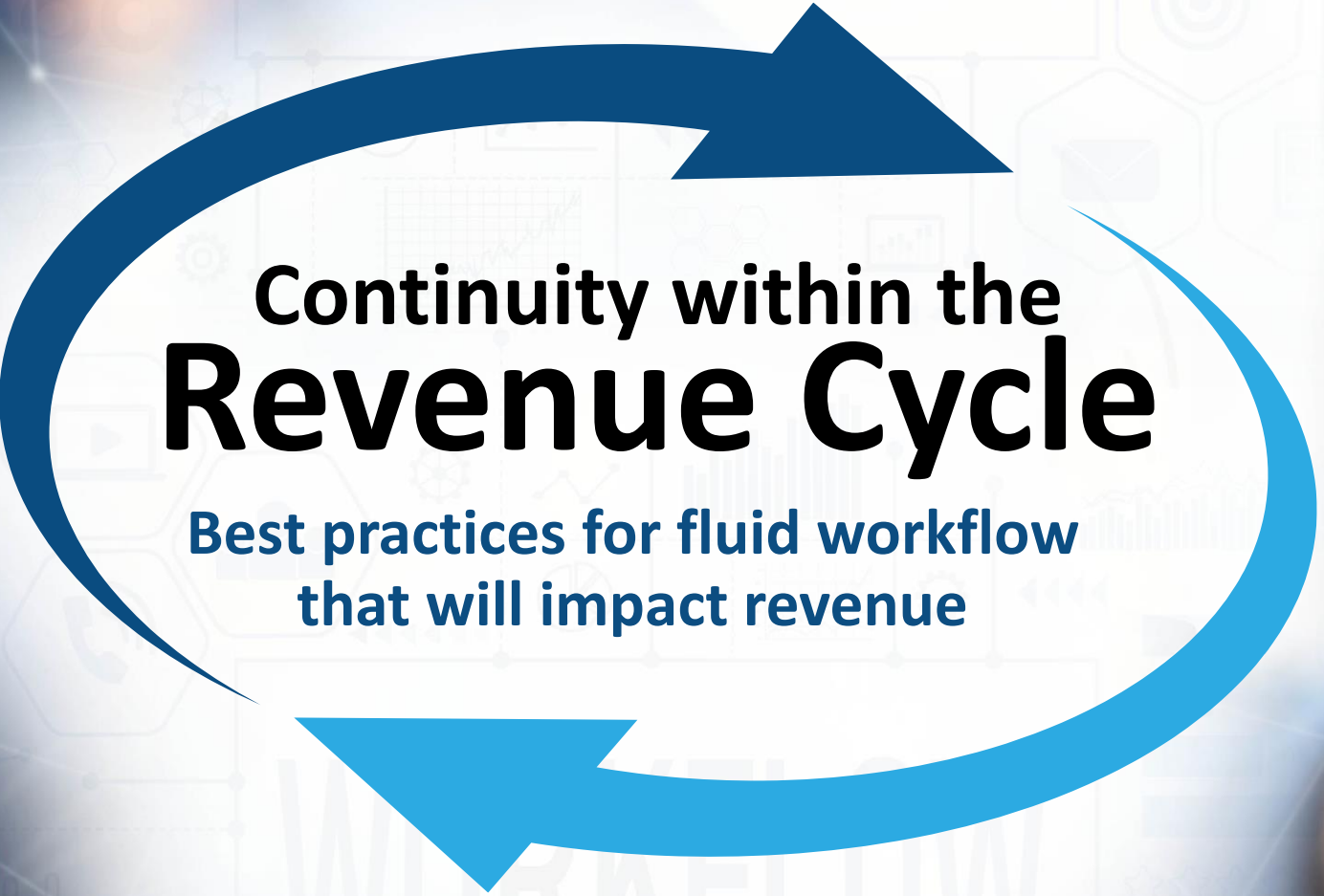




Continuity within the **Revenue Cycle**

**Best practices for fluid workflow
that will impact revenue**

Stuart Newsome, CPCO

Vice President, Strategic Partnerships
Alpha II

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Executive Vice President, Coding and
Documentation Services, Panacea



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Alpha II delivers revenue integrity across the full continuum of care by enabling proactive denial intervention throughout the RCM workflow, eliminating revenue leakage, and delivering positive cash flow.



400+ Million

transactions processed annually



90k+ Providers

Hospitals, Physicians, ASCs, SNFs, and other ancillary providers



97%

client retention rate

12 Years

average client tenure



40+ Years

of providing Revenue Integrity solutions



Stuart Newsome

Vice President,
Strategic Partnerships



Panacea delivers advanced auditing, compliance, chargemaster, strategic pricing and revenue integrity solutions through consulting services, software and enterprise-level education.

www.panaceainc.com



Kathy Pride

Executive Vice President,
Coding & Documentation



If you look at a traditional billing office, it's a very reactive process.

Providers are providing care, documenting their services, and coding. A billing office is getting charges entered and bills out the door. Then, they basically wait until they get responses from clearinghouses or payers in the form of rejections and denials. Then, they react to those.

