

Uncovering Hidden Revenue:

The Power of Zero-Balance Reviews

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MEET THE PRESENTER

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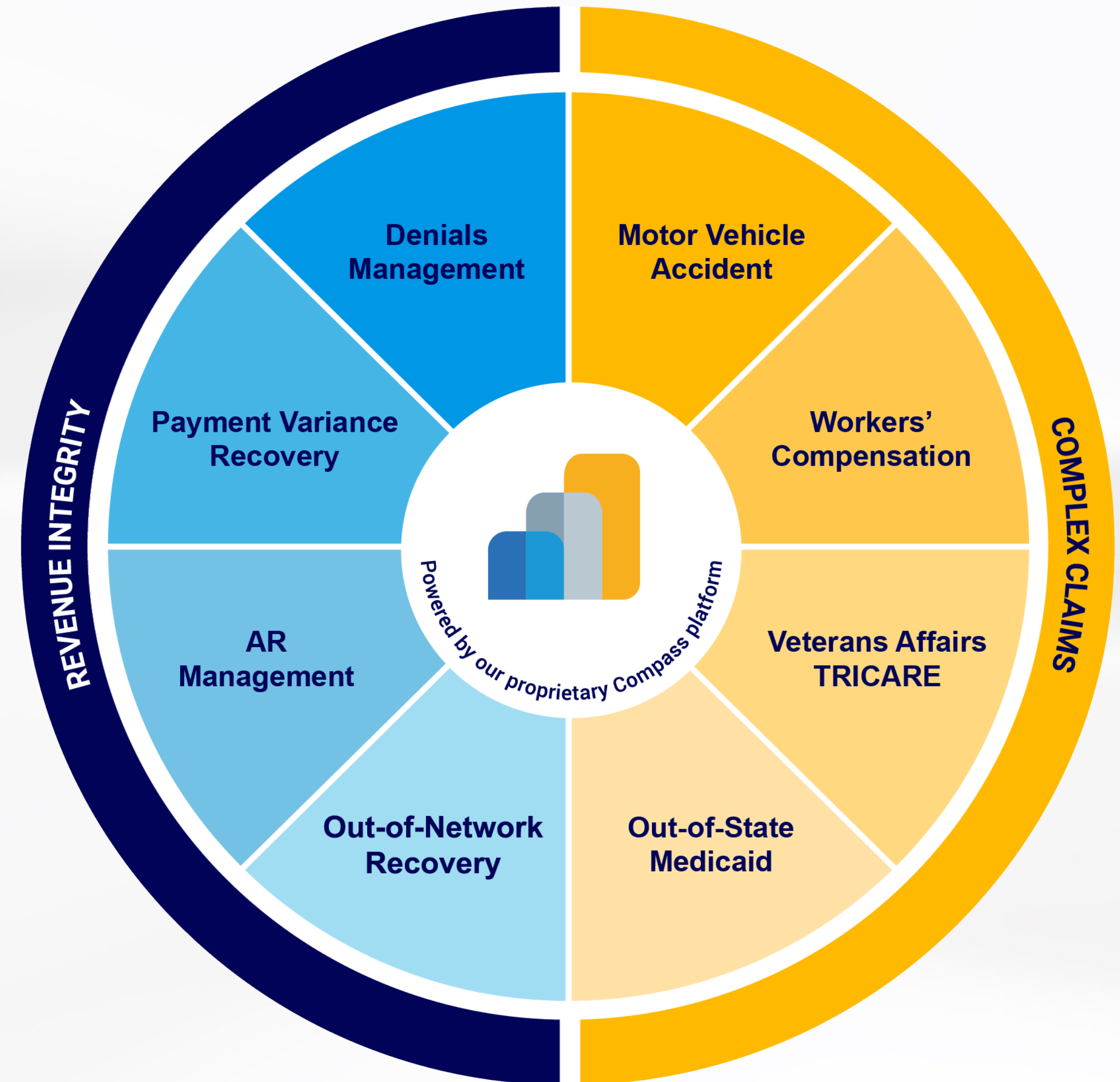
Director of Operations

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**Advanced Technology.
Expert Teams.
Optimal Results.**



Today's Discussion

The Opportunity

- \$40B annual billing and collections burden
- Hidden revenue opportunities in zero-balance accounts
- Turning overlooked accounts into financial assets

Session Objectives

- Fundamentals of zero balance reviews (ZBR)
- Critical mistakes to avoid
- Strengthening payer accountability

What is Zero-Balance Review?

