

HOW TO SUCCESSFULLY USE RPA & AI TO MANAGE DENIALS AND APPEALS

NAVIGATING THE DIGITAL TRANSFORMATION

TODAY'S PRESENTERS



ANDREA RIVERA
Chief Information Officer
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A graduate of Fordham University, Andrea Rivera has over 25 years of experience at Jzanus LTD, where she has touched every area of the healthcare revenue cycle and now leads Information Technology for 6 organizations and over 500 employees at the Jzanus family of companies. Under her leadership, 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. Johns University, Sandy has been with Jzanus 8+ years. She has 20 years of experience in the healthcare industry coming from 2 prestige health systems in New York - Memorial Sloan Kettering Cancer Center & Mount Sinai Health System. She 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.

THE CHANGING HEALTHCARE LANDSCAPE

PROVIDER EPIDEMIC RESPONSES

Executives say their companies responded to a range of COVID-19-related changes much more quickly than they thought possible before the crisis.

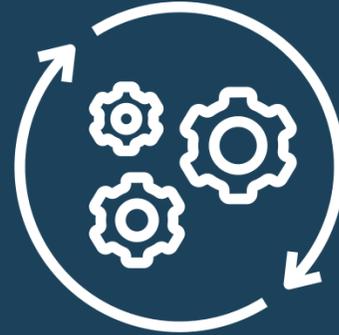
Time required to respond to or implement changes,¹ expected vs actual, number of days



¹Respondents 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.

²For 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

S

G

What do you want to do?

Measurable

M

O

How will you know when you've reached it?

Achievable

A

A

Is it in your power to accomplish it?

Realistic

R

L

Can you realistically achieve it?

