

What Successful Strategies Do Hospital Leaders Use to Reduce Third-Party Payer Denials and to Increase Reimbursement Rates For Services Provided?

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Abstract: Effectively managing the revenue cycle process is vital to increase healthcare organization's reimbursement levels: Yet, third-party payer denials and reductions in payments for services can impact most healthcare facilities. This systematic literature review is aimed to explore successful strategies that hospital leaders use to reduce third party payer denials and increase reimbursement rates for services provided. A search of literature transpired using three academic databases: Medline, CINAHL, and PubMed.Gov. following the preferred reporting items for systematic reviews and Meta-Analyses guidelines. Data from seven relevant articles were thematically analyzed using a screening process of constant comparing of notes, using a final consensus, and categorizing statements related directly to our research question; what successful strategies do hospital leaders use to reduce third-party payer denials and to increase reimbursement rates for services provided? The authors identified seven themes that emerged from the literature during the data analysis process. The themes included scheduling staff (57%), patient access or registration (71%), Insurance Verifiers (42%), documentation (57%), claim denials (71%), education training, policy, procedure and matrix (85%), and referral, pre-authorization or precertification (71%). The findings indicated that several successful strategies exist that hospital leaders use to reduce third-party payer denials and to increase reimbursement rates for services provided. Also, the results indicated that improvements in collection for services and reductions in denials from third-party payers commence with providing education and training to revenue cycle employees. The implications of these findings provide healthcare leaders and Revenue Cycle manager's a better opportunity to understand key factors that impact third-party payer denials and to implement strategies that improve reimbursement rates for services provided and reduce third-party payer denials.

Keywords: Come directly from the research question.

1. INTRODUCTION

The Revenue Cycle Department (Rev. Department) has many tiers, sub-departments, and responsibilities; the main priority is collecting revenue healthcare organization [4]. The collection of payment, which is also called revenue for services rendered, is the final process that closes each patient visit. The collection process requires multiple departments to work together cohesively and timely. Timely reporting requirements assist in maximizing the amount of revenue collected [2]. Timely reporting consists of a health organization representative notifying the 3rd party payer of a scheduled or an unscheduled unexpected urgent or emergent admission providing clinical documentation [2] and [7].

Several departments' impact and assist the revenue cycle department with timely reporting, collecting appropriate data and making sure alignment exists for revenue collection. These departments, include (a) patient access registration, (b) scheduling, (c) clinicians, and physician orders, (d) utilization review management nurses are pre-certification nurses, (e) financial counseling, and (f) patient accounting [4] and [2]. The general issue is that some hospital leaders are unable to effectively manage the revenue cycle, which negatively impacts reimbursement levels [3]. The purpose of this study

is to identify successful strategies that hospital leaders use to reduce third-party payer denials to increase reimbursement rates for services provided.

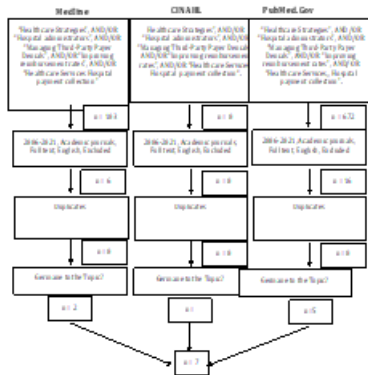
Method

The first step was narrowing down the research topic choice by utilizing Google Scholar; we chose articles that aligned with the research question. What successful strategies do hospital leaders use to reduce third-party payer denials to increase reimbursement rates for services provided? A literature search transpired using CINAHL, MEDLINE and PubMed.Gov. Databases that are in accordance with the preferred reporting items for Systematic Reviews and Meta-Analyses guidelines Mother, Liberati, Tetzlaff & Altman, 2009. The Method phase included (a) searching for relevant studies, (b) screening for inclusion and exclusion criteria (c) data extraction based on the screening criteria, (d) synthesis of the data to identify key themes, and (e) reporting and dissemination of the findings, Searching the academic databases utilizing keywords, healthcare strategies, healthcare administration, third party payer denials management, improving reimbursement rates, and healthcare services providing consistent parameters in choosing the best articles to review the topic and answer the research question.

