



# Revenue Cycle Improvement Case Study

MARCH 2020

## CLIENT PROFILE

- Multispecialty Practice
- 300+ Providers
- 1,200 Employees
- Epic > 10 Years

## PROJECT VISION

“We have resolved to become a lean organization, focusing on reliability (quality), profit and growth.”

## THE CHALLENGE

- Lack of management by KPIs
- Inefficient utilization of Epic and integrated 3rd party tools
- Broken processes or no processes at all
- Initial denials – 14% of revenue
- Terminal denials – 4% of revenue (\$10.7M)
- Bad Debt - \$3.3M annually

## RETURN ON INVESTMENT

- Charge Entry Lag decreased by 73% in 15 months
- Claim Error WQ Days decreased by 60% in 11 months
- Denial Rate decreased by 50% in 15 months
- Self-Pay A/R reduced by \$2.8 million in 15 months & > \$2 million converted to net patient revenue
- Overall A/R decreased by 17% despite a 6% increase in volume
- Cumulative increase in revenue result of \$10M

## HIGHLIGHTS

A sample of optimization initiatives included:

- An organizational structure redesign to more effectively allocate staff to workstreams
- Job Description review/revision to align roles and responsibilities in an Epic environment
- Payor/Plan consolidation to improve registration and RTE (reduced from 1300 to 350)
- Remit code masterfile optimization to improve reporting and ensure next appropriate action by code based on payor specific requirements
- Dashboard and KPI reporting improvements to provide supervisors, managers and executive leadership visibility to revenue cycle performance
- Workqueue consolidation and optimization to improve staff efficiency and automate activities that do not require manual intervention
- Workflow and account resolution standardization
- Execution of Denials Workgroup to enforce continuous improvement and optimization
- Development of Operational/Technical source of truth documentation to bridge the gap between operations and IT