

A healthcare professional with curly hair and a stethoscope around her neck is smiling and looking at a tablet held by a patient. The patient has long dark hair and is looking down at the tablet. They are in a clinical setting with medical equipment visible in the background.

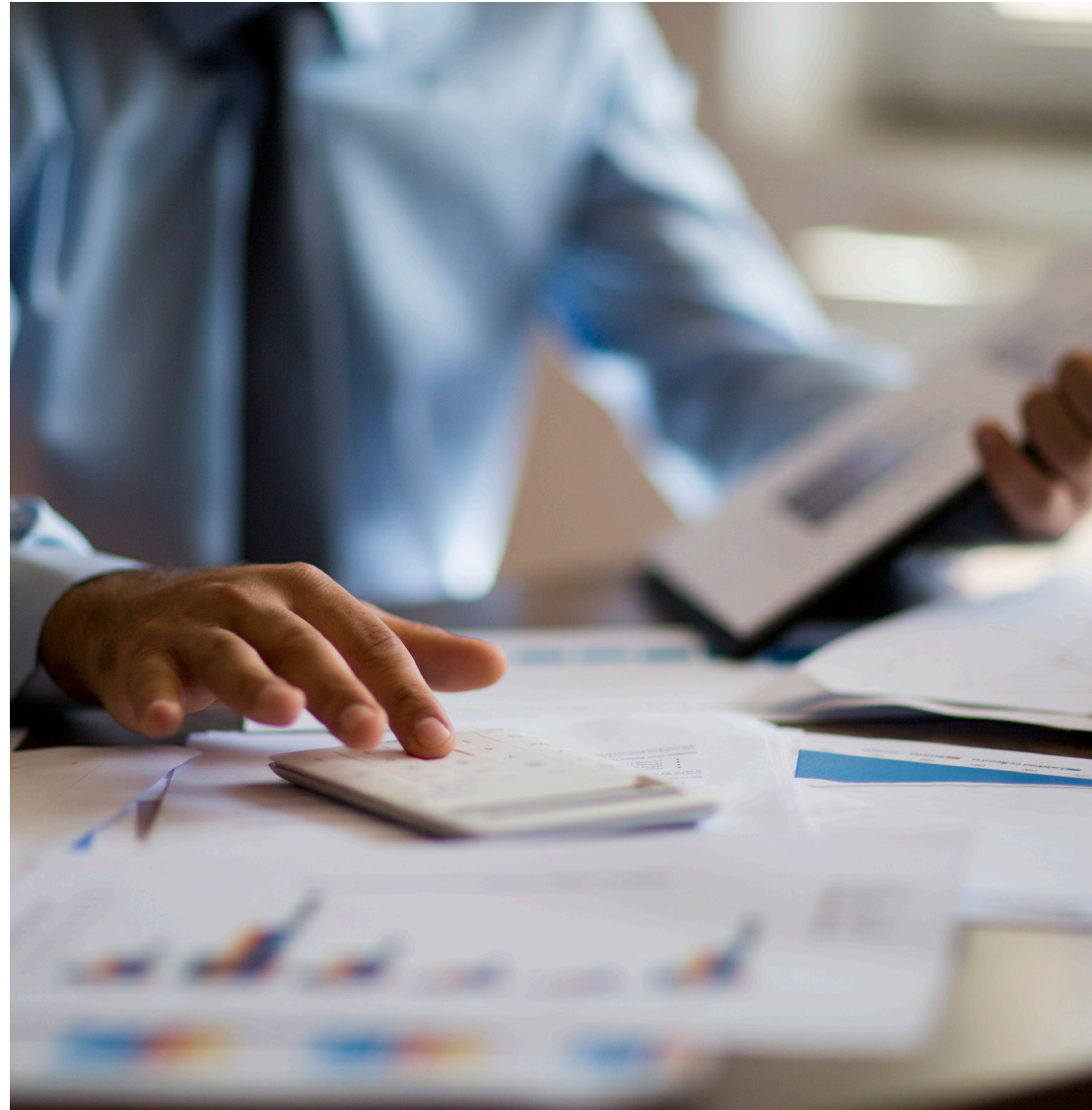
Revenue Cycle Optimization for Improved Cash Flow

