

Denials Prevention: Strategies to Avoid Revenue loss and Re-Work Cost

October 12, 2023

Howard Memorial hospital

AR HFMA
Payor & Reimbursement
Summit

# Agenda - Meet the Panel - Revenue Cycle and Denial Trends - Howard Memorial Story and Denial Case Examples - Q & A FORV/S

### **Meet the Panel**



William J. Craig, CPA FHFMA CHFP Chief Financial Officer Howard Memorial Hospital



**Ryan Rozwat**Director
Revenue Cycle
FORVIS



Isadorah Plaisimond Managing Consultant Revenue Cycle FORVIS





# Revenue Cycle: Renewed Focus on Margin AND Strategy



- · Headwinds for healthcare executives:
  - Strategic plans non-existent or limited
  - Revenue cycle metrics off track
  - Labor shortages, contractors, and employee benefit rates unprecedented
  - · Remote or hybrid workforce
  - Non-Rev Cycle Margin Impacts
    - Supply costs, inflation, "The right" volumes creating margin difficulties
  - Insurance Denials on the Rise





# **Insurance Denials' Great Impact on Providers**

Insurance Denials Have a Large Impact on Organizations' Financials & Patient Experience

### **Financial Impact**

- 3.3% hospitals' net revenue lost due to claim denials\*
- \$4.9M average hospital annual net revenue lost due to denials\*\*
- 12% of total hospital claim charges submitted received an initial denial\*\*\*
- Healthcare Business Insight (HBI) Hospital Financial Benchmarks Q1 2022 National Average
- Change Healthcare Study 2022
- Change Healthcare Study 2016\*\*\*

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### Cost of Re-Work

- \$118 average to formally appeal a denied claim\*
- Re-work Costs including staff & vendor labor (10 to 25% of payments in some cases)
- Reduced speed to payment & AR resolution

### **Patient Experience**

- Unexpected patient liabilities
- Delay in patient care or statements received
- Required patient involvement in complex appeals process



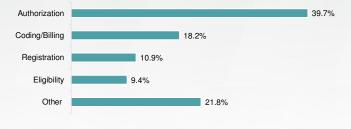
### **Insurance Denials Are Not Slowing Down** Year over Year Insurance Denials & U.S. Healthcare Complexity Continue to Rise 33% Increase in National National Average Claim Denial Rate Trends Average Insurance Denial 2016-2022 Rate from 2016 to 20221 14% 12% 100,000 Estimated number of payor policy changes 8% between 2020-2022<sup>2</sup> 6% 12% of all provider claims 2% submitted are partially or completely denied1 ■ Initial Denial Rate % FORV/S **Howard** Memoria

# **Denial Prevention Opportunity**

Recent 2023 Survey<sup>1</sup> results of healthcare finance and operations professionals on insurance denials:

- 31% of responses indicated preventing denials is the top area of focus for denials management improvement
- Only 17% of organizations indicated they were allocating most of their resources to front-end revenue cycle tasks focused on prevention (disconnect between exec priority and actual resources allocated)
- 39.7% of survey responses indicated prior-authorizations was the greatest cause of denials

### Greatest Cause of Denials (Survey Responses)





Waystar/HFMA Survey, February-March 2023



# **Provider Challenges Addressing Denials**

Our clients & healthcare providers at large continue to struggle reducing insurance denials & revenue loss from preventable operational issues

- Revenue Cycle Staffing Staffing & turnover challenges in revenue cycle have limited an organization's ability to proactively approach prevention initiatives & staff education
- Denial Visibility & Reporting Complex system & reporting limitations have limited providers' ability to prevent denials & monitor appeal success
- Regulatory & Payor Complexity Providers continue to have difficulties adhering to constantly evolving regulatory requirements & successfully defending post-payment audits

Experian Health - The State of Claims 202.

