Health System Solutions

Optimize. Innovate. Transform.

Reimagine Your Revenue Cycle

Increase Net Revenue, Reduce Costs, and Transform the Patient Experience

As a healthcare leader today, you are compelled to reimagine your revenue cycle in order to confront the challenges of declining margins in an era of value-based care, patient experience and ever-changing market forces.

To succeed, you must remain vigilant in looking for ways to improve cash flow, reduce the cost-to-collect, maintain regulatory compliance, and respond to new and emerging payment models. The coronavirus pandemic provided further hurdles for providers as they struggle to manage an increasingly remote workforce, maintain productivity, and grapple with fixed costs as volumes dropped.

Health System Solutions (HSS) is your partner in managing and optimizing your revenue cycle.

Combining the Best of Both Worlds

HSS was created to deliver patient-centric end-to-end, technology-enabled revenue cycle services. HSS was established as a joint venture between Guidehouse, recognized as a "Top Revenue Cycle Outsourcing Provider" by KLAS, and Baptist Health South Florida (BHSF), award-winning centers of excellence in healthcare services. The partnership between Guidehouse and BHSF resulted in creating a highly advanced revenue cycle operation by applying the best practices in people, process, and technology of these renowned organizations.

Our Value

- ✔ Improved management of fixed to variable costs
- ✔ Scalable staffing model
- ✔ Shared risk pricing model
- ✔ Highly experienced and skilled staff
- ✔ Advanced technology and analytics
- ✔ Next generation process automation for reduced errors
- ✔ Best practices application for optimized workflows
- ✔ Flexible to accommodate client needs
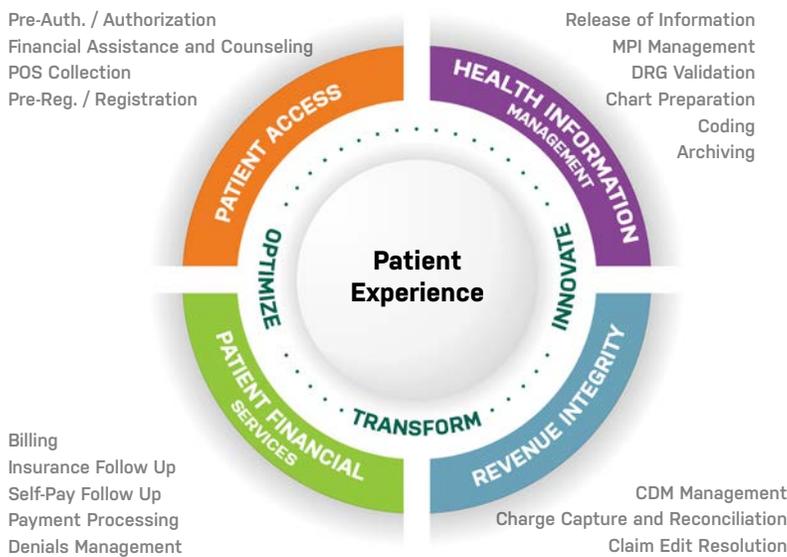- ✔ High-level communication and transparency

A 2020 HFMA/Guidehouse executive survey conducted during COVID-19 revealed that vendor partnerships (37%) and outsourcing (32%) were their leading strategies to decrease revenue cycle costs.

Optimized End-to-End Revenue Cycle Management Solutions

Our patient-centric approach preserves the values of our not-for-profit health system roots, while delivering the sustainable and measurable results of a world-class revenue cycle optimization partner.

We have invested significantly in delivering the best practices in people, process, and technology. As a result, we provide higher performance and transform patient experiences from end to end.

We deliver full outsourcing or modular services for the following:

Pre-Auth. / Authorization
Financial Assistance and Counseling
POS Collection
Pre-Reg. / Registration

Release of Information
MPI Management
DRG Validation
Chart Preparation
Coding
Archiving

Patient Experience

PATIENT ACCESS
HEALTH INFORMATION MANAGEMENT
OPTIMIZE
INNOVATE
PATIENT FINANCIAL SERVICES
TRANSFORM
REVENUE INTEGRITY

Billing
Insurance Follow Up
Self-Pay Follow Up
Payment Processing
Denials Management

CDM Management
Charge Capture and Reconciliation
Claim Edit Resolution

Our highly trained, experienced specialists tailor strategies to your organization's specific needs. Like our comprehensive solution, our modular offerings address all phases of the revenue cycle.

