

## TODAY'S SPEAKERS



**Lisa Almaraz**  
*EVP, Client Strategy*



**Brandon Reeser**  
*VP, Business  
Development*

# Maximizing A/R Impact: Strategies for Back-End Revenue Cycle Success

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Make your presentation interactive in three steps

- ✔ Log in to Kahoot! and open the kahoot you want to add to your presentation
- ✔ Click Share, followed by PowerPoint and Copy link
- ✔ Paste the link here

Add Kahoot

Kahoot! **360**

# ✓ Learning Objectives

## Maximizing A/R Impact



Boost back-end A/R impact



Cut denials, speed collections



Apply insights to improve performance

# Hawai'i A/R: By the Numbers

%

30% of Population  
is on Med-Quest



9 Healthcare Systems  
on 6 Islands

#1

HMSA is #1 Payor


# Proactive A/R Management









*Proprietary and customized reports enable close client communication and continued process improvement.*

✓  Monitor and escalate timely filing of claims

↻  Reconciliation is key






\$  Monthly high dollar review and status

 Key Performance Indicators for the following:

- ✓  A/R Aging
- ✓  Cash Collection Goals
- ✓  Referral volumes
- ✓  Inventory viability
- ✓  Timely and effective follow up
- ✓  Audit on active and returned accounts

 Effective communication between departments

## Account Management Reporting

- ✓  Analyze inventory by payer to determine resolution rates by payer
- ✓  Monitor recovery rate and days to pay by payer
- ✓  Monitor overall progression of accounts
- ✓  Focus on aged inventory to ensure timely recovery
- ✓  Viability of inventory on monthly/quarterly basis



# Maximizing A/R: Tools, Technology, & Outreach

Monitor the results.  
Take the right action.  
Advance inventory with  
confidence.



Omnichannel Patient Engagement



Propensity for Insurance



Claim Automation (RPA/API Integration )



Interactive Phone Screening



PayorSearch

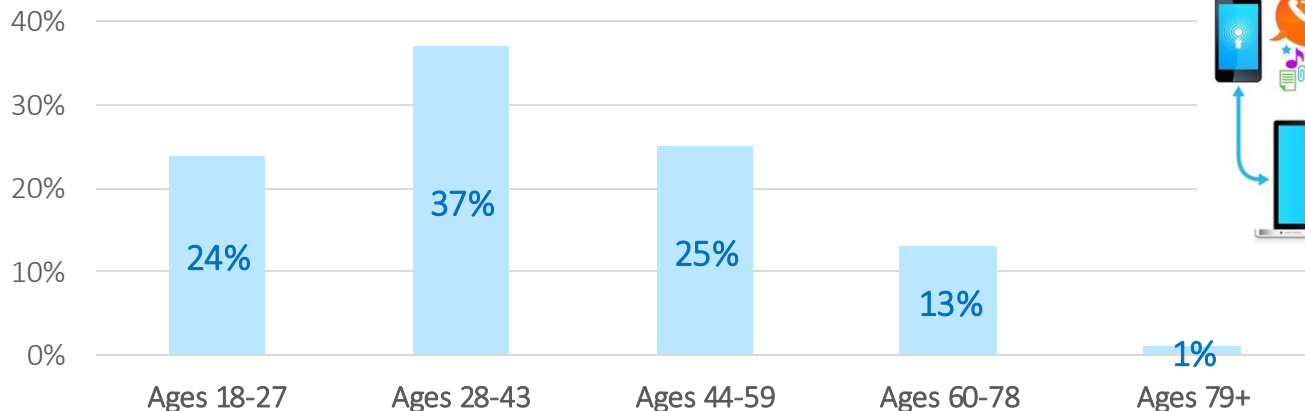


Cash Acceleration



# Reaching patients in their preferred mode of communication

Age of ElevatePFS Patient Population



**Generation**  
**Preferred Mode of Communication\***

**Gen Z**  
Text,  
Social Media

**Millennials**  
Text, Email,  
Social Media

**Gen X**  
Email, Short  
Conversations

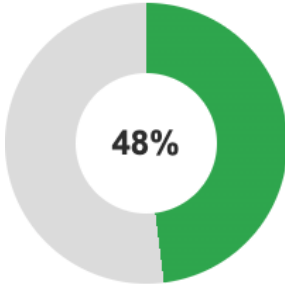
**Baby Boomers**  
Face-to-face,  
Phone, Email

