



SUCCESS STORY HEALTHCARE

EMERGENCY DEPARTMENT IMPROVES CLAIM CODING TO INCREASE REVENUES

Apexon automation solution reduces claim errors and associated costs



The client operates ER (Emergency Department) across the US. The revenue per year is \$22M with an average of 18,000 visits per month. They have a collective total of 45 billing/collections staff, both onshore and offshore.

The client incurred revenue loss due to inaccurate charging and coding processes for (ED) patients. The inconsistencies and reduced quality of the processes not only hindered the performance but also lead to denial of claims. The deployment AI-based tool for predicting the erroneously coded chart and generating audit samples led to improvement in accuracy, consistency in coding, and error prediction. It also enhanced revenue, while also lowering costs, reducing the number of failed claims, and improving coding accuracy.



THE RESULTS

KEY OUTCOMES

Apexon helped the client on enhancing several performance metrics and opportunities for revenue improvement by streamlining of coding technology and services for the client. They have since gone on to realize these stated benefits and much more as state below:



**ALLOCATED 40-50%
STAFF REDEPLOYMENT**



**60% QUALITY
IMPROVEMENT**



**ZERO IT MAINTENANCE
& AUDIT BIAS**



**THE DAYS IN AR WAS
MAINTAINED WITH 40 DAYS**



**THERE WAS A \$12
INCREASE IN THE OVERALL
REVENUE PER VISIT
BILLED COMPARED TO
PREVIOUS YEARS**



**OVERALL 90+ AR
WAS AT 10%**

THE CHALLENGE

7 KEY AREAS



Filing Denials

Timely filing denials due to delay in receiving documentation and missing charges



Denials & Information Issues

High rate of eligibility related denials and incomplete demographic information



Coding & Quality Issues

Inconsistency in coding performance and drop in quality



Underpayment Tracking

The non-tracking of several underpayment issues



Denied Claims

Denied claim due to charge and coding issues



Reduced Acuity & Revenue

Reduced acuity and revenue per encounter



Compliance Risks

Unidentified compliance risks

THE SOLUTION

5 KEY AREAS

Based on the assessment, the Apexon team recommended the following technology initiatives to transform the reconciliation and quality procedures:



Improve Coding

Usage of technology such as assisted coding and error prediction tool to improve accuracy and consistency in coding



Training for Coding Denials

Trained the team on coding standards and implementing process guidelines to handle regular coding denials



High-level Reporting Solution

Implementing high-level reporting solution to identify and address anomalies



Eligibility Verification

100% eligibility verification before submitting a claim to the payer



Improved Process Efficiency

Change in the workflow to improve the overall process efficiency

A strategic approach towards quality led to the creation of an AI-based automation tool. This resulted in accurate and timely predicting of the erroneously coded chart and generating audit samples which were crucial in improving the performance and revenue. It delivered the following:

1

It helped maintain manually-coded and auto-coded sheets based on daily coded data and corresponding audits

2

Performed as an error prediction tool with customizable algorithm for predicting error codes and the likely reason for the inaccuracy

3

It helped in prioritizing error charts with maximum error propensity across different critical to quality fields

4

It helped in generating reports and monitoring quality with an eye on improving the coding process