Whether brought in as consultants to review existing processes and provide recommendations for improvement, or as your holistic revenue cycle management partner, we serve as an extension of your team.

Case Study

HSS Provider Client Achieves Increase of $76M in Net Patient Revenue

In 2016, a large health system client was struggling with revenue leakage and inefficient processes. Pressures to improve the patient experience magnified the situation. HSS stepped in and applied its best practices in people, process, and technology to achieve the following metrics.

Year 2 Results:

$27M		monthly average cash acceleration
$76M		increased net patient revenue
37%	▼	in DNSP
17%	▼	in A/R>90
34%	▼	in initial denials
2.3%	▲	in insurance yield
13%	▲	in self-pay after insurance yield

Patient Access Solutions

Patient Experience Begins at the Point of Service

Our patient access solutions focus on improving the effectiveness of the collections process by increasing efficiency, reducing denials, and enhancing patient engagement. Healthcare providers are increasingly emphasizing the patient experience. The front end is central to that experience. We build a better patient financial and access experience to positively impact patient loyalty and retention.

Our specialists provide clear, compassionate guidance for patients through each step, including registration, insurance verification, and cash collection. Advanced digital technologies – such as payment portals, patient estimator tools and analytics – also help ensure the best effort is made to collect. As a result, efficient throughput is increased, claims are clean, denials are reduced, and payers pay more promptly.

Rely on our specialists, best practices, and technology across:

- Pre-Authorization and Authorization
- Financial Assistance and Counseling
- Patient Liability and Point-of-Service (POS) Collection
- Pre-Registration and Registration

Case Study

Increasing Emergency Department (ED) Cash Collections

A hospital client historically had challenges in ED collections. HSS focused on staff education, accountability, and individual incentives. Within a year, this resulted in increasing cash collections by 17% (over $3M).

Health Information Management (HIM)

Improve Quality and Productivity while Reducing Operating Costs

Information access, accuracy, and timeliness are critical to ensure accurate reimbursement. Coding services can pose a challenge and opportunity for healthcare facilities. Lowered productivity and increased errors due to inexperienced or inadequately trained coders, as well as ongoing changes in the coding environment can be addressed with the appropriate intervention. HSS has a qualified and experienced HIM and coding staff who uses advanced technology within efficient workflows to ensure high levels of accuracy, compliance, and productivity.

Rely on our specialists, best practices, and technology across:

- **Release of Information**
- **Master Patient Index (MPI) Management**
- **DRG Validation**
- **Chart Preparation**
- **Coding**
- **Archiving**

Our Value

- ✔ Credentialed and experienced coders
- ✔ Expertise in physician and hospital coding
- ✔ 96% or higher coding accuracy
- ✔ Optimized revenue, reduced denials
- ✔ Strict enforcement of compliance
- ✔ Tailored workflow for every project
- ✔ Elimination of staffing shortages
- ✔ Meet to exceed DNFB goals

A 2020 MGMA survey showed that the rapid rise of telehealth services has led to the following top three challenges for coders:

- **Inconsistent payer rules**
- **Pay parity and accuracy**
- **Documentation complexities**

Revenue Integrity

Optimize Resources and Prevent Denials

Revenue integrity is used to update the robust data used for payments. Revenue integrity serves a critical role for the accurate documentation of clinical services. It translates these into reimbursable offerings and helps address compliance-related concerns. As a result, robust revenue integrity functions help prevent denials and missed charges.

Rely on our specialists, best practices, and technology across:

- **Charge Description Master (CDM) Management**
- **Charge Capture and Reconciliation**
- **Claim Edit Resolution**

In addition, our revenue cycle optimization team provides:

- **Denials Prevention**
- **Education and Quality Assurance**
- **Project Management**

Case Study

Healthcare Provider Lowers Denial Rates

Seeking to lower its high denial rates, a leading healthcare provider enlisted the HSS Denial Prevention Team. They conducted an extensive root cause analysis for gap identification and implemented best practice workflows. As a result, the denial rate was successfully lowered by 22% in 2018, 18% in 2019, and 15% in 2020 to get close to the best practice denial rate of 4%.

Patient Financial Services (PFS)

Improve Cash Flow and Reduce Your Cost-to-Collect

PFS serves a critical role in provider organizations, striving to achieve full and timely collection of payments. HSS has developed a highly functioning PFS solution that combines people, process, and technology to improve productivity, performance, and the patient experience.

