Discover, Uncover, and Recover Your Missing Revenue



Thursday, January 25, 2024 Ken Jackson, Chief Client Officer



Presenter

Ken Jackson, SlicedHealth Chief Client Officer

Agenda



Current Environment



Claim Denials are Surging

100% increase from 2021 to 2022 67% of healthcare leaders identify it 65% of denials are never appealed 18% of Medicare Advantage payments inaccurately declined



Complex Payment methodologies



Automated algorithms to deny claims

Sources: November 2022 Kaufman Hall Report, American Hospital Association, 'CMS data shows high rate of claims denials' July 2023

Pressure on Providers



LACK OF STAFFING TO REVIEW FOR ACCURATE PAYMENTS



NO AUTOMATION TO REVIEW PAYMENT ACCURACY



LACK OF STRUCTURED APPROACH TO MAINTAIN CONTRACTS



PAYER'S TAKING LIBERTY TO CHANGE PAYMENT METHODOLOGIES ON THE FLY



NO AUTOMATED MODELING TOOLS



LACK OF INFO ON PAYER PERFORMANCE:

- DENIALS
- UNDERPAYMENTS
- TIME TO PAYMENTS
- PAYER ACTUAL VS. EXPECTED



Example Impacts to Net Revenue / Cash



Incorrect Medicare Advantage Payments



Untimely updating of Fee Schedules



Systematic denials to extend payment cycles



Down coding of DRG / CPT coding



Winning Strategies



IDENTIFY AND
ORGANIZE THE
CURRENT CONTRACTS
IN EFFECT



REVIEW CONTRACT LANGUAGE FOR UNACCEPTABLE TERMS, I.E. – UNILATERAL AMENDMENTS



REGULAR, SYSTEMATIC PAYMENT REVIEWS



MAINTAIN REGULAR CONTACT WITH PAYERS



ENSURE REVIEW AND COMMUNICATION OF ALL PAYER REIMBURSEMENT CHANGES



Winning Strategies



Have an effective zero-pay workflow



Keep a check on actual claim to payment cycles



Profit and cost analysis by service line



Utilize accurate modeling in contract negotiations



A&Q

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