RCM Data Analytics Dashboard

Our consultants have worked in a variety of management, operational, and technical positions within payer and provider organizations. They average more than 15 years of experience in the healthcare industry. We have first-hand knowledge of your challenges, and understand how to overcome competitive pressures, organizational obstacles, and limited resources.

Case Overview

A two-hospital integrated delivery system with more than 20 urgent care clinic locations sought to decrease denials and streamline its accounts receivable process to reduce average days in A/R. To help the customer address these issues, Change Healthcare Consulting conducted a Revenue Cycle Management Data Analysis and Analytics Reporting assessment.

The consultants began by comparing the customer's billing and end-to-end revenue cycle management data against industry benchmarks, identifying notable gaps and recommending high-level process improvements. The consultants provided detailed analytic reporting based on the customer's data files to support their findings.

Challenges

In addition to limited staff resources, the customer conducted many processes manually, including charge reconciliation between the EHR and billing system. Authorization workflows were siloed by department, and there was no centralized team to address claims denials.

The consulting team needed to be purposeful and efficient in its data review. First, the consultants dissected the data and identified financial class outliers, conducting a deep dive to pinpoint the root causes. The team mapped the customer's 835 EDI payment transaction data to the response code dictionary to establish a meaningful correlation and generate recommendations.

Solutions

The consulting team delivered numerous recommendations to help the customer reduce A/R days, accelerate cash flow, and establish comprehensive denials management oversight. The team gave the customer three high-priority recommendations:
• Review current staff workload and increase account-touch frequency for potentially at-risk claims to decrease the percentage of claims in A/R for more than 90 days
• Adjust claim follow-up cadence to group receivables by payer; prioritize timely filing of high-dollar claims
• Designate a centralized team to handle all authorizations to help increase accuracy, compliance, and timely follow-up

Results

The Change Healthcare Consulting team identified several key process improvements to help the customer accelerate cash flow. Change Healthcare Consulting also created a robust analytics tool that used the customer's data files to provide a basis for future process changes. By eliminating redundancies within its denials response and resolution process, the customer will be able to realize an overall improvement in its KPIs.