Managing and Preventing Denials in a Clinically-Driven Revenue Cycle

nThrive Speakers Bureau // Sample Presentation

Agenda

Review The Landscape Today

- Aligning on Denials: What is a denial?
- Cost of Denials
- Charge Capture/Self-denials

Discuss Making an Impact Through A Clinically Driven Revenue Cycle

- Evolution of Denials Management
- Clinical Integration Implications: Charge Capture
- Comprehensive Rejection Prevention
- Evaluating Success
- Maricopa Integrated Health System Best Practices

Cost of Denials: Industrywide Impact

$3 trillion

claims submitted

> $262 billion denied,

averaging almost

$5 million per hospital

Change Healthcare, 2017. (Initial denials)

Industry average denial rate between **5-10%**

AAFP, 2010. (Initial denials)

65% of claims denials are never re-submitted

MGMA, 2011.

58% of all denials were commercial in 2016, up from 54% in 2015

Healthcare Informatics, 2017.

31%

of hospitals manage denials manually

> 60% without an external solution

but plan to purchase one in the next **7-12 months**

HIMSS, 2016.

Revenue Cycle and Denials Management Evolution

Revenue Cycle Era

	Mainframe and Monochrome	• Paper forms and manual entry • Storage = filing cabinets
	Back-end Revenue Cycle	• Revenue Cycle as a discipline • Back-end editing and corrections
	Movement to Front-end	• Patient Access • Getting it right the first time
Today	Clinically Driven Revenue Cycle	• Revenue Integrity • Tight integration and automation
	Future?	

Clinical Integration Adds More Complexity

- Charge & Order Entry
- Staff
- Supplies & Pharm
- ED
- Observation
- Surgery

Clinical Integration Also Offers Additional Opportunity

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