TODAY'S PRESENTERS

ANDREA RIVERA
Chief Information Officer
Jzanus LTD

A graduate of Fordham University, Andrea Rivera has over 25 years of experience in the healthcare industry, including experience at Jzanus LTD, where she has touched every area of the healthcare revenue cycle. In her leadership role, the Jzanus IT team has integrated RPA & AI into the workflow, among many other successful initiatives. Andrea is vice-chair of the HFMA (Healthcare Financial Management Association) Technology Committee.

SANDY MOONEY
Director of Clinical Appeals
Jzanus LTD

A graduate from St. John’s University, Sandy has been with Jzanus 8+ years. She has 20 years of experience in the healthcare industry, coming from 2 prestigious health systems in New York - Memorial Sloan Kettering Cancer Center & Mount Sinai Health System. Sandy has a strong background in business and operational expertise in leading diverse teams to new levels of success. Sandy has evolved the Clinical Appeals department demonstrating the ability to develop innovative solutions that enhance and automate the clinical denials and appeals processes in the highly complex healthcare industry. She also leads a team of seasoned Clinicians that have an in-depth understanding of both clinical and administrative requirements to successfully overturn carrier denials with revenue recovery opportunities financially and clinically.
Executives say their companies responded to a range of COVID-19-related changes much more quickly than they thought possible before the crisis.

<table>
<thead>
<tr>
<th>Change</th>
<th>Expected</th>
<th>Actual</th>
<th>Acceleration factor, multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in remote working and/or collaboration</td>
<td>454</td>
<td>10.5</td>
<td>43</td>
</tr>
<tr>
<td>Increasing customer demand for online purchasing/services</td>
<td>585</td>
<td>21.9</td>
<td>27</td>
</tr>
<tr>
<td>Increasing use of advanced technologies in operations</td>
<td>672</td>
<td>26.5</td>
<td>25</td>
</tr>
<tr>
<td>Increasing use of advanced technologies in business decision making</td>
<td>635</td>
<td>25.4</td>
<td>25</td>
</tr>
<tr>
<td>Changing customer needs/expectations</td>
<td>511</td>
<td>21.3</td>
<td>24</td>
</tr>
<tr>
<td>Increasing migration of assets to the cloud</td>
<td>547</td>
<td>23.2</td>
<td>24</td>
</tr>
<tr>
<td>Changing ownership of last-mile delivery</td>
<td>573</td>
<td>24.4</td>
<td>23</td>
</tr>
<tr>
<td>Increase in nearshoring and/or insourcing practices</td>
<td>547</td>
<td>26.6</td>
<td>21</td>
</tr>
<tr>
<td>Increased spending on data security</td>
<td>449</td>
<td>23.6</td>
<td>19</td>
</tr>
<tr>
<td>Build redundancies into supply chain</td>
<td>537</td>
<td>29.6</td>
<td>18</td>
</tr>
</tbody>
</table>

1 Respondents who answered “entry of new competitors in company’s market/value chain” or “exit of major competitors from company’s market/value chain” are not shown; compared with the other 10 changes, respondents are much more likely to say their companies have not been able to respond.

2 For instance, increased focus on health/hygiene.
WHAT ARE RPA, AI & RULES BASED AUTOMATION?

ROBOTIC PROCESS AUTOMATION
- Improves speed & efficiency at a low cost & low error rate
- Improved consistency & accuracy
- Handles repetitive tasks, benefiting employees
- Can lead to increased use of other technologies

ARTIFICIAL INTELLIGENCE
- Improves speed & drives efficiencies
- Improves user experience & interfacing
- Higher risk of error and more detail required in development phases
- Ethical concerns must be carefully considered

RULES BASED AUTOMATION
- Uses information an organization already has to drive efficiencies
- Low risk
- Handles repetitive tasks, benefiting employees
- Limited use cases
The first rule of any technology used in business is that automation applied to an efficient operation will magnify the efficiency. The second is that automation applied to an inefficient operation will magnify inefficiency.

BILL GATES
WHERE DO WE START?

Specific: What do you want to do?
Measureable: How will you know when you’ve reached it?
Achievable: Is it in your power to accomplish it?
Realistic: Can you realistically achieve it?
Timely: When exactly do you want to accomplish it?
REVENUE RECOVERY CYCLE

PROBLEMATIC AREAS IN THE CYCLE
Registration/Eligibility, Charge Capture & Entry, Managed Care/Contracting, Claim Processing & Denial Resolution

Patient Access
Charge Integrity
Patient Financial Services
INTRODUCTION & BACKGROUND
DENIALS INDEX

The Change Healthcare 2020 Revenue Cycle Denials Index shows denials are increased since the onset of COVID-19

WHY ARE DENIALS RISING?