**The Silent  
Generation**  
Face-to-face,  
Phone

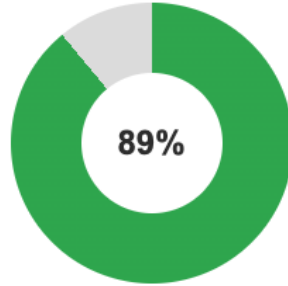
\*Source: <https://amtrustfinancial.com/blog/amtrust/communication-tips-for-multi-generations>



# The Need for an Omnichannel Strategy



Prefer a digital-first model with the option to speak to someone if needed\*



Of patients are more likely to interact when they see a branded, trusted sender\*\*

**Takeaway:**  
It takes an effective omnichannel outreach strategy to improve patient engagement and increase reimbursement

Sources: \* <https://insurity.com/press-release/insurity-survey-finds-only-15-consumers-prefer-fully-digital-insurance-experience>  
\*\* <https://artera.io/resource/trends-in-patient-engagement/>

# Leveraging Omnichannel

	Traditional Model	Omnichannel Model	<h2>Impact</h2> <ul style="list-style-type: none"> <li>✓ Increased Patient Response</li> <li>✓ Enhanced Consumer Experience</li> <li>✓ One Seamless Solution</li> <li>✓ Improved Speed from Referral to Resolution</li> </ul>
Communication	<p><b>Static Patient Communication Process</b></p> <ul style="list-style-type: none"> <li>• All patients treated the same</li> <li>• All outcomes routed to manual next steps</li> <li>• Limited by availability of resources</li> </ul>	<p><b>Personalized Proactive Communications</b></p> <ul style="list-style-type: none"> <li>• Consolidated patient journey routing to web screener</li> <li>• Powered by Data Science</li> <li>• Predictive scoring drives account prioritization</li> </ul>	
Online	<p><b>Minimal Online Experience</b></p> <p>Screening technology limited No patient self-service option</p>	<p><b>Robust Online Experience</b></p> <p>Web screener portal expands patient screening to a 24/7 experience with self-service online functionality</p>	
Technology	<p><b>Limited Outreach Solutions</b></p> <p>Traditional workflow focuses on call campaigns &amp; letters</p>	<p><b>Patient Engagement Expanded:</b> Patient-responsive text, email, letter, IVR, &amp; QR code options prompt next steps.</p>	
People	<p><b>Staff</b> with constricted hours slowed by quantity of manual interventions</p>	<p><b>Leverage Data:</b> Use results during the workflow process. Capacity expanded as patients are automatically routed to proper channel.</p>	



# Epic-Focused Improvements for Hawai'i Revenue Cycle

- ✓ **MyChart Integration**
  - Inputting documentation on our actions for all referred accounts
  - Direct provider interaction
  - Customized templates
- ✓ **Trending reports on claim edits**
- ✓ **Leadership champion to drive execution**
- ✓ **Contract modeling opportunities (false variances)**

# ✓ Reducing Denials in Hawai`i

Hawai`i's large homeless and unstably housed population drives repeat visits, incomplete documentation, and avoidable denials.

