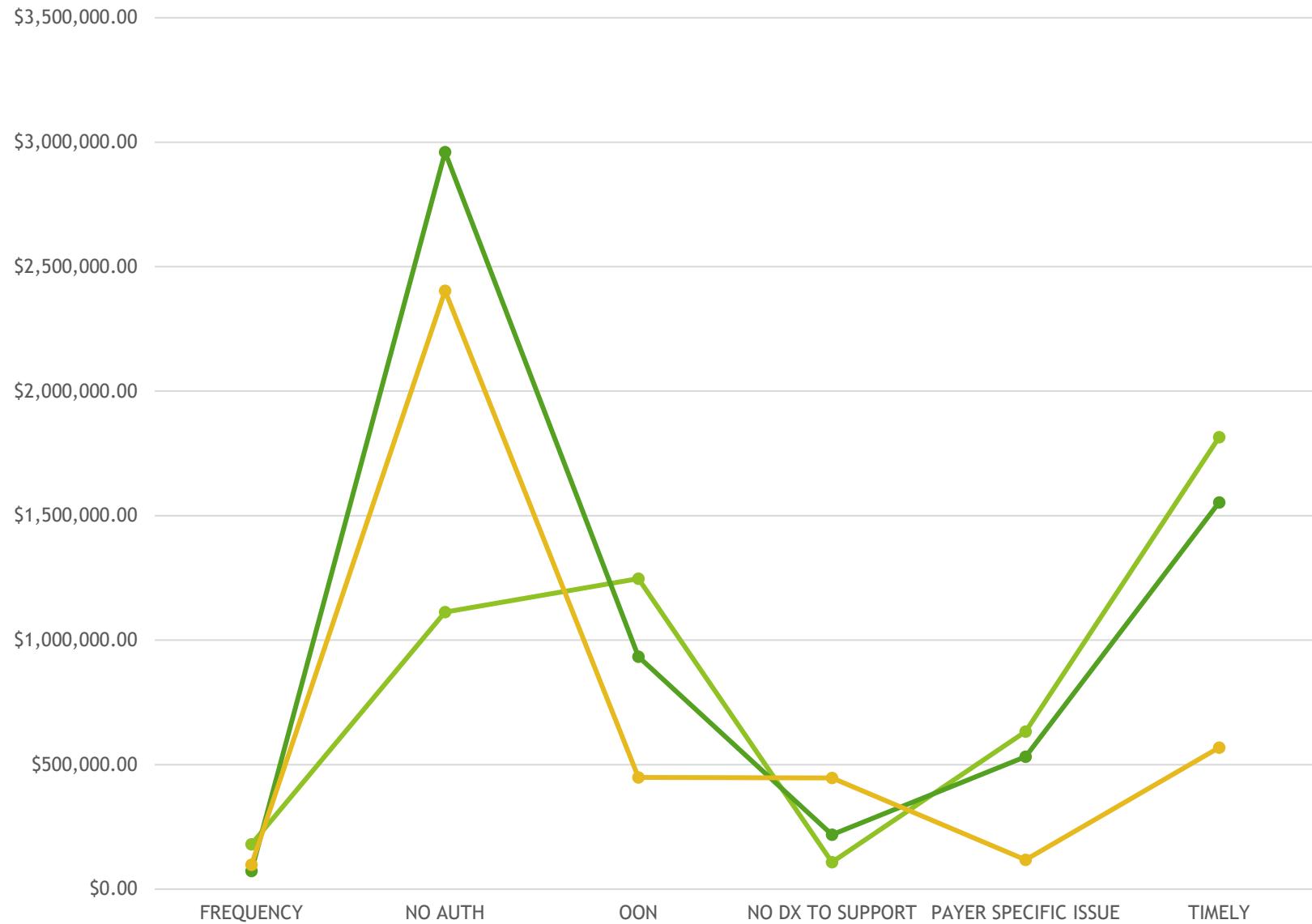
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NO DX TO SUPPORT

PAYER SPECIFIC ISSUE

TIMELY

—●— FY23 TOTALS —●— FY24 TOTALS —●— FY25 TOTALS



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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