enablecomp
complex claims revenue solutions

Facing Staff Shortages? Leverage Outsourcing to Support Your Team

Presented By: Brad Cross and Greg Snow
August 26, 2022

Who We Are

Brad Cross
Chief Sales and Marketing Officer
EnableComp
BCross@enablecomp.com
(678) 314-1114

Greg Snow
Sr. Vice President, Market Strategy
EnableComp
GSnow@enablecomp.com
(570) 394-7209

enablecomp

Revenue Cycle of the Future

- Three Greatest Sources of Revenue Leakage or Lost Yield
  - Patient Access
  - Guarantor Obligations / Collections
  - Denials Management / Missing Charges / Payment Variances

enablecomp

The Complex Claims Expert

Over **$4 BILLION** total cash collections

22+ YEARS OF EXPERIENCE
[Founded in 2000]

1000+ HOSPITALS
Partner with EnableComp for their revenue cycle needs

500K claims processed annually

94% of payers support our Electronic Billing Platform

PROPRIETARY SOFTWARE *developed solely for* **COMPLEX CLAIMS**

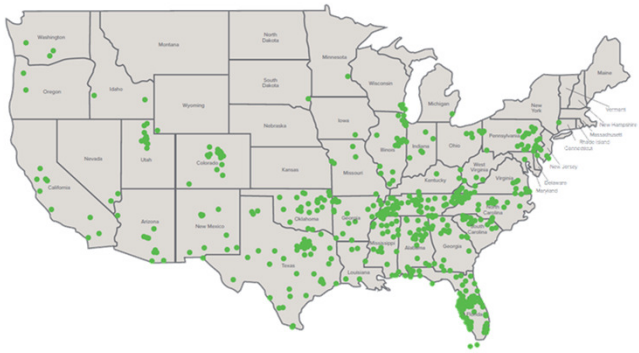
Nationally recognized *as the* ***FEE SCHEDULE EXPERTS***

enablecomp

About EnableComp

- The Complex Claims Experts
  - Veterans Administration
  - Workers' Compensation
  - Motor Vehicle Accident
  - Out-of-State Medicaid
  - Denials and Appeals Management/Resolution
- Over 1,000 Hospitals Nationally
- Technology-Driven Service Provider
- Over $4 Billion Collected

Clients by Location



enablecomp

enablecomp | Features

TRENDING REPORTS

CASH ACCELERATION

ENFORCER360 **PROPRIETARY SOFTWARE**

- Out-of-State Complex Claims Matrix (*Real Time OOS Adjudication*)
- Detailed Reporting *Payer Volume, Underpayments, PPOs*
- Seamless End-to-End Integration and Complex Claim Resolution
- Actively Monitor all State and Federal Regulatory Changes
- Nurse auditor and certified professional coders on staff
- Dedicated high $ claim resolution team

Challenges We Solve

Team of revenue specialists dedicated solely to your facility to ensure each claim is sent to the correct payer, the first time, for the maximum allowed reimbursement.

Claims designated as zero balance are reviewed for underpayment and appealed for correct payment.

DAY 1 BILLING → **A/R RESOLUTION** → **ZERO BALANCE** → **NEGOTIATED SETTLEMENTS**

Revenue specialists and litigators manage aged accounts once placed with EnableComp. Claims are analyzed, resubmitted and if necessary, appealed on behalf of your facility.

Specifically focused on situations where organization is presented with a prompt pay request by a payer to assure proper payment.

enablecomp

How We Do It

enablecomp

COMPLEX CLAIMS CHALLENGES

> *Choosing EnableComp was an easy decision for our hospital. They have **maximized our workers' comp claim revenue** and have allowed us to reallocate trained team members to other areas of our RCM department. Any burn center or trauma center who manages large workers' compensation claims would **financially benefit** from their service and expertise.*

Judy Briggs
Vice President of Revenue Cycle
Regional One Health

01 **How Much Am I Owed?**
Challenge: Modeling complex reimbursement methodologies, varies state by state
EC Solution: Proprietary complex software, complex algorithms, out-of-state rule matrix

02 **Where Do I Send the Bill?**
Challenge: 65% of all complex claims initially sent to wrong location
EC Solution: National complex claims payer database, continuously monitored and updated

03 **How Do I File a Bill?**
Challenge: Complex claims are a manual, paper-based claim submission process, sent via "Snail Mail"
EC Solution: Electronic Billing (e-billing) submission with medical records