Timely

T

S

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

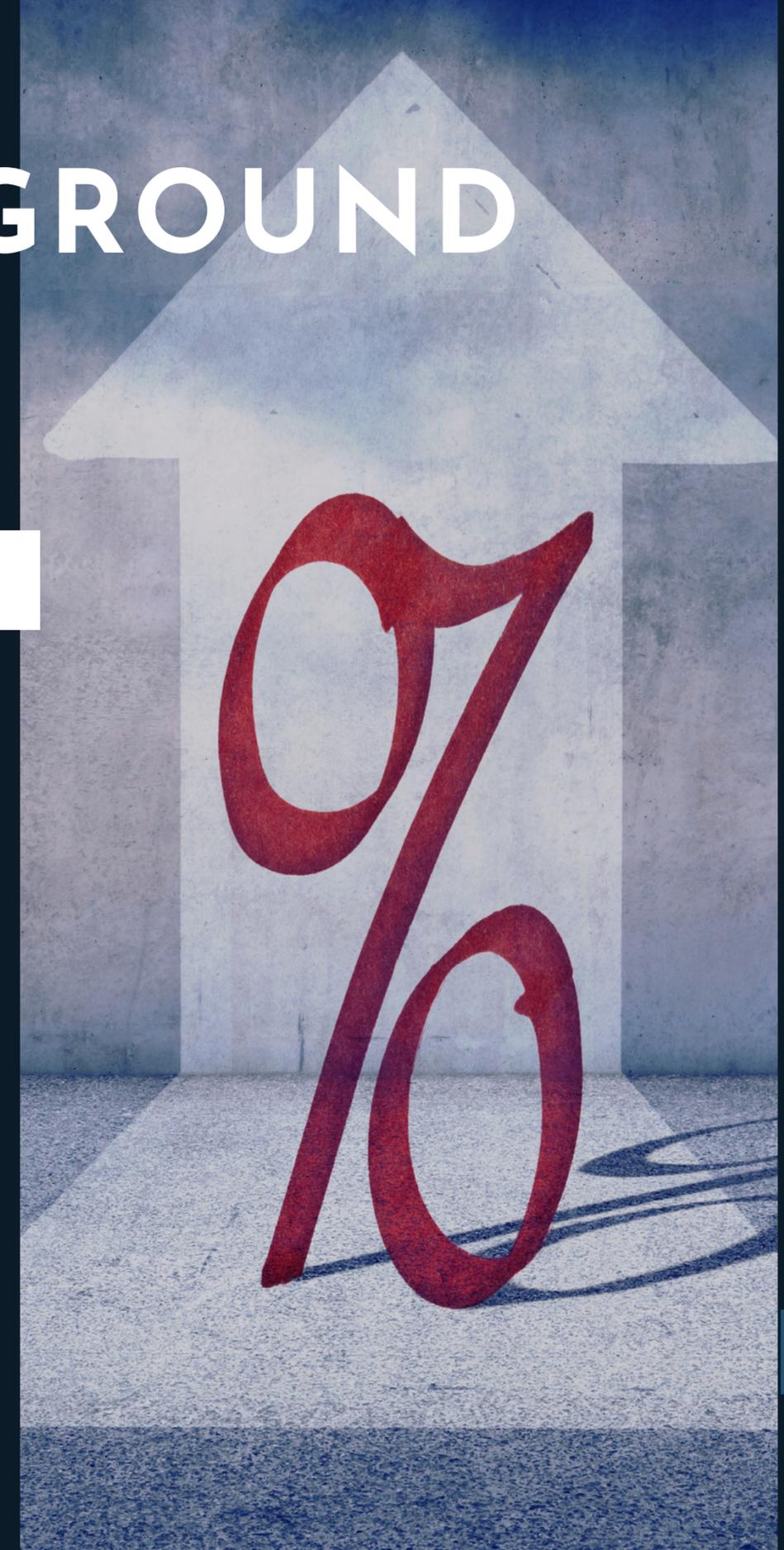
INTRODUCTION & BACKGROUND

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

TOP REASONS OUTPATIENT

- 1 REGISTRATION/ELIGIBILITY
- 2 BENEFITS LIMITED/EXHAUSTED
- 3 NO AUTHORIZATION
- 4 SERVICES NOT COVERED
- 5 MEDICAL RECORD DOCUMENTATION INCOMPLETE

TOP REASONS INPATIENT

- 1 **CLINICAL VALIDATION**
Review for clinical indicators and treatment to justify the diagnosis
- 2 **INACCURATE CODE ASSIGNMENT**
Not consistent with Official Coding Guidelines
Payers manipulate coding rules & clinical criteria
- 3 **MEDICAL RECORD DOCUMENTATION INCOMPLETE**
- 4 **MEDICAL NECESSITY**
Care that is reasonable, necessary and/or appropriate according to evidence-based clinical standards
- 5 **LACK OF TRANSPARENCY FROM PAYERS & AUDIT VENDORS**
•e.g. "The diagnoses on the claim could not be validated in the record"

