



HEALTH SYSTEM INCREASES ANNUAL PATIENT REVENUE BY \$23 MILLION THROUGH REVENUE CYCLE IMPROVEMENTS

Navigant Partnership Yields New Revenue Integrity Department to Manage Hospital and Physician Financial Services

THE CHALLENGE

In the three years since successfully implementing a new electronic health record (EHR), relationships between revenue cycle and other key leadership at a southeastern U.S.-based academic health system had become fractured. Falling reimbursement levels and a growing self-pay population combined for a significant shortfall in cash collections. Meanwhile, high revenue-generating departments experienced increasing payer-rejection volumes and preventable financial leakage in the form of denials and avoidable write-offs. Revenue cycle leaders needed to reassess their business policies and practices across the health system and re-establish the business office as an active advisory operation for the organization.

SOLUTION

The health system selected Navigant to design an integrated solution addressing revenue and process improvement opportunities in both patient access and patient financial service departments. Over a 15-month period, Navigant rooted its team in the health system's revenue cycle operations to help create a more effective leadership structure, filling critical functional gaps and removing ownership redundancies. The team worked side by side with departments to identify operational priorities, optimize workflows, and improve accountability through executive and department-level reporting tools. In addition to their core initiatives, Navigant identified specialized revenue-generating opportunities and facilitated the implementation of preferred third-party vendors, where appropriate.

IMPACT

The modified operational policies and system configurations led to an \$8.9 million reduction in the health system's avoidable write-offs over a 15-month period. The new standardized collection procedures for both scheduled and emergent patient populations increased pre-service collections by 53 percent. Adoption of the new outpatient cost-estimate tools, standardized prior authorization and financial clearance policies, patient-centered scripting, and standardized signage helped to hardwire the improvements across hospital and clinic services, yielding a \$5.6 million increase in front-end collections.

The health system's first outbound call campaign for patient collections was also initiated, increasing post-service collections by \$2.8 million during a 13-month project period while coordinating an outsourced customer service center to provide a seamless customer-billing experience.

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About Navigant

Navigant Consulting, Inc. (NYSE: NCI) is a specialized, global professional services firm that helps clients take control of their future. Navigant's professionals apply deep industry knowledge, substantive technical expertise, and an enterprising approach to help clients build, manage, and/or protect their business interests. With a focus on markets and clients facing transformational change and significant regulatory or legal pressures, the firm primarily serves clients in the healthcare, energy, and financial services industries. Across a range of advisory, consulting, outsourcing, and technology/analytics services, Navigant's practitioners bring sharp insight that pinpoints opportunities and delivers powerful results. More information about Navigant can be found at navigant.com.

Management of the technical and operational integration of four specialty vendors contributed to \$5.4 million in net new revenue. Finally, a new revenue integrity department was created, staffed, and trained, to include coordinating revenue management activities across hospital and physician financial service departments.

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AVOIDABLE WRITE-OFF REDUCTION

 **\$8.9M**

POINT-OF-SERVICE COLLECTIONS

 **\$5.6M** in front-end
collections

SELF-PAY REDESIGN

 **\$2.8M** in back-end
collections

VENDOR INTEGRATION

 **\$5.4M** in net new
revenue

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