04 **How Do I Measure Success?**
Challenge: Most hospitals average 90+ Days to Pay and AR > 90 of 40%
EC Solution: Reduced Days to Pay less than 60 and AR > 90 less than 20%

enablecomp

enablecomp

Method To VA

ENFORCER360
PROPRIETARY SOFTWARE

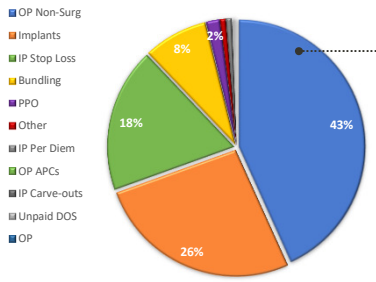
- Identification – *Patient Details and Encounter Information.*
- Category – *Veterans Administration or Tricare as the appropriate carrier.*
- Billing – *Submission of bill to the appropriate carrier along with mailing medical records.*
- Follow Up – *We will aggressively follow up with the VA, Fee Basis, or Tricare Region to monitor processing, utilizing Enforcer technology, until carrier issues reimbursement.*
- Corrective Action – *Through client encounter data, we aggregate data to show where, if any, weak points manifest through the Veteran's stay. This leads to educational and training opportunities to reduce technical denials from the VA and Tricare.*

enablecomp

Method To MVA

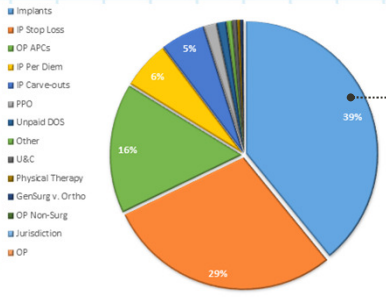
- Identification - *Patient Details, At Fault Party's Details*
- Category – *Patient Pursuit, First Party, Health Insurance, Third Party or Attorney*
- Pursuit – *Utilization of third party resources to identify all potential revenues of resolution.*
- Remaining Balances – *We will monitory balance and repeat process, utilizing enforcer technology, until balanced is paid or no other carrier to pursue.*
- Timeliness - *Our Specialists utilize and enforce a tight window of wait dates before they act. Through strict application of those wait dates, we maximize your reimbursement by being the first on record and reduce the opportunity for other parties to parcel the pot.*

