

# Clinical Revenue Cycle Support

## THE CLIENT:

The client is a regional health care system with a system of primary, secondary and tertiary health care facilities and services, including 14 hospitals.

## THE CHALLENGE:

The client had no Physician Advisor support and limited collaboration with Patient Financial Services (PFS) or Health Information Management (HIM) during a time in which a rapid influx of clinical denials was occurring. In addition, the Corporate Director of Case Management was new to her role and to Case Management and Utilization Management (CM & UM). CM & UM team members were self-taught with disparate practices and priorities across hospitals built on a weak conceptual foundation, and the people, processes and technology to manage clinical denials was almost non-existent.

## OUR SOLUTION & RESULTS:

We helped the client by conducting a broad discovery process including interviews and observations of process flow with members of the ED, CM & UM, HIM, PFS, Administration, Compliance/Risk Management and the medical staff. After this, we led a process improvement and system-wide integration and education campaign with CM & UM, HIM, PFS and physicians at regular intervals to teach the hospitals to manage the clinical revenue cycle independently. We did so through:

- Developing and supporting physician leaders
- Creating sound financial outcomes associated with correct level of care and reducing denials for both governmental and commercial payors
- Implementing robust practices for identifying, processing and measuring the impact from clinical audit request to appeal outcome, driving clinical claim denials to a fully adjudicated favorable outcome yielding \$1.4 million in revenue in two years and an additional \$1.9 million in settlement dollars