A **retrospective analysis** of claims that show zero insurance balances to verify providers received appropriate reimbursement.



Key Benefits of ZBR

When implemented effectively, these reviews deliver multiple benefits:

- Immediate revenue recovery from previously written off dollars
- Enhanced payer accountability through systematic monitoring
- Data-driven insights for process improvement
- Stronger position in future contract negotiations
- Improved operational efficiency



Critical Mistakes to Avoid

1. Dismissing Small-Dollar Opportunities
2. Failure to Address Root Causes
3. Limited Scope Reviews
4. Over-Reliance of Expected Reimbursement Calculators
5. Inadequate Expertise Allocation



Dismissing Small-Dollar Opportunities

While individual small underpayments may seem insignificant, they can represent substantial cumulative revenue.

The Right Approach:

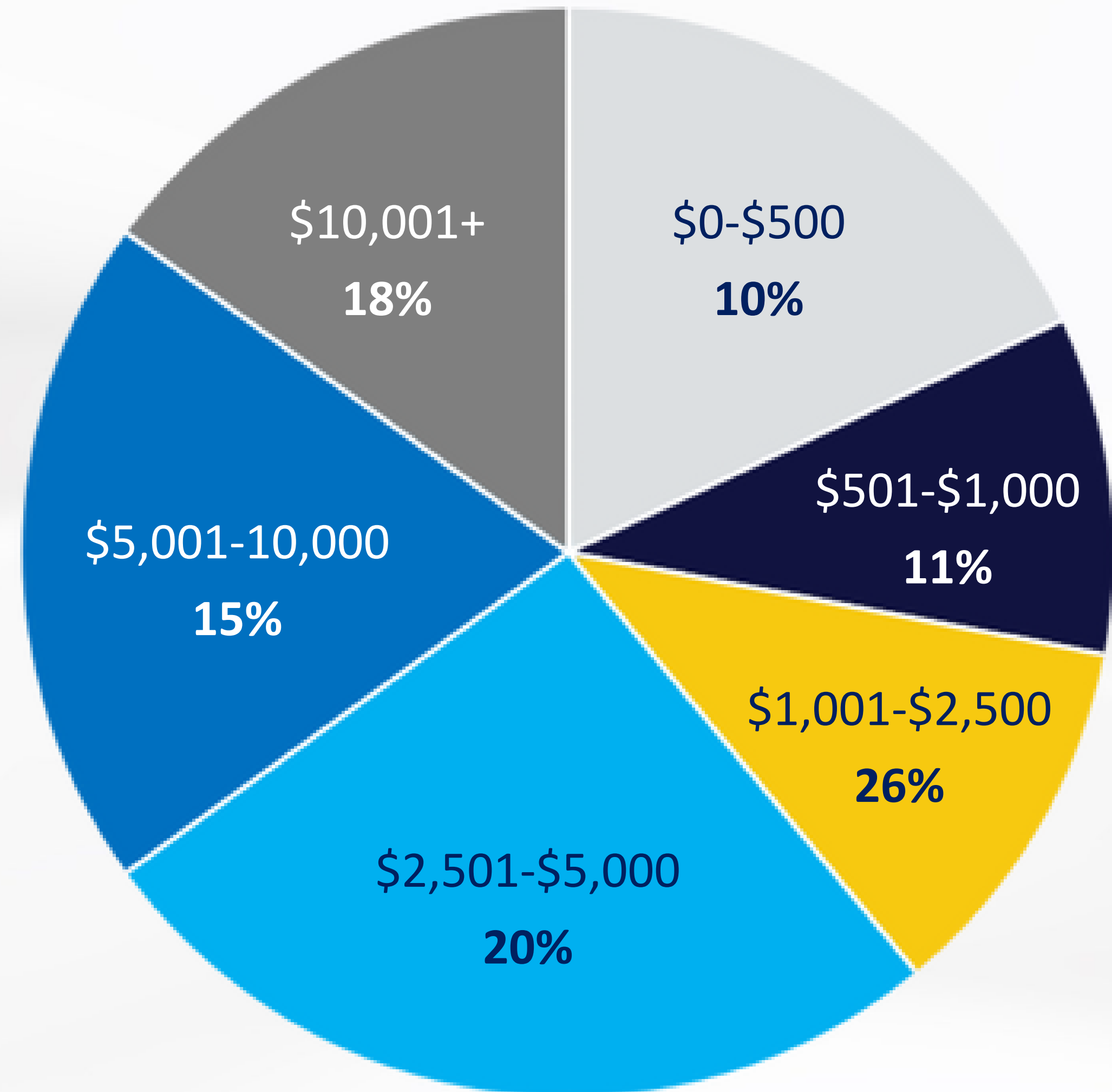
- ✓ Track all underpayments regardless of size
- ✓ Use data analytics to identify patterns
- ✓ Address systematic issues causing repeated small underpayments
- ✓ Implement bulk resolution strategies where appropriate



