

ZOLL® AR Boost®

A Multi-pronged Approach to Closing RCM Data Gaps and Capturing More Revenue

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Abstract

With patients changing jobs, moving, and being responsible for more out-of-pocket expenses than ever before, verifying demographics, correctly identifying self-pay patients, and capturing maximum reimbursement for all services rendered can be a challenging and labor-intensive exercise. Leveraging automated RCM optimization technology has been shown to help hospitals and healthcare providers, including emergency medical services (EMS) and specialties like radiology and laboratories, capture more revenue, reduce administrative burden, and improve the patient financial experience.

Problem Statement

Patient data that is inaccurate or incomplete frequently disrupts the flow of a provider's time to cash. Billing system error messages necessitate a hunt for coverage; in these cases, there can be delays of up to 60 to 90 days after the date of service before a self-pay patient's bill is paid in full. The same is true for missing data, such as patient demographics and payer information. In these cases, companies must rely on cumbersome, manual searches and lengthy verification processes.

Background

At every step of the patient's journey, providers bill for healthcare services rendered. Because of the way healthcare is delivered in the U.S., via a patchwork of services — from emergency medical services (EMS) agencies, to hospitals and healthcare systems, to physician-owned clinics, to specialty providers — billing throughout the continuum of care is complex, fragmented, and fraught with pitfalls that cause demographic, eligibility, and insurance coverage information to be omitted, entered incorrectly, or captured incompletely.

Despite the significant challenges for providers, complete, accurate patient demographic information is absolutely critical at every step of the patient journey, not only to correctly identify and communicate with the patient, but to help revenue cycle management (RCM) teams find and verify active, billable insurance. Without reliable demographics and coverage information, providers will be hard pressed to submit a clean claim, let alone capture maximum reimbursement.

Yet finding this core information manually is a resource drain for RCM teams who must search multiple payer portals, chase down patients, and make countless phone calls to obtain the details they need to submit a clean claim. Whether the RCM team operates within a well-staffed, third-party billing service or is a lean resource in a small medical clinic, making demographic verification, insurance discovery, and verification more efficient and effective is imperative for the financial health of the organization.

One healthcare billing professional who experienced these problems firsthand was Tyler Williams, leader of RCM operations for one of the largest pediatric emergency departments (ED) in the country. There, he found that the patient demographic and insurance information obtained by registration personnel consistently left much to be desired.

It was common for Williams' team to spend 20 to 30 minutes trying to identify and make sense of all of the patient information, only to find out a month later that coverage was not found or was inactive. They had to start the claim review process all over again, due to incomplete or inaccurate data. "It was a continuous, tedious cycle of billing and re-billing before eventually giving up and writing off the loss to the company," Williams recalled.

"We had to manually scour through data to see what was true, then try to find insurance, and then manually verify that the insurance we found was valid. Sometimes the only person who could fill out a form upon admission would be a case worker or caregiver who didn't know the patient well enough to be a reliable source of information. Many times, that was the best source we had."

Solution

Eventually, Williams became so frustrated by the situation that he was determined to improve data discovery and verification not only for his own team, but for healthcare providers and billing services everywhere. He was inspired to find a way to make insurance discovery cost effective and much easier than via traditional methods. In automation, he saw the potential to reduce the administrative burden on healthcare billing staff by leveraging AI-enhanced technology to improve both accuracy and workflow efficiency.

The innovative solution that Williams and his team developed, ZOLL AR Boost, is a suite of complementary, automated RCM optimization tools that began with the core offering of Demographic Verification, Insurance Discovery, and Insurance Verification tools.

ZOLL AR Boost tools enable providers to harness technology to help improve operational efficiency and boost their financial performance without adding headcount.

The evidence is compelling:

- The **Demographic Verifier tool** scours databases for information, **correcting and replacing faulty or missing core demographics for more than 82% of patient claims**, on average.
- The **Insurance Discovery tool** prevents **up to 66% of claim denials** caused by inaccurate or incomplete insurance information and **finds active, billable coverage for more than 40% of claims**.
- The **Insurance Verification tool** automatically verifies patient **demographic data** to ensure that the most up-to-date information is being used for insurance searches, **potentially increasing revenue by \$50k per 1,000 self-pay claims**.