• Lack of Denial Resources
• Staff Attrition and Training
• Growing Denials Backlog
• Lack of Technology
### Denial Management

**Top Reasons**

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Registration/Eligibility</td>
<td>1. Clinical Validation</td>
</tr>
<tr>
<td>2. Benefits Limited/Exhausted</td>
<td>2. Inaccurate Code Assignment</td>
</tr>
<tr>
<td>3. No Authorization</td>
<td>3. Medical Record Documentation Incomplete</td>
</tr>
<tr>
<td>4. Services Not Covered</td>
<td>4. Medical Necessity</td>
</tr>
<tr>
<td>5. Medical Record Documentation Incomplete</td>
<td>5. Lack of Transparency from Payers &amp; Audit Vendors</td>
</tr>
</tbody>
</table>

**Clinical Validation**
- Review for clinical indicators and treatment to justify the diagnosis

**Inaccurate Code Assignment**
- Not consistent with Official Coding Guidelines
  - Payers manipulate coding rules & clinical criteria

**Medical Record Documentation Incomplete**

**Medical Necessity**
- Care that is reasonable, necessary and/or appropriate according to evidence-based clinical standards

**Lack of Transparency from Payers & Audit Vendors**
- *e.g.* “The diagnoses on the claim could not be validated in the record”
BUILT IN TIMELY FILING

COORDINATION OF BENEFIT MANAGEMENT

AUTHORIZATION DISCOVERY PROCESSES

AUTOMATED RECONSIDERATIONS & APPEALS

WORK QUEUE DRIVERS

APPEAL MANAGEMENT

DENIAL PREVENTION

REVENUE CYCLE ANALYTICS
BEST PRACTICES | DENIAL PREVENTION
ROBOTIC PROCESS AUTOMATION WITHIN DENIAL MANAGEMENT WORKFLOWS

PRE-BILLING & CODING VALIDATION
- Identify clinical documentation & coding issues prior to billing
- Perform routine internal coding audits
- Trend accuracy by Physician, Coder/Biller and Error type
- Provide the coding and CDI staff immediate feedback

DENIAL PREVENTION STRATEGIES
- Identify the root causes & case strength of the denial
- Identify higher dollars or accounts that maybe at risk for denials to avoid that rejection
- Analytics, Tracking and Reporting
- Technology and Tools
- Education

SUCCESSFUL APPEAL STRATEGIES
- If the case has merit file an appeal!
- Identify case strength of the denial
- Ensure capture of comprehensive clinical documentation for higher potential of payment
- Include attending and specialty physician for additional document & feedback (if needed)
- Escalate cases Peer - to - Peer level
- Automate and track appeals process and timeframes
- Review and utilize payor policies
- Utilize managed care contracts and add clinical criteria
Managing Denials - identifying Root Causes/ Payor Patterns
Evaluating Reimbursement - managing costs and maximizing cash, increasing knowledge of payer contract terms to mitigate risk
Ability to obtain focused metrics
Provide targeted education on the front end of the cycle
BEST PRACTICES | REVENUE CYCLE
DENIAL MANAGEMENT - FRONT END & BACK END LEADERSHIP TEAMS

Denial Management

Revenue Cycle

- Patient Access Insurance Verification
- Patient Financial Service
- Appeal Nurse
- Finance Leader
- Care Coordination Utilization Management
- Champion Physician Advisor
- Chief ED Physician
- Managed Care
TEAMWORK MAKES THE DREAM WORK!

TEAM COMPOSITION MATTERS

- Attitude, not skills
- Represent multiple levels of the organization in your team
- Get feedback throughout the process

Great things in business are never done by one person. They're done by a team of people.

STEVE JOBS
START BUILDING

5 KEY ELEMENTS FOR SUCCESS WITH AI

- Asking the right questions to provide the most value
- Availability of data along with the ability to cleanse, steward, and secure information
- Diversified talent to bring the right domain, math, and engineering knowledge
- Technology to process the data at scale
- Partnerships to accelerate innovation

First, solve the problem. Then, write the code.

JOHN JOHNSON

Credit: Naveen Singa, "Artificial Intelligence"
SUCCESS & THE CONTINUAL IMPROVEMENT MODEL

Successfully achieving your objective is not the end of the story. Ongoing monitoring is required to make sure that we don’t backslide and that we continue to move forward.

How do we keep momentum going?

- Business vision, mission, goals and objectives
- Perform baseline assessments
- Define measurable targets
- Define the improvement plan
- Execute improvement actions
- Evaluate metrics and KPIs

What is the vision?

Where are we now?

Where do we want to be?

How do we get there?

Take action

Did we get there?