It's a terribly inefficient process. It delays the payment cycle. It reduces the probability of payment. I'm a big proponent of flipping that whole cycle upside down to build a much more proactive revenue cycle.

Diligence is needed to scrub claims to make sure they're clean before they go out the door. Every practice should know if a patient is eligible before the doctor sees the patient. ... It's solvable.

– Partner, EVP of RCM



Achieving Continuity

- Revenue integrity is a coordinated effort between clinicians, compliance staff, billers and coders, administrators, and claims management personnel to:

- Prevent revenue leakage
- Improve charge capture
- Reduce days in A/R
- Improve documentation
- Audit responses
- Overall workflow optimization



Obstacles to Continuity

- Lack of communication
- Lack of cooperation
- Lack of knowledge and expertise
- Incumbent processes
- Technology



Analyze your claim processing statistics

- What is first pass claims rate?
- What does FPCR mean to your denials, rejections, and partial payments?

1 in 5 claims are denied or rejected



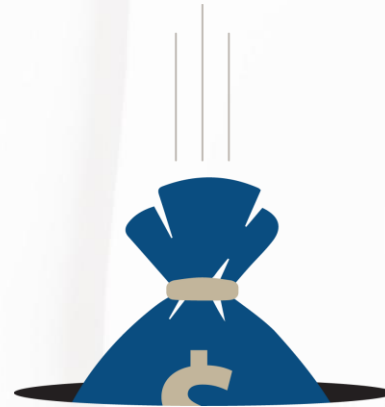
Sources = MGMA, PNC Financial Services, CMS, The Advisory Board Company, and HFMA

What do the denial analytics reveal?

Do you want to clear claims or get claims paid?



**15-20% of all claims
are rejected**



**60% of lost/denied claims
will never be resubmitted**



**18% of denials will
never be collected**

Sources = MGMA, PNC Financial Services, CMS, The Advisory Board Company, and HFMA

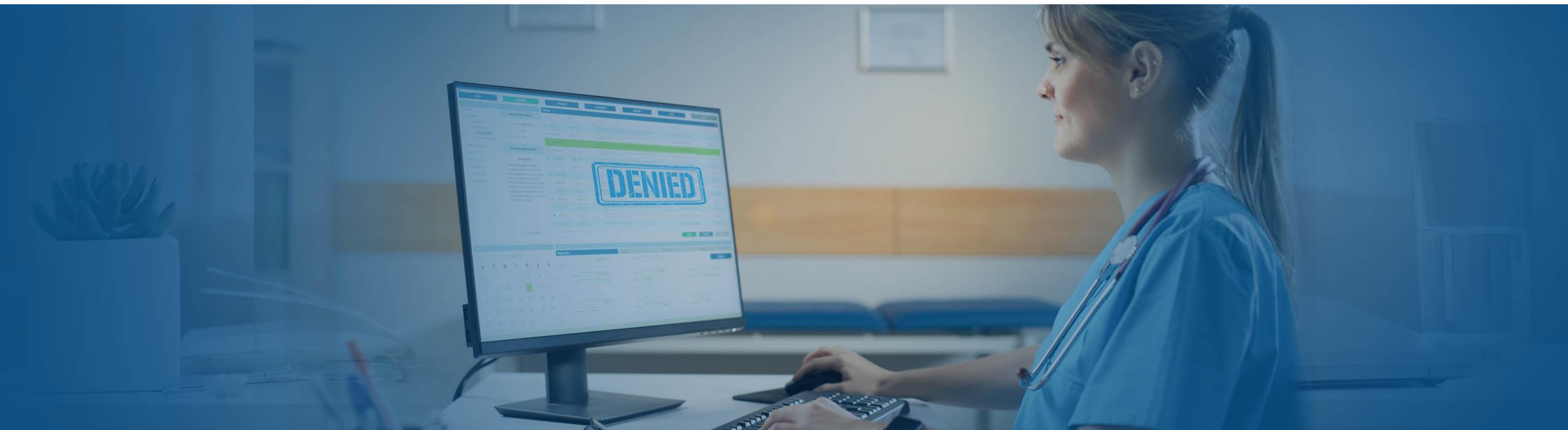
What is the real cost of denials?

- Rejections and appeals are very costly
- Approximately 2/3 denied claims are recoverable.

Average practice cost is

\$25.20

to re-work a single claim!



Sources = MGMA, PNC Financial Services, CMS, The Advisory Board Company, and HFMA

What is the workflow impact?