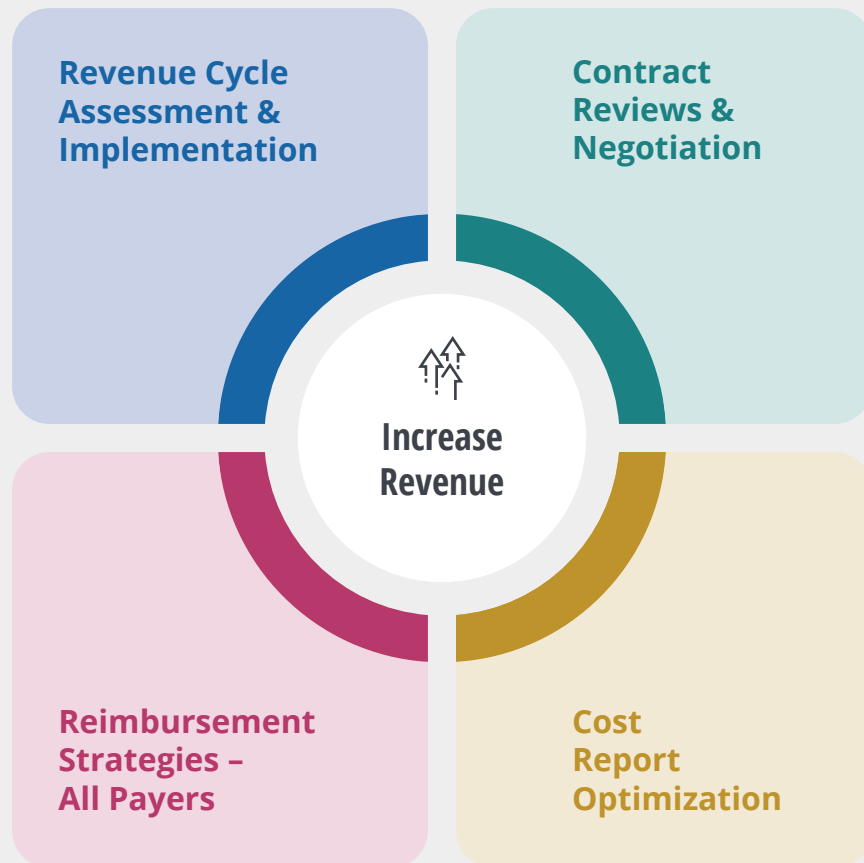
Who is HMA

Health Management Associates (HMA) is a leading independent national research and consulting firm specializing in publicly funded healthcare and human services policy, programs, financing, and evaluation. We immediately improve cash flow for public health safety net providers, managed care organizations (MCOs), accountable health organizations (ACOs), academic medical centers (AMCs), and federally qualified health centers (FQHCs) by reducing denials, improving workflow, and measuring and monitoring the critical facets of the revenue cycle.

What We Do

Accurate healthcare revenue cycle management is key to strengthening bottom-line performance while improving the patient care. HMA provides customized Revenue Cycle Gap Assessments, operational recommendations, roadmaps, and implementation services to help healthcare providers make changes that improve financial and operational performance. Our team helps clients improve compliance and create defensible revenue.



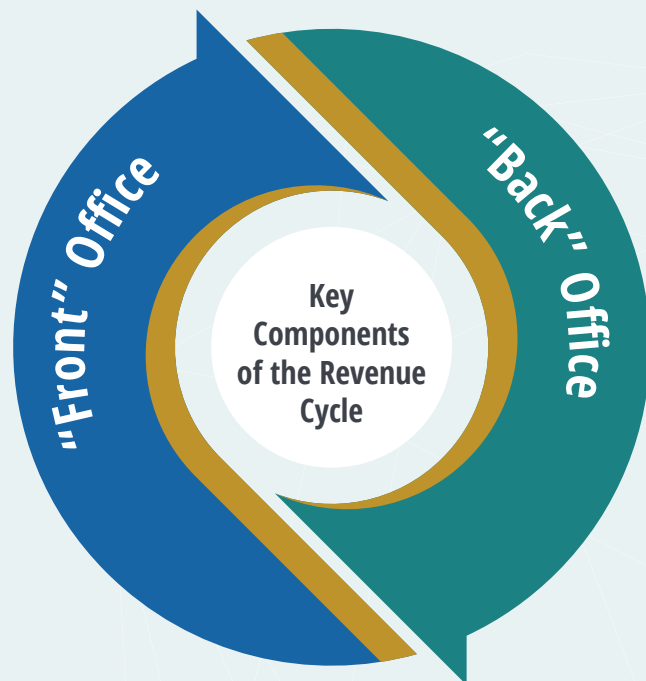


Revenue Cycle Workflow Optimization

Our communicative and collaborative no-one-size-fits all approach gets to the heart of revenue cycle issues so they can be solved quickly.

Our process includes:

- » Pointed questions that uncover pain points, bottlenecks, and inefficiencies in the revenue cycle
- » Granular evaluation and monitoring of all facets of the revenue cycle against industry key performance indicators (KPIs)
- » Data-driven recommendations for process and procedural changes – with a focus on critical problems – that yield immediate cash flow gains
- » Prioritization of implementation tasks for revenue cycle IT systems
- » Clinical documentation and coding audits
- » Chargemaster reviews



"Front" Office Responsibilities	"Back" Office Responsibilities	"Front" and "Back" Office Responsibilities
<ul style="list-style-type: none">» Charge Capture and Entry» Point of Service Cash Collections» Registration» Medical Necessity and Auth» Insurance Eligibility Verification» Patient Identity and Address Verification» Scheduling» Payor Contract Management and Credentialing	<ul style="list-style-type: none">» Claim Submission» 3rd Party Payor Follow-up» Patient Billing and Collections» Remittance Posting» Denial & Appeals Management» Chargemaster Review	<ul style="list-style-type: none">» Procedure and Diagnosis Coding» Reporting and Analysis

How HMA Helps Optimize the Workflow of the Revenue Cycle

Investigate operational improvements

Evaluate, assess, redesign, and implement high financial value with organizational operational improvements within each function of the revenue cycle for optimal outcomes

Systems review, implementation, and optimization

Review current host systems, electronic technology systems, and set ups for efficiencies within the entire revenue cycle

Managed care contracting

Evaluate managed care contracting to ensure accuracy of variances of payer reporting working with the appropriate representatives

Data analytics

Risk-based modeling and scenario analysis

PROJECT SPOTLIGHT

HMA helped a safety net hospital in a large urban area achieve the following outcomes:

- Implemented Revenue Cycle Acceleration Team in Registration, provided education sessions, and conducted daily quality registration reviews, increasing the accuracy rate from 55% to 95%
- Updated and streamlined the front-end Charity and Medicaid application process with team and made systems improvements
- Completed chargemaster description review, updating current procedural terminology (CPT) codes and pricing, including the charge capture reconciliation process
- Developed revenue cycle dashboard to monitor and measure KPIs
- Implemented updated electronic claims submission system, increasing the clean claim rate from 45% to 84% daily, resulting in an increase in cash collections and improved A/R days outstanding
- As a result of the Revenue Cycle Management Gap Assessment and implementation, the organization increased cash by \$3.9M in a fiscal year
- Physician documentation improvement and coder accuracy rates increased from 83% to 91%



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