For inclusion of articles to review, publications had to meet all of the following criteria (a) searching published work between 2006 and 2021 (b) written in English, (c) a published, peer-reviewed journal article, (d) full text articles, and (e) with a focus on successful strategies hospital leaders currently use to reduce third party payer denials to increase reimbursement rates for services provided. PubMed.Gov was the first academic database, resulted in 16 articles when the applied filters were in place (see figure 1.) 7 articles are useable. Excluded from this review are any articles that do not meet the inclusion criteria. The second academic database, Medline resulted in 48 articles when the applied filters were in place (see figure 1.) 0 articles are useable due to not meeting the inclusion criteria. The third database CINAHL resulted in 0 articles.

(Diagram 1)

Flow Diagram



2. RESULTS

The primary resource question was: What successful strategies, hospital leaders use to reduce third-party payer denials and to increase reimbursement rates for services provided?_Our research question dealt with finding data to support strategies that can increase healthcare reimbursement rates. An intense literature review search transpired, using Medline, CINAHL and PubMed.Gov electronic academic databases. We established and used a literature search, selection, and data analysis process. Citations, based on the data from PubMed.Gov 16 studies were chosen, and five articles were relevant to the research question. A final decision transpired by comparing and finalizing the summary findings from each article. (See Figure 1.) Table 1 lists the title of the articles and pertinent summation finding from these seven articles. Citations, based on the data from Medline 6 studies were chosen and two articles were relevant to the research question. A final decision transpired by comparing and finalizing the summary findings from each article. (See Figure 1.) Table 1 lists the title of the articles and key summation finding from these seven articles.

The data retrieved from the seven articles, connects categorizing the frequency of occurrence regarding successful strategies that hospital leaders use to reduce third-party payer denials and to increase reimbursement rates for services

provided, which led to the development of 7 main themes which can assist to increased reimbursement if healthcare organization prioritize them. Each theme directly relates to the research question. The following themes include (a) Scheduling staff, (b) Patient access, registration staff, (c) Insurance verifiers, (d) documentation, (e) Claim denials, (f) Education training [3], policy, procedure and a matrix, (g) Referral, pre-authorization, and precertification’s.

Table 2: Occurrence in literature frequency

Theme	Occurrence in literature frequency		
	Occurrences	Instances of Attributes	Percentage (%)
Scheduling staff	1, 5, 3, 2	4	57%
Patient access or registration	1, 6, 3, 2, 5	5	71%
Insurance verifiers	1, 2, 6	3	42%
Documentation	1, 6, 5, 2	4	57%
Claim denials	1, 6, 5, 4, 7	5	71%
Education training, policy, procedure and matrix	1, 4, 3, 2, 5, 7	6	85%
Referral, pre-authorization or precertification	6, 5, 1, 7	4	57%

3. DISCUSSION

The aim of the study was to identify successful strategies that hospital leaders can use to reduce third-party payer denials and increase reimbursement rates for services provided. Seven, peer-reviewed articles that were published between 2006 and 2018 were considered in the study. Which allowed for a current analysis on scheduling staff, Patient Access (registration), insurance verifiers, documentation, claim denials, education training (on policies, procedures, and matrix) and authorizations, referral or pre-authorizations. The data results shown in Table 2 displays the main themes that emerged from the analysis of the literature. The seven main themes found throughout our research included (a) the scheduling staff relevant articles are 1, 5, 3, and 2. (b) Patient Access also referred to as registration has 1, 6, 3, 2, and 5, as relevant articles. (c) Insurance verifiers consist of three relevant articles they are 1, 2, and 6. (d) Documentation

relevant articles are 1, 6, 5 and 2. (e) Claim denials relevant articles are 1, 6, 5, 4, and 7. (f) Education training (on policies, procedures, and matrix) relevant articles 1, 4, 3, 2, 5 and 7. (g) Authorizations, pre-authorizations and referral relevant articles are 6, 5, 1 and 7.