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What Claim Volume Looks Like

47% of our recovery comes from claims under \$2,500



Failure to Address Root Causes

Simply recovering underpayments without understanding why they occurred perpetuates the revenue loss cycle.

The Right Approach:

- ✓ Document root causes for each underpayment
- ✓ Implement preventive measures
- ✓ Track patterns across payers and claim types
- ✓ Develop targeted process improvements



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Develop Targeted Process Improvements

To prevent future underpayments,
a retrospective analysis is required.

Root Cause	Accounts	Underpayment	Recovered Amount	Percent of Total Underpayment
Coordination of Benefits	337	\$38,192,175	\$1,089,643	29%
Payer Calculation Error	345	\$3,716,520	\$371,893	28%
Medical Necessity	76	\$1,514,345	\$34,289	10%
Additional Documents Needed	122	\$1,242,667	\$180,722	8%
No Insurance Information	849	\$1,227,451	\$611,606	8%
Authorization Related	50	\$1,020,836	\$289,950	8%
Negotiation Required	3	\$245,227	\$0	2%
Payment Processing Error	20	\$259,970	\$97,202	2%
Responsible Party Confusion	8	\$216,946	\$98,254	2%
Miscoded Plan/Insurance	7	\$184,318	\$20,119	1%
Contract Interpretation	4	\$109,744	\$0	1%
Missing/Incorrect Coding	17	\$104,753	\$29,183	1%
Clinical Documentation	8	\$103,986	\$42,895	1%
Demographic Data Incorrect	5	\$30,283	\$24,031	0%
Claim Not on File	3	\$21,373	\$17,807	0%
Total	1,854	\$13,472,304.03	\$2,897,593.83	100%

Limited Scope Reviews

Many hospitals restrict their reviews to specific payers or claim types, missing significant recovery opportunities.

The Right Approach:

