

# Authorization and cash collections reporting

**Behavioral Healthcare Provider** 

Built automated reporting to track patient's authorization details and Estimated Customer Financial Responsibility (ECFR) to improve authorization and collection rates

# AUTHORIZATION AND CASH COLLECTIONS REPORTING

#### Picture this...

You're looking to provide visibility into patient's authorization details and Estimated Customer Financial Responsibility (ECFR) to improve authorization and cash collection rates. Utilization Review (UR) teams at the facilities did not have visibility into the patients with pending authorization from insurance companies (payers); and failure to renew the authorizations on-time resulted in claim denials and lower reimbursements from payers.

Behavioral Healthcare Provider company needs Authorization

### You turn to Accordion.

We partner with your team to build an automated reporting to track patient's authorization details and Estimated Customer Financial Responsibility (ECFR) to improve authorization and collection rates, including:

- 1) Integrating data from different systems to provide visibility into the current census, authorization status, patient financial responsibility and payments
- 2) Automated emails were sent to each facility with the list of unauthorized patients and the patients with pending ECFR to drive improvements in authorizations and cash collections
- 3) Building robust self-serve dashboards on Power BI to track the authorizations and cash collections over the time by facility, insurance, and level of care
- 4) Designing a facility performance scorecard by assigning scores to facilities based on their authorization and cash collection efficiency

# Your value is enhanced.

Your automated reporting enabled client's UR team to identify specific patients without authorizations on a real time basis and follow up with insurers to get authorization. UR team has converted the patients with authorization denials to either self-pay patients or discharged them based on their review or moved them to a lower level of care resulting in lower denial rates. Due to these actions taken by client based on the reporting –

- Authorization rates increased by 15% (from 80% to 95%)
- ECFR collection rates increased by 25% (from 60% to 85%)

and cash collections reporting

#### **KEY RESULT**

- Authorization rates increased by 15%
- ECFR collection rates increased by 25%

#### **VALUE LEVERS PULLED**

- Text analytics
- Natural Language processing
- Bi-Directional LSTM
- Word Embeddings
- BI dashboards

# Improved cash collection rates for a behavioral health company

#### Situation

- Utilization Review (UR) teams at the facilities did not have visibility into the patients with pending authorization from insurance companies (payers); and failure to renew the authorizations on-time resulted in claim denials and lower reimbursements from payers. Also, the teams lacked visibility into how much amount they should collect from patients during the treatment; and this resulted in lower cash collections and revenue loss.
- Partnered with the client to provide visibility into patient's authorization details and Estimated Customer Financial Responsibility (ECFR) to improve authorization and cash collection rates

### **Accordion Value Add**

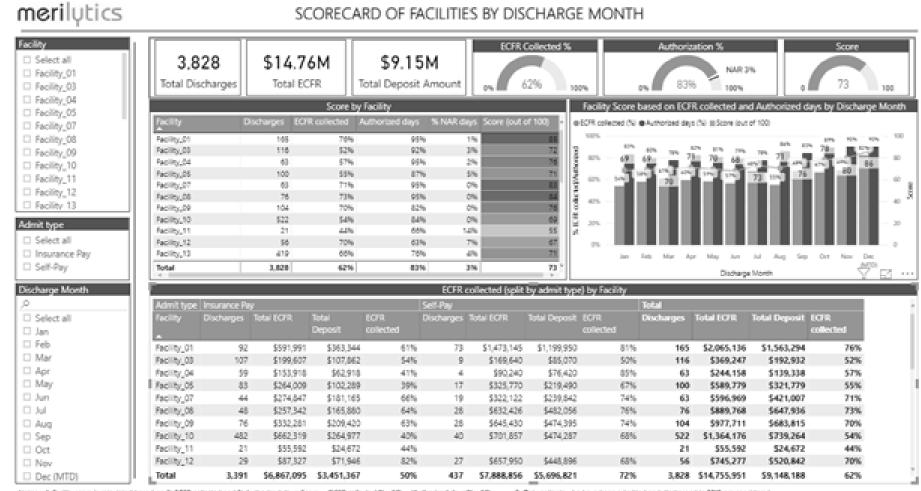
- Integrated data from different systems to provide visibility into the current census, authorization status, patient financial responsibility and payments
- Automated emails were sent to each facility with the list of unauthorized patients and the patients with pending ECFR to drive improvements in authorizations and cash collections
- Built robust self-serve dashboards on Power BI to track the authorizations and cash collections over the time by facility, insurance, and level of care
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# **Impact**

- The automated reporting enabled client's UR team to identify specific patients without authorizations on a real time basis and follow up with insurers to get authorization. UR team has converted the patients with authorization denials to either self-pay patients or discharged them based on their review or moved them to a lower level of care resulting in lower denial rates. Due to these actions taken by client based on the reporting –
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# Daily authorization & cash collections report

- Provided visibility into authorization status, patient collections and estimated revenue at a patient level
- Helped the facility UR team to identify the patients with pending/expired authorizations and follow-up with insurers to get authorizations



Notes: 1. Radity score is calculated based on % SOM collected and % Authorized days. Score = (SOM collected % x S0) = (Authorized days % x S0).

3. Self-pay patients are not considered in the calculation of Authorized days (%).

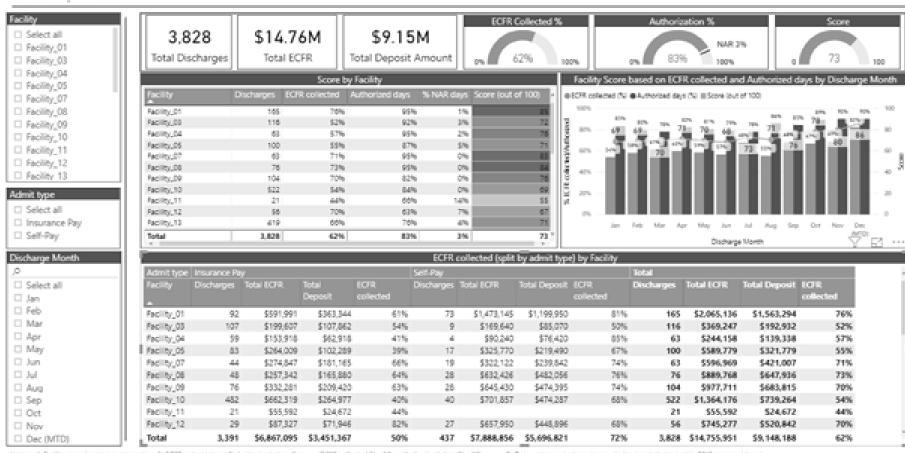
4. "Promises Scottsdaid" facility is closed on 09/05/2019.

Only patients who have been admitted and discharged in 2019 are considered.

# **Facility scorecard**

- Compared the performance of the facilities on KPIs such as % Authorized days and % Patient collections using a scorecard
- Provided visibility for the leadership team to identify low-performing facilities

### SCORECARD OF FACILITIES BY DISCHARGE MONTH



Notes: 1. Richity score is calculated based on % 50% collected and % Authorized days. Score = (60% collected % x 50) = (Authorized days % x 50).

2. Only patients who have been admitted and discharged in 20% are considered.

3. Self-pay patients are not considered in the calculation of Authorized days (%).

4. "Promises Scottsdale" facility is closed on 08:05:20%.