SAMPLE ROOT CAUSES

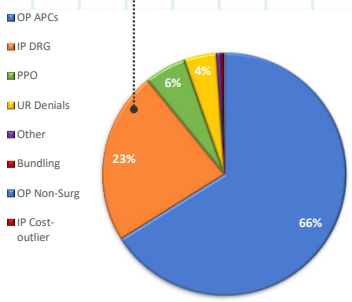


ALABAMA:
Appeal Recoveries
by Root Cause

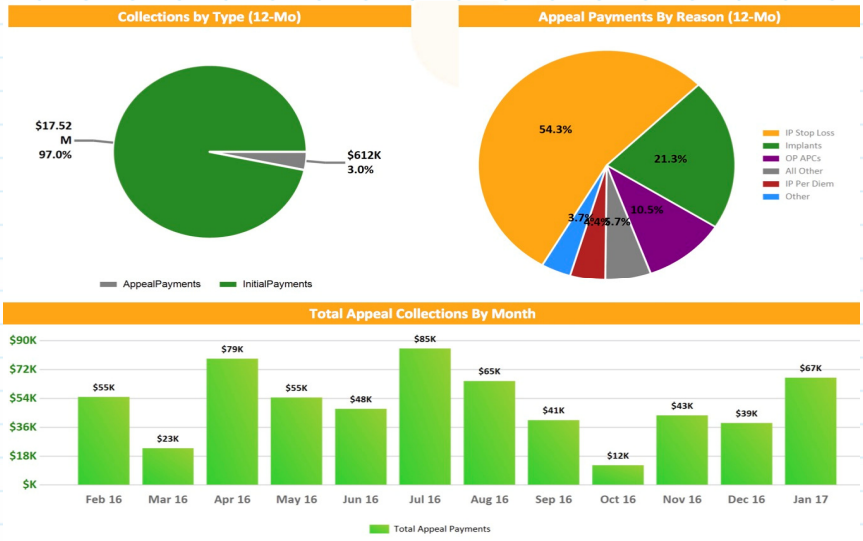
TEXAS:
Appeal Recoveries
by Root Cause



TENNESSEE:
Appeal Recoveries
by Root Cause

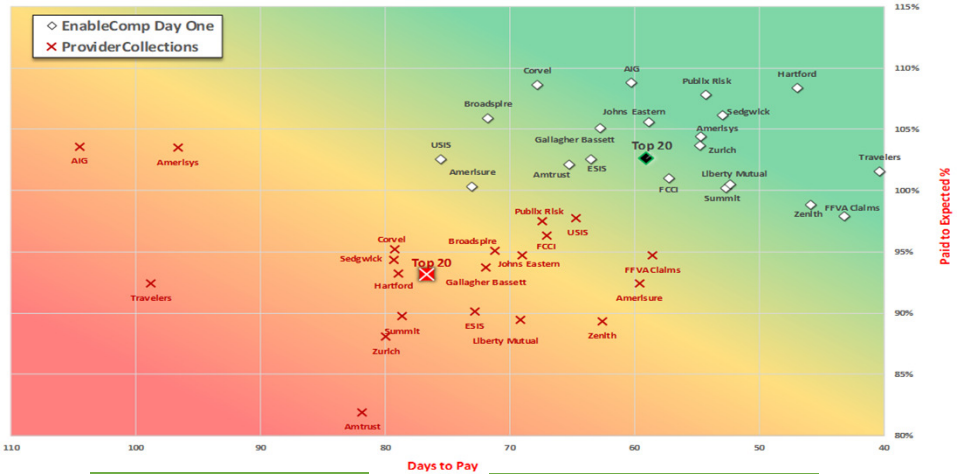


APPEAL TRENDS



enablecomp

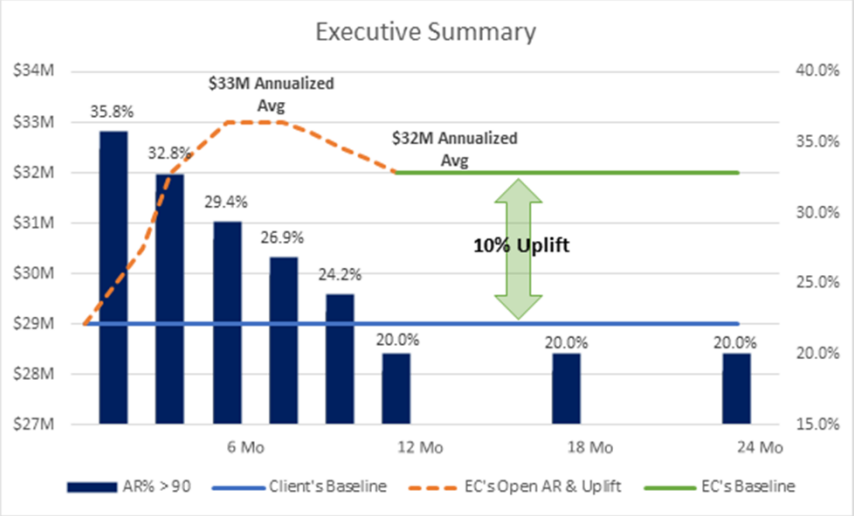
enablecomp | Payer Benchmarks Case Study



Top 20 Payers – Days to Pay	
Client Results	76.6
EnableComp Results	59.0
Time Savings	-17.6 Days
% Reduction	-23%

Top 20 Payers – Paid to Expected	
Client Results	93.2%
EnableComp Results	102.6%
% Improvement	+9.4%

Typical Client Cash Improvement ($1.1B NPR Client)



enablecomp

Industry Analysis

- 82% of people say price is the most important factor when making a healthcare purchasing decision*
- The costliest 1% of patients in the US consume 20% of the nations healthcare*
- 11-20% of Americans think healthcare is affordable*
- Percentage of covered workers enrolled in a plan with a deductible of $1000 or more is on the rise* (i.e., 46.0%)
- 43% of patients in fair or poor health found medical treatment unaffordable**
- In 2019, 25% of employers are only offering high deductible plans**

*Source: *Price Waterhouse Copper HRI Consumer Survey 2019*
*Source: **Money Matters Billing and Payment For A New Health Economy*

enablecomp

Providers Are Facing a Perfect Storm

Massive Shift to FFV with Inadequate Tools or Information

Commercial payers and CMS both committing to significant FFV targets over the next 3 years

Providers tracking upwards of 100 quality measures, primarily via spreadsheets

Accurate coding/HCC capture is essential

Cost-Shifting to the Consumer

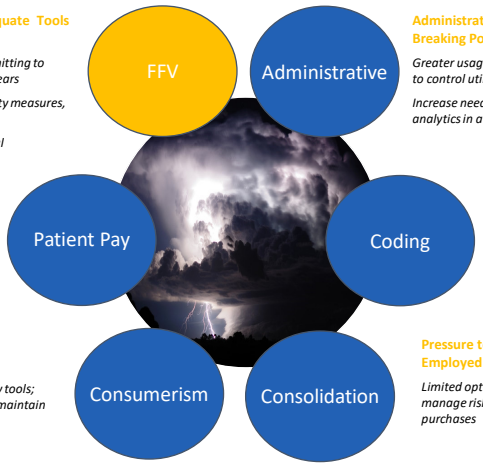
Approaching $650 billion in annual patient responsibility

Increased bad debt expense.