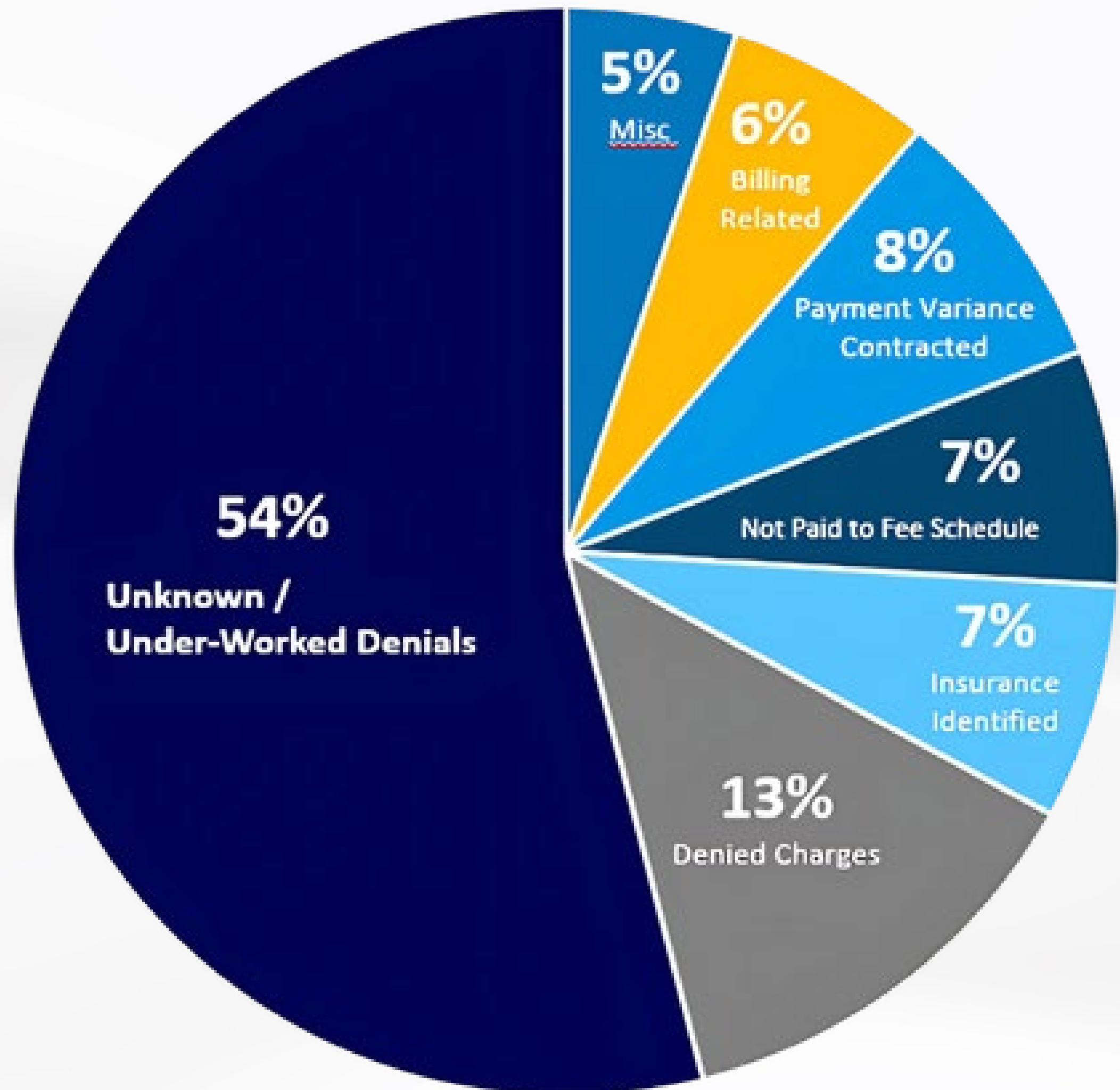
- ✓ Examine all zero-balance accounts systematically
- ✓ Review every aspect: charges, payments, and adjustments
- ✓ Include all payer classes and service categories
- ✓ Analyze both technical and clinical components



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Where Hidden Revenue Is Found?