Theme one, displayed scheduling staff data that provides the importance of getting an advanced notification for planned arrivals. The advanced notification allows time to gather all information in advance that could prevent a denial from occurring. Last minute / add- appointments minimize opportunities to retrieve referrals or authorization approvals in advance [5]. Scheduling challenges demonstrated 57% of the articles in the literature review 1, 5, 3, and 2. Researcher's findings indicate high percentages of denials have occurred due to patient add- on without prior authorization being obtained from the 3rd party payer [6]. In contrast, several author's results noted that due to emergencies retaining a prior authorization prior was not an option. The overall findings indicated a majority of the authors agree that having authorization obtained before arrival can eliminate denials from occurring. Patient Access (registration) is the start of the patient's visit and the most vital part of the registration because that is where the most pertinent detailed demographic data entry is obtained. Name, social security, and birth date, address, and insurance details, just to name a few, either wrong entry can hinder or cause a denial in payment. Patient Access was mentioned in a percentage of 71% of the articles in the literature review 1, 6, 3, 2, and 5. Researcher's findings indicated a high percentage of denials have occurred when accurate data is not retrieved and updated correctly and in a timely manner [2]. Documentation and Insurance verifiers are being added in conjunction with Patient Access because Patient Access logs documentation and verify the insurance. Documentation demonstrates 57% of the articles in the literature review account for 1, 6, 5, and 2. Insurance verifiers were displayed in 42% of the articles in the literature review 1, 2, and 6.

Claim denials equate to a reduction in revenue for services rendered. Claim denials can occur for numerous things; not reaching contracted timely reporting guidelines, incorrect information being submitted, clinical not being provided, not receiving an approval referral or authorization for services rendered: [4] and [5]. Claim denials demonstrate 71% of the articles in the literature review 1, 6, 5, 4, 7. Claim denials can be improved with education. Education to the patients on their 3rd party payer requirements if they have a commercial or managed care plan, they should be informed that prior to seeing a clinician, a referral or authorization is needed otherwise services will not be covered. Employees should be educated on the timelines that are in place to prevent denials in addition to the overall. Revenue Cycle Process [4] and [5]. Education training demonstrates 85% of the articles in the literature review 1, 4, 3, 2, 5, and 7. Which leads into ways a 3rd party payer can deny payment, by not having an approved referral or authorization. Referral, pre-authorization, or precertification is a number that is given by the insurance company that approves an admission or

procedure. Without approval, insurance company does not have to cover services [5]. Referral, pre-authorization, and precertification demonstrated 57% of the articles in the literature review 6, 5, 1, and 7.

Despite the findings described above, some limitations included a lack of articles using the keywords training and education in the search that qualify for the literature review. The limitations in article numbers could have been increased, by identifying more synonyms for Revenue Cycle Management and denials. We conducted this research over a period of twelve weeks. We excluded none English language articles removing certain publications from review. The literature review involved conducting searches using a preliminary search strategy using Google Scholar first. A secondary search strategy incorporated Medline, CINAHL; and PubMed.Gov for peer-reviewed journal articles to review. Keywords guided the database searches, and it is possible that we missed a few articles that could have used with different terminology while searching the academic databases. The last limitation is the subjective nature of the readers reviewing the articles and may have interpreted the information obtained from the articles differently.

I minimized these limitations by using concise and clear terms in my search that will be challenge free for the reader. Limitations listed above transpired by following the PRISMA-based systematic review guidelines and protocol. We triangulated and filtered down the information collected, starting at 775 articles, from Medline, CINAHL, and PubMed.Gov until a data saturation level occurred and no additional information for developing themes. Making sure the readers reviewed each article and ensured the articles were in line with the research question helped to minimize the effect of this limitation.

Despite the limitations of this study, successful strategies that hospital leaders can use to reduce third-party payer denials and increase reimbursement rates for services provided do exist. Effective strategies consisted of educating employees who work in the Revenue Cycle Department on patient registration, insurance verifiers and precertification staff about the revenue cycle process and the importance of timely filing and capturing all pertinent demographic and billable data. In addition, any successful strategy should include making a cautious effort to pre-register the patients before they arrive to the facility, which will allow patients time to retrieve any information in advance that is still needed, such as the authorization or referral.