Providers must increase yields just to maintain current revenue.

Consumerism is Changing the Game and the Necessary Tools to Play

Patient experience; mobile; transparency tools; patient payment options… All critical to maintain patient volume



Administrative Requirements Reaching a Breaking Point

Greater usage of pre-authorizations, referrals, etc., to control utilization of services

Increase need of data concerning predictive analytics in a team based care environment

Massive Productivity Challenges

Projected to result in 40% productivity loss in coding operations

Significant impact to cost-to-collect metrics and denial rates

Pressure to Consolidate or Become Employed

Limited options to achieve necessary scale, manage risk and make necessary technology purchases

enablecomp

Four Key Strategies

I. Enhance Patient Experience

- Pre-Service Clearance
- Retail Model
- Comprehensive Transparency

II. Increase Yield

- Increase Insurance "Yield" (i.e., 88.0% - 99.0%)
- Guarantor Recoveries (i.e., 38.0% to 70.0%)
- Enhanced Denials and Contract Management Services

III. Cost Containment

- Capital Constraints
- Reduced Productivity by Payor Segment
- Increased Automation and Reduce "Cost-of-Rework"

IV. Incremental Net Revenue Enhancement

- Eliminate / Reduce Revenue "Leakage"
- Health System Revenue Leakage 10% - 12.0% annually
- Revenue Leakage vs. Revenue Preservation

enablecomp

BENEFITS OF DAY ONE BILLING
From Registration to Reimbursement

- Reallocation of resources
- Electronic claims submission platform
- Reduce Days to Pay
- Lower AR > 90 days to less than 20%
- Revenue Up-Lift
- PPO network management included
- Best practice measurements
- Data analytics and reporting

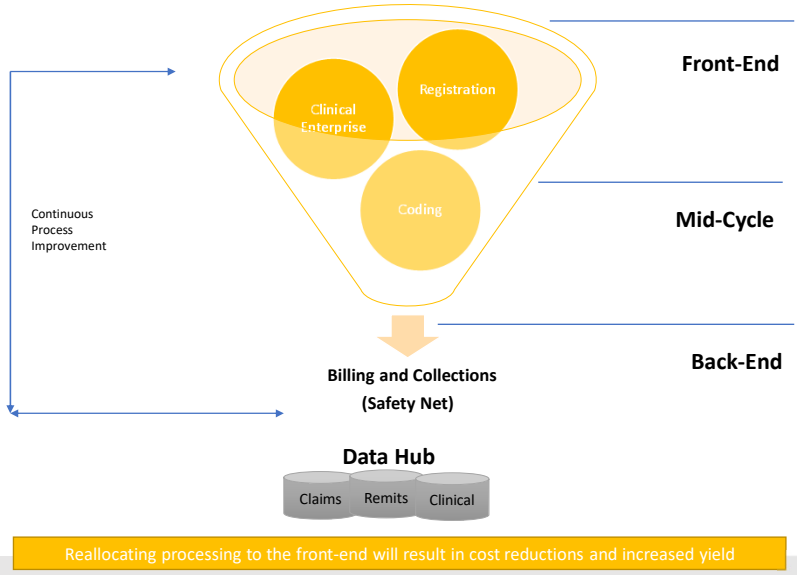
enablecomp

Improvements and Enhanced Performance

- **Deliver Reimbursement Uplift Results**
- **Insure Timely Payments**
- **Obtain Maximum Net Expected Reimbursement**
- **Reduce Accounts Receivables**
- **Value all Accounts at Best Possible Reimbursement**
- **Prompt Denial Notification**
- **Issue Complete UB and 1500 Package to Payors**

