Revenue Cycle Management Services

Access Care Assessment

- Ensure consistent verification of Insurance coverage
- Establish a coordinated approach between Patient Access, Case Management and Utilization Review for obtaining pre-certifications and prior authorizations
- Evaluate front-end rejections and back-end denials resulting from access care deficiencies
- Identify opportunities for Patient Access Tools (i.e., propensity to pay, patient responsibility estimator)

Point of Service Collections

- Institute mechanism for establishing payment expectations with patients prior to service
- Educate staff on the procedure for accurately identifying self-pay and patient responsibility balances
- Educate staff on effective POS collection techniques
- Integrate POS self-pay collection procedures with enhancements in financial counseling protocols and Charity Care policy

Vendor Analysis

- Perform an assessment to identify system deficiencies and maximize the efficacy of system resources
- Review internal procedures to ensure the timely placement of accounts with early-out and bad debt vendors
- Establish formalized policies and procedures for the placement and reconciliation of accounts with outsource agencies
- Develop performance reporting tools to accurately monitor collection rates of outsource agencies

Revenue Cycle Transformation

- Utilize a "task force" methodology to implement necessary changes in organization structure, processes and technology
- Develop reporting tools to measure performance within all revenue cycle areas, with particular emphasis on Key Performance Indicators (KPIs), comparing performance to industry metrics
- Develop and implement a strategy for the consolidation of revenue cycle functions into a CBO

Denial Mitigation

- Conduct a holistic review of the current state denial reporting and appeals processes
- Quantify denials by claim adjustment reason code
- Identify opportunities for Denial Management Reporting and Workflow Tools
- Establish a cross-functional Denial Mitigation Workgroup consisting of representatives from all revenue cycle areas
- Identify root cause of denials and formulate a process to complete the feedback loop with revenue cycle areas

Interim Management

- Utilize a healthcare expert with a blend of "hands-on" experience combined with extensive national institutional knowledge
- Obtain the benefit of extensive proprietary tools and resources
- Maintain efficient Revenue Cycle/Business Office operations during permanent candidate search
- Assist in the search process for a permanent candidate
- Ensure a smooth transition to the new permanent team member

Bay Area Healthcare Advisors, LLC
Specializing in healthcare reimbursement and regulatory solutions