A future researcher should identify additional vital themes and strategies to reduce third-party payer denials and improve revenue collected. Several recommendations came directly from the study: 1) Healthcare Leaders are recommended to collaborate with their organizations Information Technology Team, request, a real time quality improvement matrix that will display the seven themes listed to identify if they are required and missing in addition to alert the registrar of needed information. 2) Establish a timer for the referral column, allowing a filter and the Pre-Authorization team will know how many hours they have

until their deadline has exhausted for timely reporting. 3) Be proactive and not reactive reviewing potential denial errors. 4) Healthcare Leaders should meet with their team to educate and counsel if you identify challenges or improvement needed. 5) A matrix is a good guide for new Revenue Cycle employees to keep stay aligned with expectations. 6) An annual education refresher is implemented

The results of the literature review can be used by future researchers as a steppingstone for future scholars and researchers conducting a different type of study, i.e., mixed method research design study incorporating data collection processes by utilizing a qualitative survey, to help further shed light on the research question. Also, healthcare leaders and Revenue Cycle Managers can use these findings to process improve, create a matrix, create a quality insurance process, or other research purposes.

CONCLUSION

Third- party payer denials can decrease, and collection for service can increase with a strategized process improvement plan. The findings indicated that education is warranted for specific key performance areas. In addition, implementation of work list enhancements that display real-time items needed, prioritize with due dates for pertinent missing items. The researched literature review results can assist Healthcare Leaders and Revenue Cycle Mangers reduce third- party payer denials.

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REFERENCES

- [1] Wheeler, J and Rausher, S. National Library of Medicine. PubMed.Gov. Effective hospital revenue cycle management: is there a trade-off between the amount of patient revenue and the speed of revenue collection? Abstract: Healthcare Management (Nov-Dec 2008);53(6):392-404; discussion 405-6. <https://pubmed.ncbi.nlm.nih.gov/19070334/>
<https://web-b-ebSCOhost-com.proxy.lib.siu.edu/ehost/pdfviewer/pdfviewer?vid=1&sid=21e2f1f4-3b19-44c2-9faa-d51abbf01081%40sessionmgr101>
- [2] Manley, Ray and Satiani, Bhagwan. National Library of Medicine. PubMed.Gov. Revenue Cycle Management (2009 Nov);50(5):1232-8. doi: 10.1016/j.jvs.2009.07.065.Epub 2009 Sep 26. <https://pubmed.ncbi.nlm.nih.gov/19782521/>
- [3] Sonnino, Roberta. Journal of Healthcare Leadership (JHL) 2016; 8: 19–29 (2016 Feb), Health care leadership development and training: progress and pitfalls PubMed.gov

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5741005/>
- [4] Niedzwiecki, Marilyn. PubMed.gov CINAHL The revenue cycle: what it is, how it works, and how to enhance it (Aorn Journal 2006) <https://pubmed.ncbi.nlm.nih.gov/17153255/>
- [5] Viner, K.M. [M Bellino](#), [T D Kirsch](#), [P Kivela](#), [J C Silva](#).PB Managed care organization authorization denials: lack of patient knowledge and timely alternative ambulatory care (Emergency Medicine Journal 2000 Mar;35(3):272-6.doi: 10.1016/s0196-0644(00)70079-5.) (March 2000) <https://pubmed.ncbi.nlm.nih.gov/10692195/>
- [6] Bonikar, Shrutikar, Kovach, Jamison V. Enhancing Pub Med.gov. Financial Performance: An Application of Lean Six Sigma to Reduce Insurance Claim Denials. *Quality Management Healthcare Journal* (July/ September 2018) <https://pubmed.ncbi.nlm.nih.gov/29944629/>
- [7] Burns, W., & Harmon, A. (2016). Revenue Cycle: Reducing administrative write-offs through improved denial management. *Healthcare financial management: journal of the Healthcare Financial Management Association*, 70(7), 30-33. <https://pubmed.ncbi.nlm.nih.gov/29893526/>