enablecomp

Revenue Cycle Management



enablecomp

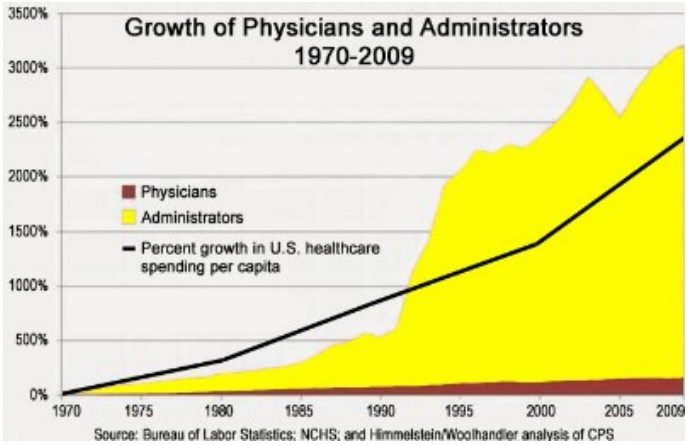
Shifting Focus to Pre-Service Clearance

Why it's important…

- Roughly 45% of denials are due to patient access issues
- Only 40-60% of post-service patient responsibility is never collected
- Expectation that this individual program/function would increase yield by approximately 10% to 12%
- Tackles consumerism and patient experience head-on. Separates the patient clinical encounter from the financial clearance process in order for the visit to the provider to be purely clinically related
- Allows for the conversion of the revenue cycle to a "clinically driven, retail model"
- Provides for the horizontal integration of functionality across the revenue cycle, which will improve efficiencies, reduce the number of errors, and streamline the back-end process while enhancing the patient experience
- Provides a mechanism to manage increased volume, due to the evolution of the market to a decentralized ambulatory or outpatient care model

enablecomp

What Do Consumers Value?



Data shows how most of healthcare's inflation has resulted from increased administrative spending

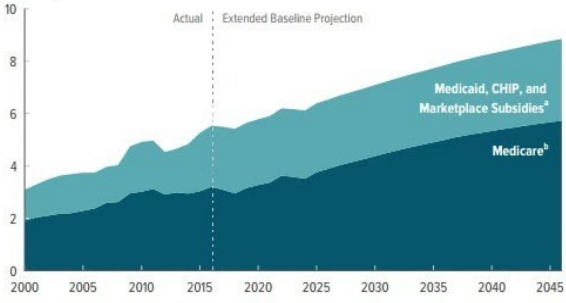
*2300% increase in U.S. healthcare spending per capita between 1970-2009 Source: Heath Care Costs: A Primer, The Henry J. Kaiser Family Foundation

enablecomp

Figure 3-3.

Federal Spending on the Major Health Care Programs, by Category

Percentage of Gross Domestic Product



The projected rise in federal spending for the major health care programs results from the aging of the population and the expectation that health care costs per person will continue to grow more quickly than potential GDP per person.

Source: Congressional Budget Office.

The extended baseline generally reflects current law, following CBO's 10-year baseline budget projections through 2026 and then extending most of the concepts underlying those baseline projections for the rest of the long-term projection period.

Potential GDP is the maximum sustainable output of the economy.

CHIP = Children's Health Insurance Program; GDP = gross domestic product.

a. "Marketplace Subsidies" refers to outlays to subsidize health insurance purchased through the marketplaces established under the Affordable Care Act, as well as spending to subsidize insurance provided through the Basic Health Program and spending to stabilize premiums for insurance purchased by individuals and small employers.

b. Refers to net spending for Medicare, which accounts for offsetting receipts that are credited to the program. Those offsetting receipts are mostly premium payments made by beneficiaries to the government.

enablecomp

Overarching Themes / Conclusion

- The improvement, associated with this program, will be focused on the overall economic management of a segment of the patient population for the provider at a lower "cost-to-collect" with a corresponding higher economic "yield"
- The following were several findings, which were determined concerning Complex Claims based on a prior study by Black Book:
    - Approximately 81% of the hospitals surveyed stated they lack the specialized talent to resolve very difficult complex claims, including 92% of hospitals under 150 beds
    - 69% of hospital CFO's state they must staff with high cost back-office associates to compensate for current patient accounting systems, which lack functionality to manage complex types of claims activity
    - 49% of hospital CFOs acknowledge that outsourcing is becoming a more viable alternative, in a recent survey, for more parts of their organizational claim processing

enablecomp

Contact Us

Brad Cross
Chief Sales and Marketing Officer
EnableComp
BCross@enablecomp.com
(678) 314-1114

Greg Snow
Sr. Vice President, Market Strategy
EnableComp
GSnow@enablecomp.com
(570) 394-7209

enablecomp


enablecomp
Thank You!