- ✓ Centralized account history for quick access to past encounters and coverage decisions
- ✓ Capture key demographics and housing details to reduce missing-info denials
- ✓ Alerts for high denial-risk accounts
- ✓ Accept alternative verification to overcome documentation gaps
- ✓ Auto-recheck coverage for returning patients
- ✓ Mid-cycle coverage validation to ensure clean claims








# Denials Management & Prevention Program

## Ideal Program Features:

- ✓ Helps mitigate denial risk from beginning to end of revenue cycle
- ✓ Comprehensive review process uses many channels of outreach: calls, texts, letters, etc.
- ✓ Dedicated account team to resolve claims quickly
- ✓ Systematic approach investigates each denial to identify root cause
- ✓ Root cause analysis drives process built to prevent future denials

## Why It Matters

-  Reduces Cost to Collect
-  Improves Cashflow
-  Lowers A/R Days
-  Helps Prevent Future Denials
-  Reduces Bad Debt



# Building a Best-Practice Denials Management Program


**Driving Consistency  
and Accountability  
in Denials  
Management.**

- ✓ Define a standardized denial catalog so all teams categorize, track, and resolve denials the same way.
- ✓ Establish clear workflows and ownership for prevention, correction, follow-up, and appeal processes.
- ✓ Leverage data and reporting to identify trends, prioritize high-impact denial types, and measure recovery and prevention outcomes.
- ✓ Integrate upstream fixes by addressing registration, documentation, coding, and authorization gaps before claims are submitted.
- ✓ Create feedback loops so results drive training, workflow updates, and process improvements across the revenue cycle.

# ✓ 835 Stratification

- ✓ Identify revenue leakage by analyzing payer trends.
- ✓ Update the chargemaster to align pricing, coding, and documentation.
- ✓ Improve front-end workflows to capture clean, complete data.
- ✓ Strengthen upfront data collection to support effective A/R management.
- ✓ Use performance insights to drive continuous improvement.

## 835 Stratification Process



### Past Filing/Appeal Deadlines

All 835 remit claims that have exceeded the filing and/or appeal deadline are identified and returned for adjustments.

### Adjustment Denials

Reviewed with client; return protocols established and posted for adjustments based on the 835 denial reason code.

### Self-Pay

Reviewed with client; notes are entered for the 835 denial reason code, and returned as Self-Pay.

### Denials

Denials are sorted by payer and identified as appealable or non-appealable; appealable denials are reviewed and completed.

### No 835 Match

All claims are routed to our specialized experts for manual review and resolution based on the claim status category.

# ✓ DSH & 340B Action Plan

With DSH ratio at risk, it is important to have a customized action plan that targets key populations for new Medicaid enrollments and uncovers days that have been missed in existing reporting models.

- ✓ **Identify number of Days needed to close gap or exceed threshold**
- ✓ **Review and scrub specified populations to identify additional days**
  - Commercial/Medicaid Crossovers for Moms & Babies (NICU and other long stay depts)
  - IP Charity accounts processed for DOS in review period
  - IP commercial accounts for review period with 5+ days
  - Self Pay Accounts with no Social Security Number (non-citizens-check for EMA coverage)
  - Workers Comp for Medicaid Eligibility and ensure days have been counted
  - Medicare/Medicaid Dual eligibility
  - Out of State Medicaid coverage
- ✓ **Track and report additional days discovered via above reviews**

# ✓ Solving Staffing Challenges

**A Workforce Strategy  
Built for Hawai'i's  
Unique Challenges.**



- ✓ Augment staffing for temporary surges, backlogs, and targeted A/R work
- ✓ Apply specialized expertise to manage complex A/R and Hawai'i-specific requirements
- ✓ Deploy experienced teams to stabilize operations and support staff
- ✓ Use a train-the-trainer model to build lasting in-house capability
- ✓ Rapidly scale resources for high-volume, short-term initiatives

# ✓ Client Success Stories

## CLIENT SUCCESS STORY Extended Business Office

### Florida-Based Hospital System

- ✓ A/R under \$5k improved 60%
- ✓ Inventory down to less than 2 times monthly inflow of new accounts



## CLIENT SUCCESS STORY Extended Business Office

### Midwest University Health System

- ✓ 100% liquidation of \$12 million of legacy work down in 7 months
- ✓ 50+% decrease in backlog and ongoing A/R dollars and volumes

## CLOSING



Summary



Questions

***Thank You!***