DENIAL MANAGEMENT | ROBOTICS

ROBOTIC PROCESS AUTOMATION WITHIN DENIAL MANAGEMENT WORKFLOWS

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

BEST PRACTICES | REVENUE CYCLE ANALYTICS

ROBOTIC PROCESS AUTOMATION WITHIN DENIAL MANAGEMENT WORKFLOWS

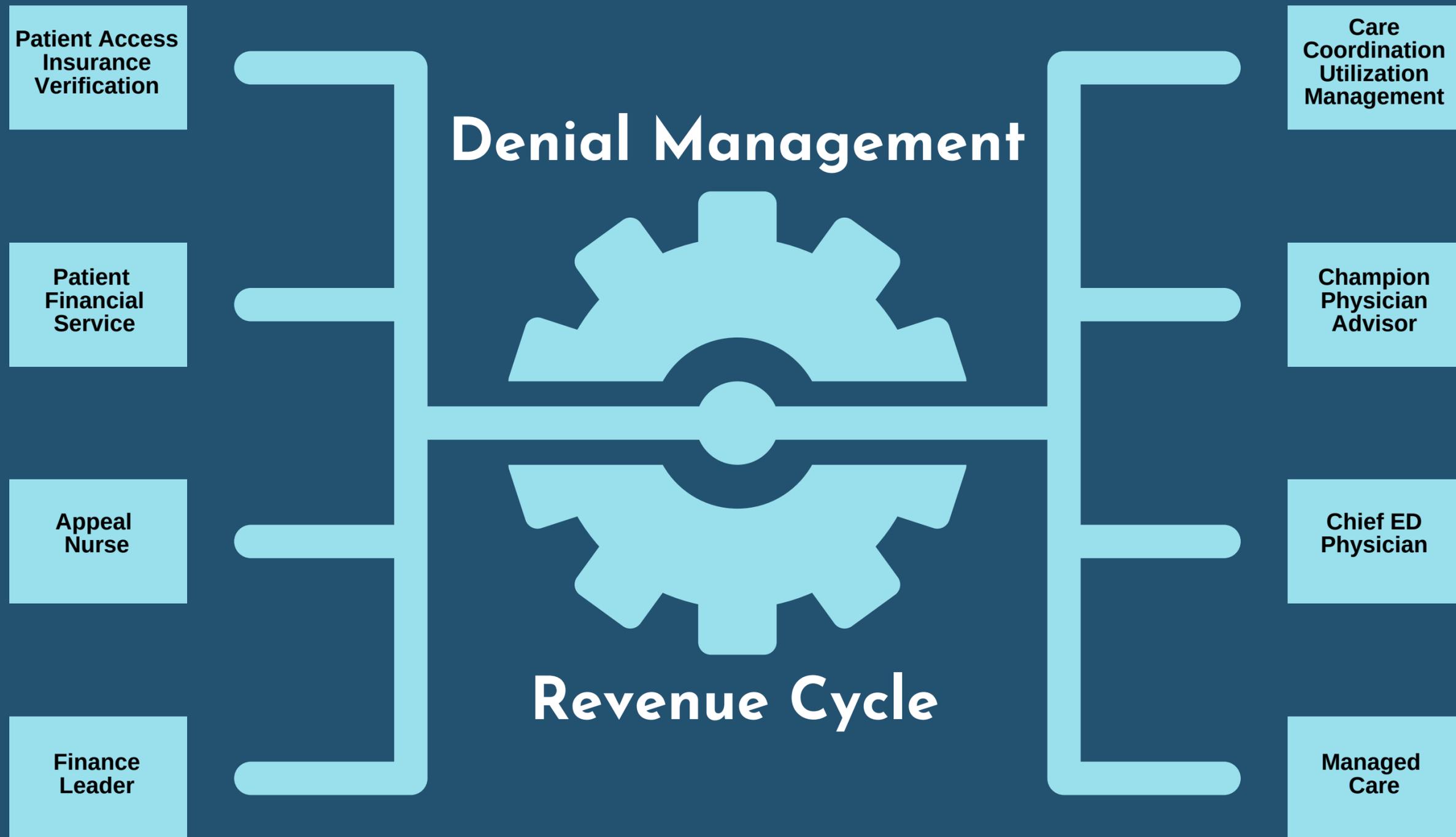
KEY ELEMENTS FOR ANALYTICS

- 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



“

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

STEVE JOBS



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

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

“

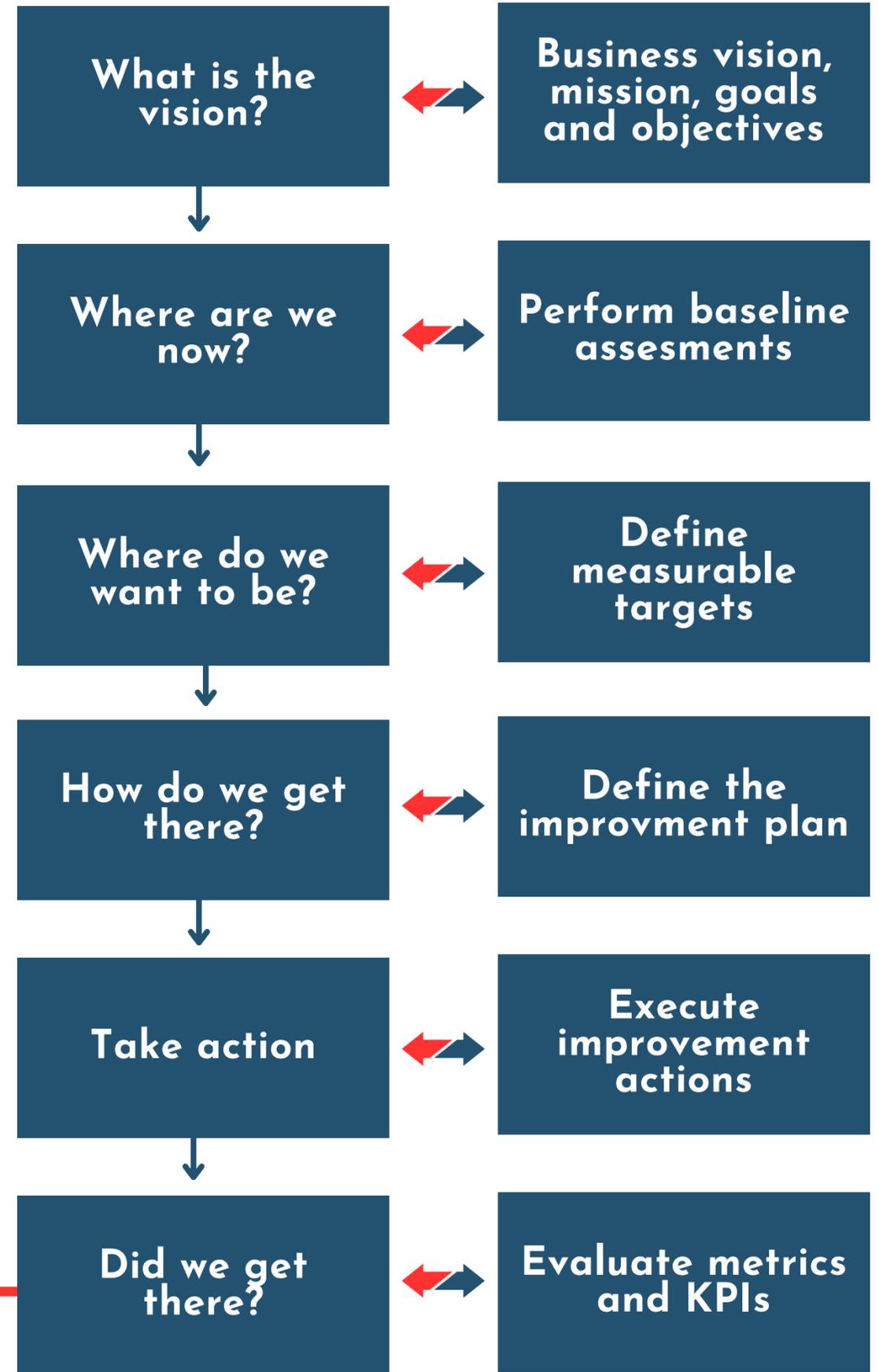
First, solve the problem.
Then, write the code.

JOHN JOHNSON

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?



THANK YOU!

Q & A