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# **Question #1**

# Is your organization experiencing increased pressure from insurance denials?

- A Yes, we are experiencing increased initial claim denials
- **B** Denials have remained about the same
- C No, not experiencing an increase in denials
- **D** Not applicable or unsure

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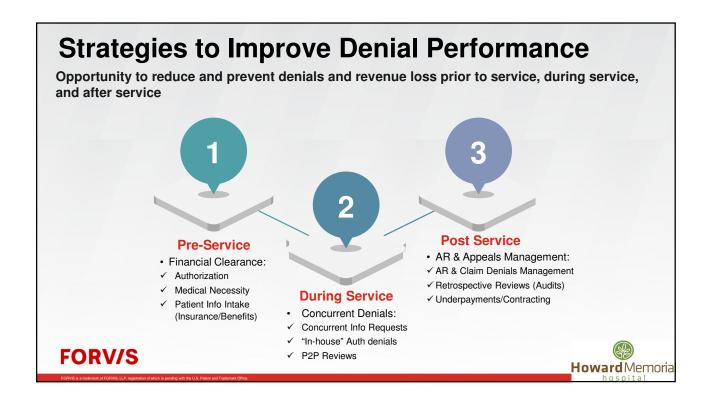
# **Assess Opportunity to Reduce Denials**

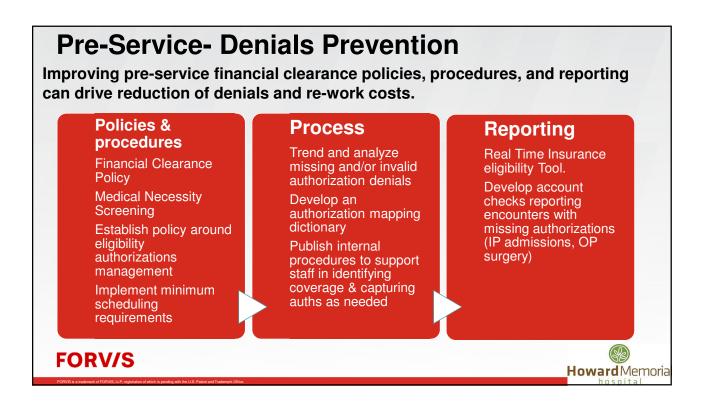
One of the first steps in reducing denials is understanding where and how much revenue you are losing and the financial opportunity for reduction

Annual Denial Write-Offs by Reason	Gross Denial Write- Offs			
Authorization	\$23,344,000			
Medical Necessity	\$17,508,000			
Timely Filing	\$11,672.000			
Credentialing	\$2,334,400			
Late Charges	\$1,167,200			
Total Gross Annual Denial Write- Offs	\$58,360,000			
Estimated Blended Net Collection Rate	25.8%			
Estimated Net Annual Denial WO's	\$15,056,880			
Annual Denial Write-Off Reduction C	Opportunity			
10% Reduction Net Annual Denial WO's	\$1,505,688			
20% Reduction Net Annual Denial WO's	\$3,011,376			
30% Reduction Net Annual Denial WO's	\$4,517,064			

Denial Re-Work Cost Reduction Opportunity	Total	
Estimated Annual Accounts Requiring Staff Resolution Effort (Accounts Worked) <sup>1</sup>	162,847	
Current Average Minutes to Work an Account <sup>2</sup>	11.0	
Estimated Average Hourly Staff Rate <sup>3</sup>	\$28	
Opportunity Estimation		
30% Reduction in Denied Account Resolution Time (11 minutes to 7.7 minutes)	\$250,000	
40% Reduction in Denied Account Resolution Time (11 minutes to 7.2 minutes)	\$365,000	
Example Hospital Insurance Accounts Multiplied by Claim Denial Rate 8.2x additional re-work facto     Example Avg. Minutes to work (HBI low range of accounts worked per hour)     Example Estimated behende Avo Hourk Labor Rate (AR team, Soecialized Clinic Staff)	r	