Typical Issue Recovery Types

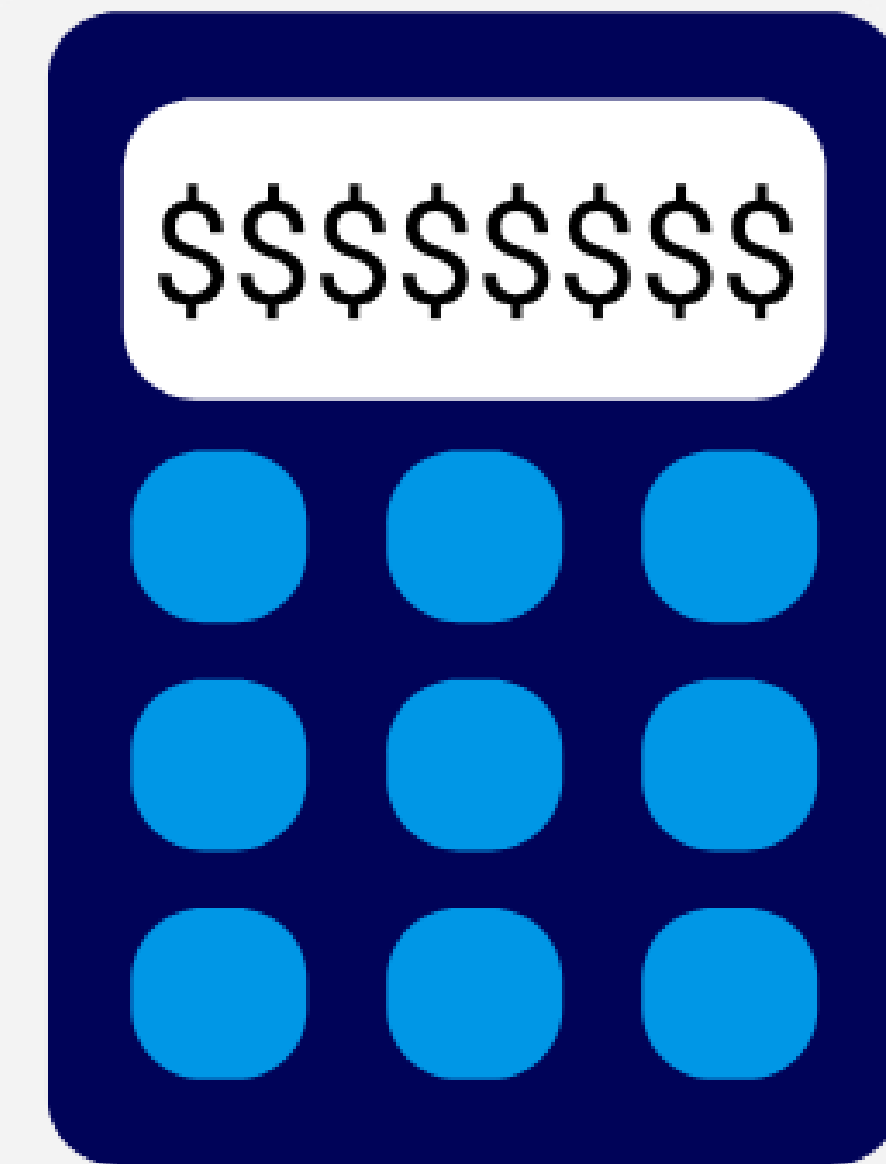


Over-Reliance of Expected Reimbursement Calculators

Many organizations depend too heavily on expected reimbursement calculators without considering payer-specific nuances.

The Right Approach:

- ✓ Combine technology with expert review
- ✓ Validate tool calculations against contract terms
- ✓ Review and maintain unique payer requirements and policies



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Tech + Expertise Benefit

Both advanced technological capabilities and human expertise are needed to maximize recovery efforts.



Inadequate Expertise Allocation

Successful zero-balance reviews require unique knowledge and dedicated resources.

The Right Approach:

- ✓ Assign qualified revenue cycle experts
- ✓ Ensure clinical expertise for complex claims
- ✓ Maintain dedicated focus on appeals and follow up
- ✓ Interpret complex payer contracts
- ✓ Provide strategic recommendations for process improvement



Strengthening Payer Accountability

Strengthening insurance payer accountability requires a strategic and persistent approach.

The Right Approach:

- ✓ Quantify underpayments even if they do not overturn for additional payment
- ✓ Escalate aging appeals to ensure timely resolution
- ✓ Present claim performance as evidence in payer negotiations



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Strategies for Success

The health system was losing revenue from opportunities in closed and zero-balance accounts that traditional high-dollar audits miss.

The hidden revenue opportunities included:

- Payer processing errors that slip through standard reviews
- Stop-loss cases with unrecognized eligibility
- Missing diagnoses due to documentation gaps
- Incorrect modifiers affecting reimbursement rates

SOLUTION:

- ✓ Comprehensive Review
- ✓ Complete Revenue Capture
- ✓ Actionable Intelligence
- ✓ Payer Accountability

RESULTS:

**Consistent \$2M+ Annual Recovery
for 6 Consecutive Years**

THANK YOU

Questions?

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