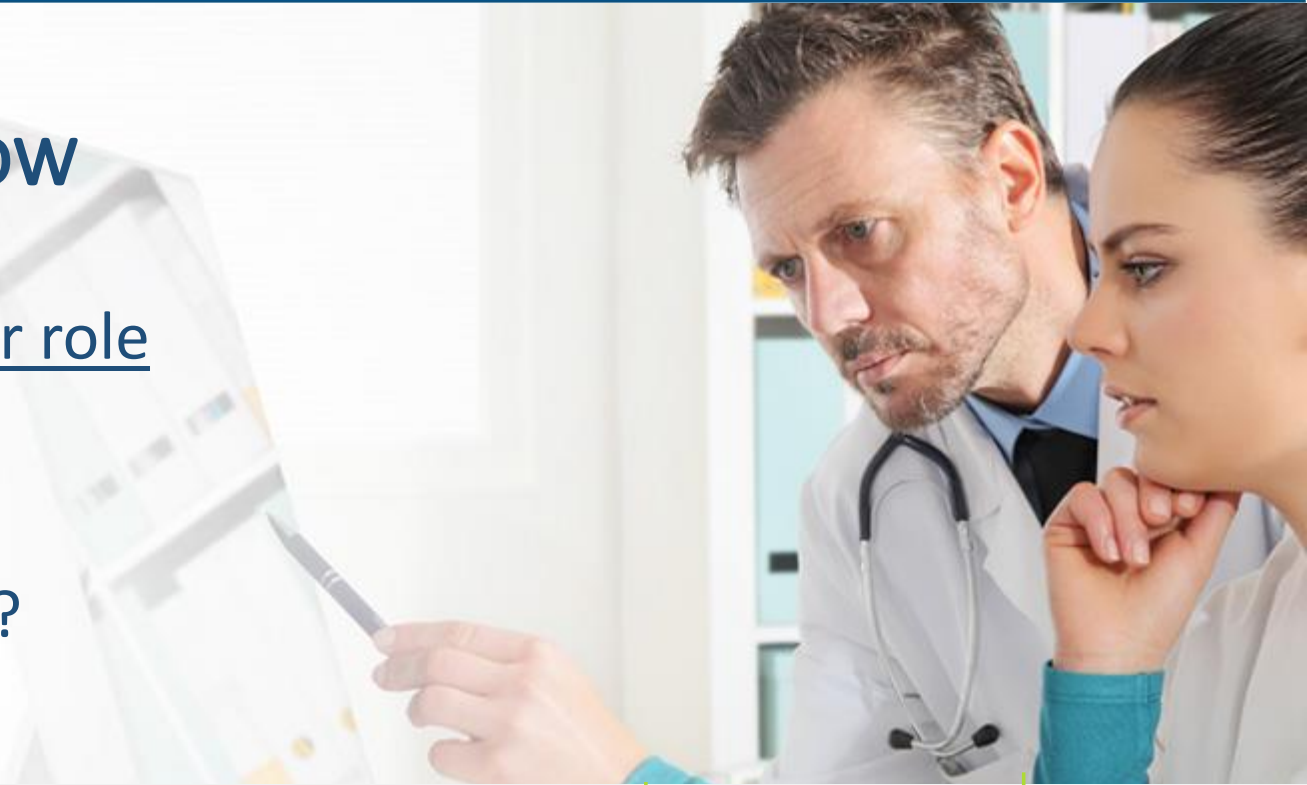
Re-Visit your Pre-Visit Workflows

- Where in the revenue cycle are your errors/rejections/denials occurring?
- Common misconception – denials only happen downstream

Back office, administrative issues

Evaluate the full RCM workflow

- Clinical and coding issues play a major role in battling denials
- A proactive approach is beneficial
- Is there continuity? Or, discontinuity?



Suggested actions at each level of the workflow

Goal: Continuity integrity

Appointment Scheduling/Intake	Encounter/ Charge Capture	Coding / Pre-Claim	Billing / Claims Processing	Denial Management
Verify insurance coverage	Medical Necessity	Code effective for DOS	Verify data	Post Denial Review
Check referral and pre-authorization	ABN	Accurate coding	Verify fields	835 Review - Technical / Software - Edit maintenance
Update fee amounts	E&M Coding	Coding Edits - Bundling - Medical necessity - Modifiers	Edits for claim	Appeals process
Patient estimation amounts	Documentation	Documentation	Payer Protocols	Resubmission

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For more than 30 years, **Stuart Newsome** has collaborated with coding and health information experts, as well as physicians and administrators nationally, to help navigate healthcare's strict reimbursement environment. Stuart's experience developing and assisting with operational processes, sales enablement, integration consultations, education, and solution development have helped him work with numerous healthcare organizations and vendors to incorporate solutions that fortify their revenue cycle management processes. Stuart is certified in compliance through the American Academy of Professional Coders (AAPC).



Stacey LaCotti comes from the Mid-Atlantic region where she has worked for over 20 years in Healthcare IT. Her prior experience in Provider Education for both a large Medicare payer and the Veteran's Administration provides a unique perspective on ever-changing healthcare policies, with a specialized focus on quality reporting. Stacey uses her knowledge of Alpha II's coding, claims editing, quality reporting, and revenue cycle solutions to design, educate, and further improve the customer experience.

- 30+ years in healthcare
- CPCO Industry Expert
- Provided 50+ education sessions for communities across the US
- Conference speaker
- Client executive for Alpha II's strategic clients

- 20+ years in Healthcare IT
- Solutions Expert
- Provided 50+ education sessions for communities across the US
- Conference speaker

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