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### **During Service- Denials Prevention & Management** Significant opportunity at most organizations to prevent top claim denial reasons, financial write-offs and reduced AR days through more efficient inpatient workflows Sample Inpatient Denial \$ by Reason Category **Inpatient Concurrent Workflow Improvement Opportunities** Notice of Admission and Authorization Automation and Reconciliation Medical Necessity Tracking concurrent case trends, routing concurrent Additional Doc Requested requests/denials, and meeting timely deadlines Coordination of Benefits Collaboration with Physician Advisory & CDE Eligibility/Registration o Self denials, clinical appeal language, data trends & Credentialing education, legal proceedings Coding Past Timely Filing Max Benefit Reached Billing Error Bundled

\$80

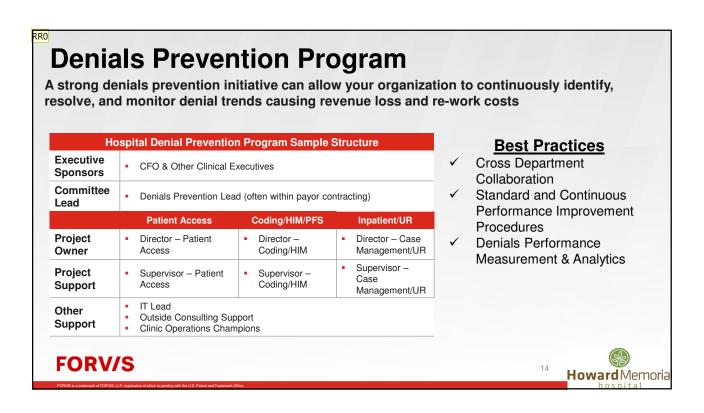
\$60

\$20

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\$40

Millions



RR0 Ryan- Replace with Denials Prevention and Management Margin Opportunities (Denial Prevention Program, Rev Integrity, Improved concurrent workflows, etc.

Rozwat, Ryan, 2023-08-31T14:14:40.670

**PIO 0** Isadorah to create financial clearance best practices. Technology, process, reporting, P&Ps.

Plaisimond, Isadorah, 2023-09-15T18:14:31.248

# **CPE Question #2**

Does your organization have an effective Denials Committee structure?

- A. Yes, we have a dedicated denials team & committee structure
- B. Yes, we have a denials committee structure but not sure how effective
- C. No formal committee structure
- D. Unsure