Using digital technologies to improve reliability and accuracy of claims processing, HSS developed approximately 200 robotic process automation (RPA) configurations to automate claims processing functions. RPAs enable claims processes to be expedited with minimal manual intervention and fewer opportunities for error. This automation frees staff to address more complex account issues, driving higher collections. Our advanced analytics enable transparency across the entire revenue cycle to allow for real-time issue identification and resolution.

Rely on our specialists, best practices, and technology across:

- Billing
- Insurance Follow Up
- Self-Pay Follow Up
- Payment Processing
- Denials Management

The 2020 Guidehouse/HFMA Post-Covid-19 survey of healthcare executives showed that investing in advanced IT such as analytics and robotic process automation is a growing strategy to reduce revenue cycle costs and increase economies of scale.

Physician Revenue Cycle Services

Improve Operational Performance and the Patient Experience

Our multi-specialty comprehensive revenue cycle management solutions are tailored to the unique needs of each practice. We design, develop, and implement integrated, patient-centered solutions for sustained improvements in revenue cycle performance. Our end-to-end solutions address front-end, mid-revenue cycle, and back-end functions that holistically secure revenue that might otherwise be lost. HSS has developed a highly optimized solution that blends experience, process, and technology to help our clients reduce denials, improve collections, and increase their net revenue.

Rely on our specialists, best practices, and technology across:

- Claims Management and Medical Billing
- Insurance and Self-Pay Follow Up
- Coding and Audits
- Collections and Denials Management
- Payment Integrity

Physician Network Services

In addition to our revenue cycle services, we offer a unique service line for national and international insurers, providers, and others who require effective global third-party administrative services.

- Claims Repricing
- International Global Billing and Collections
- International Denial Management
- Physician Reimbursements for Bundled Packages
- Audit Reviews of Physician Reimbursements

Case Study

Large Physician Client Dramatically Improves KPIs

Results by Year 2:

$1.8M	monthly average cash acceleration
$14M	increased net patient revenue
18% ▼	in DNSP
29% ▼	in A/R>90 (achieving 21%)
24% ▼	in initial denials
14% ▲	improvement in net collection ratio
36% ▲	improvement in self-pay yield

Comprehensive and Modular Services

PRE-ENCOUNTER
Credentialing
Scheduling
Pre-Reg. / Registration
Insurance Verification
Financial Counseling
POS Collections

ENCOUNTER
Physician Documentation
Charge Reconciliation
Coding
Coding Audit
Charge Entry

Patient Experience

Denial Management
Payment Variance
Self-Pay Follow Up

POST-ENCOUNTER

Bill Processing
Insurance Follow Up
Payment Processing
Claim Quality Assurance

Health System Solutions

Best-in-Class People

Our proven onboarding process is specially designed for seamless transitions. As an extension of your team, our specialists offer the first-rate financial and technology knowledge, along with the agility required to accelerate cash flow and mitigate collection risks. Just as importantly, our consultants exemplify the high emotional intelligence required to enrich each interaction with you and your patients.

Best-in-Class Processes

We deploy best-practice processes to ensure you receive superior service and measurable solutions. To help ensure rapid response, a seasoned account executive will be your single point of contact. We also institute a regular and frequent reporting process, so you know what is happening when and to what extent. This includes creating a governance structure to involve all relevant levels of your organization in identified initiatives.

Best-in-Class Technology

We can work across all health information system platforms, e.g. Epic, Cerner, Meditech, etc., and routinely develop robotic process automation (RPAs) and analytics to streamline operations, reduce user error, and identify and resolve issues in real time. We deploy advanced cloud-based technologies that are scalable, efficient, and facilitate accurate and comprehensive charge-master content, while allowing for pre-bill analysis and standard post-bill review. These technologies also allow for a centralized financial clearance center, employ real-time management reporting tools, and integrate with any major patient accounting platform.

To learn more about how we can help you, contact:

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About Health System Solutions

Health System Solutions (HSS) is a joint venture formed by the partnership of Guidehouse and Baptist Health South Florida (BHSF). HSS combines the best in class capabilities in revenue cycle management from Guidehouse with BHSF and its award-winning centers of excellence in healthcare services. HSS provides comprehensive end to end revenue cycle solutions that address the front, mid and back end functions through a combination of expertise, optimized process workflows and advanced technologies. Headquartered in Miami, FL, HSS partners with healthcare providers to ensure optimized financial performance and improved patient satisfaction.

More information be found at healthsystemsolutions.com