The ZOLL AR Boost solution suite helps healthcare RCM teams and their RCM partners achieve consistent results, because its AI-enhanced technology helps to simplify and expedite the pre-billing process, optimizing reimbursement and helping ensure that no monies are left on the table. It can also be deployed later in the billing process, for example, when a patient indicates they are self-pay or have a high-deductible health plan. Moreover, by revealing hidden commercial or government coverage, the Insurance Discovery tool can shift the primary financial burden from patients to payers, relieving financial strain and contributing to higher patient satisfaction with their overall healthcare experience.

With a single click, these tools automatically find, correct, and verify patient and payer information in real time to capture more revenue, reduce administrative burden, and improve the patient's financial experience.



Upon its release, the ZOLL AR Boost solution suite immediately began making a positive impact for users. Early adopters attest to the positive return on investment.

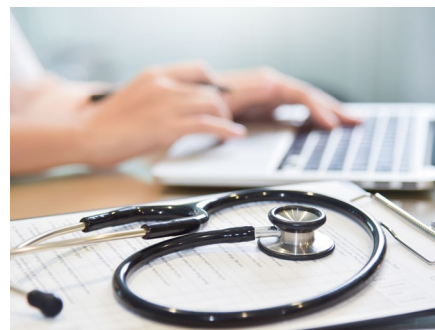
Emergency Medical Services Agency

One emergency medical services (EMS) ambulance company involved 26 people in their billing process prior to integrating ZOLL AR Boost RCM optimization tools into their billing workflow. Staff spent hours searching for insurance providers online, going from website to website in their hunt for coverage. After implementing the ZOLL AR Boost solution suite, the company was able to combine their coding and pre-billing staffs. This drastically reduced the number of people responsible for billing, reducing operating expenses and improving profit margins.



Healthcare Profitability Services Provider

Pettigrew Medical joined forces with ZOLL Data Systems in early 2022 and has already seen tremendous benefit. Mark Jones, VP of Business Development and Client Services, said the company has both increased their revenue and reduced employee expenses. "On average, we're finding more accurate or missing information for 27% of the records we submit to ZOLL AR Boost, resulting in the recovery of hundreds of thousands of dollars in revenue that would have been delayed or possibly never realized at all," he said.



Laboratory Services Provider

A U.S.-based Fortune 500 lab services provider has also increased their reimbursements and operational efficiencies since implementing RCM optimization tools: "Insurance Discovery has been a great tool because it helps us automate the process of running checks across multiple payers. As a result, we've increased reimbursements and operational efficiencies, while reducing time to collect. In 2022, our average hit rate was 47% for uninsured accounts with the ZOLL AR Boost Insurance Discovery, accessed via the Inovalon ONE® Platform." a representative said. "Automating the process of running checks across multiple payers has been great."





Conclusion

While the trends of frequent address changes and increasing patient financial responsibility are expected to continue, demographic verification, insurance discovery, and insurance verification need not overwhelm RCM teams with cumbersome, manual searches for reliable data. A best-in-class RCM optimization solution suite like ZOLL AR Boost can automatically find, correct, and verify patient and payer information. Customers who have implemented the solution's AI-enhanced tools have demonstrated that RCM teams and their RCM partners from across the healthcare provider spectrum can capture more revenue, reduce administrative burden, and improve the patient financial experience using the staff resources already in place.

Find More Coverage, Shrink Accounts Receivable, and Capture More Revenue

ZOLL AR Boost is a real-time revenue cycle management solution suite that simplifies, optimizes, and expedites the pre-billing process, ensuring that no payments are left on the table.

If you're ready to shrink the number of claims that you write off or send to collections, and capture every dollar of available revenue, please call us at 800-474-4489 or visit our website at www.zolldata.com/arboost.