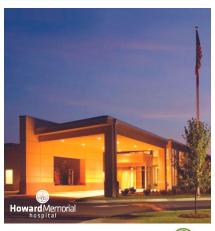




RRC

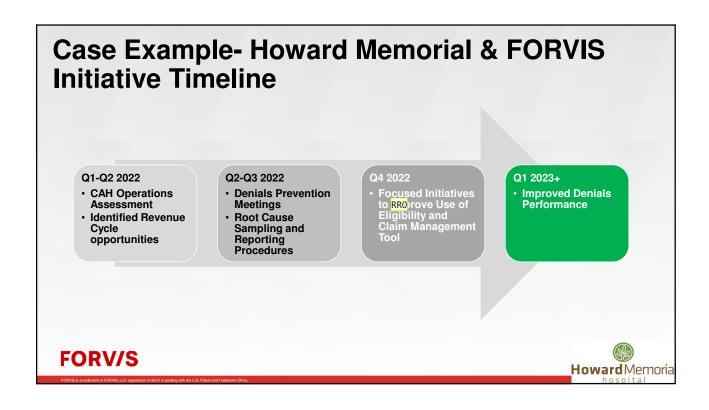
# Howard Memorial Hospital-Case Study

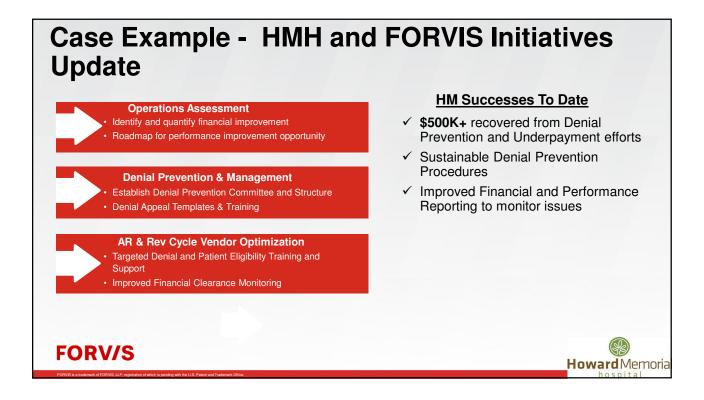
- Howard Memorial Hospital (HMH) in Nashville, Arkansas was named in 2023 as one of the top 20 critical access hospitals (CAHs) for overall performance in the country.
- HMH is a Not for Profit 501 (c) (3). In additional, community is engaged and actively supports our Howard Memorial Foundation with annual fundraising activities.
- · Robotics Surgery Program implemented in February 2023.
- Comprehensive Services including Emergency Medicine, Surgical Services Program (with two robotically trained surgeons), Primary Care with an onsite Allergy Clinic, Rehab Services Program (PT, OT, Speech Pathology) complete with SwimEx pool, Pediatric Therapy Center (PT, OT and Speech Pathology), Cardiac and Pulmonary Rehab, Certified Diabetes Education, Sleep Study, and Wound Care.
- Community centric organization with mission of to improve health in the communities that the Hospital serves.





Bill- Isadorah to tee up and highlight Howard as an organization (awards, etc.. Need Bill to provide Rozwat, Ryan, 2023-08-31T14:25:00.582





Data breach december 4th 2022, leadership turnover, waystar RR0 (clearinghouse and eligibility tool), Rozwat, Ryan, 2023-09-18T19:00:06.850

### **Howard Memorial- Denial Data Mining** Performed Data mining of top issues and trends within recent historical denial data to identify performance improvement areas to target Denial/Non-Payment Reason Category Denied Amount (\$) Denied Amount (#) Authorization Additional Documentation Needed \$32,364,291 **Initial Denials** \$11,097,981 10,504 Authorization Eligibility/Registration \$8.922.371 14.132 ■ Inpatient Coordination of Benefits \$7,633,978 13,444 Outpatient Miscellaneous \$4.917.687 8.420 All Others \$19,387,811 36,860 \$84,324,119 123,004 **Outpatient Authorizations** Denial Reason Category Top 3 Medication/Infusion CPT Codes | Denied Amount (\$) Medication/Infusion \$3,015,951 1,164 HC-J9201 - Gemcitabine hcl injection \$540.216 Surgical & Other Procedures \$1,334,998 840 HC-J2505 - Injection, pegfilgrastim 6mg 436.174 Radiology \$798,202 812 HC-C9069 - Belantamab mafodontin-313,202 Other \$741,199 2,152 blmf Radiation Oncology \$484.131 60 Total \$1,289,592 All Others \$1,140,898 2,024 \$7,515,378 FORV/S **Howard** Memoria

## **Howard Memorial- Root Cause Issue Identification**

Used a structured approach & templates for denial review to identify & quantify issues impacting performance and initiatives to reduce denials

Account	Payor	IP Decision Criteria	Notification Submitted Timely	Clinicals Submitted Timely	Initial Review Complete	Concurrent Review Complete	Medical Necessity Met	DRG2	Additional Comments
4002270678-1	MERIDIAN HEALTH PLAN	MCG	Yes	Yes	Yes	Yes	Yes		This patient should be OBV from beginning.
4002262555-1	AETNA	MCG	Yes	Yes	Yes	Yes	Yes	812	Missing Physician Operative Report
4002250443-2	MOLINA	MCG	Yes	Yes	Yes	Yes	Yes	917	denied inpatient initially, p2p sch for 1/14 which overturned the MD decision to deny. Ref#2201191151
4002255841-1	AETNA	MCG	Yes	Yes	Yes	Yes	Yes	291	Denied inpatient, sent to UMPA, agreed to OBV, remit to OBV
4002190886-7	IOWA TOTAL CARE	MCG	No	No	Yes	Yes	Yes	854	no auth tab created

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