

CLIENT SUCCESS STORY



How Crozer Health Improved Efficiency and Reduced Denials

THE CHALLENGES

Crozer Health is a community-focused healthcare system in Delaware County, Pennsylvania. Since 2016, Crozer Health has been a part of Prospect Medical Holdings, Inc., an innovative healthcare services company that owns and operates 20 hospitals and more than 165 clinics and outpatient centers across the United States.

Crozer Health regularly had to deal with poor quality data coming into their RCM system. The data either flowed electronically from multiple clinical systems or was manually entered into the RCM process. With different workflows and no consistent charge review process, the Crozer team struggled to catch billing and coding errors up front. Additionally, once this erroneous data was already in the RCM system, the process to fix it was manual and labor intensive. For the issues a user could find, they had to go through a painstaking process to void the charge and then re-post it. They also knew their denial rates were above the industry average but didn't have the root cause data needed to fix the problem. They needed a solution that would provide the necessary insight further up in the process to decrease denials.

While Crozer Health knew they could improve the data quality by implementing more RCM edits, they recognized that it was their staff who knew the business best, not their RCM vendor. With their RCM vendor solely in charge of the process, creating edits was a lengthy and error-prone endeavor. Crozer Health wanted to empower their staff to take charge of edit creation to better streamline the process.

CLIENT PROFILE

Crozer Health

- Delaware County, Pennsylvania's largest network of providers and practices
- Part of Prospect Medical Holdings, Inc.
- A community-focused healthcare system that delivers patient-centered, quality care in an efficient, cost-effective and caring manner, meeting the health needs demonstrated in their community

RESULTS



Implemented RCxRules

as a single conduit to introduce a consistent and scalable charge review process



Moved billing/coding

work to the front end of the process to reduce the expensive and labor-intensive backend process



Automatically fix

billing and coding issues with autocorrect rules, freeing up team members' valuable time

"By helping us become proactive in our approach, RCxRules has significantly streamlined our billing and coding process while decreasing avoidable denials and accelerating cash. What was once manual and time-consuming has become largely automated. We were able to leverage the expertise we already had in house to create a solution that helps our staff be more productive and focus on more meaningful billing related tasks."

— Bill Oliver, VP, Medical Group Billing - Prospect Physician Enterprise

THE SOLUTION: Revenue Cycle Rules Software

Crozer Health implemented RCxRules to be the conduit where all charges were interfaced or manually posted. The use of a single platform, which was placed between the EMR and RCM system, introduced a consistent and scalable charge review process across all clinical systems. By working closely with Crozer Health's revenue cycle experts, the RCxRules team created 300+ rules that were customized to meet Crozer's various payer requirements, specialties, providers, locations, etc. The RCxRules technology now checks for all of the same billing and coding issues the Crozer team did before. The rules do this automatically so the Crozer team, who reviewed charge before, can focus their time on the billing and coding errors identified by RCxRules.

Moving the biller and coder's work to the front end of the process, before the RCM system, also reduced the expensive and labor-intensive backend process. The autocorrect rules automatically fix billing and coding issues that would have required a team member's time in the past. There is no longer a need to void and re-post charges.

RCxRules has also helped Crozer Health establish a proactive approach to Revenue Cycle Management. Staff can quickly and easily build new rules within the system to meet their payer's constantly changing requirements and identify denials up front. They can also access reporting that details the source of billing and coding issues, allowing them to provide targeting training and education to address any problems.

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*Improve your
organization's
financial and
operational health.*

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