

University of Pittsburgh Medical Center (UPMC)

Automated Claims Statusing Eliminates Manual Processing

UPMC, a world-renowned health care provider and insurer based in Pittsburgh, Pa., is inventing new models of accountable, cost-effective and patient-centered care. UPMC is a nonprofit that operates more than 20 academic, community, and specialty hospitals with more than 4,500 licensed beds and employs 60,000 in Pennsylvania.

THE CHALLENGE

UPMC processes millions of claims per year and the volume and complexity of their claims were growing. Knowing that nearly 85% of hospital reimbursement comes from payors, and at a 5% denial rate (an industry average), it was imperative for UPMC to ensure that they were reimbursed for all of the care that they provided to their patients. However, traditional approaches to maximizing reimbursement involved labor-intensive and manual claims follow up, creating risk for write-offs, revenue leakage and payment delays.

“With Claims Statusing we’ve had an increase of revenue per full-time employee, certainly. The amount of claims they can actually manage has increased. But really, it’s been able to connect management to the whole team.”

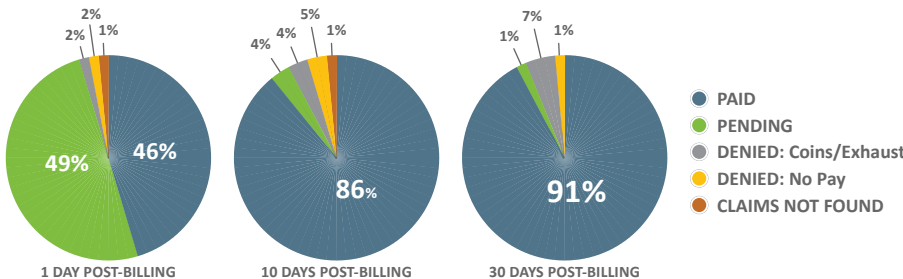
April Langford
Vice President, Finance, Revenue Cycle Innovation
University of Pittsburgh Medical Center

SOLUTION

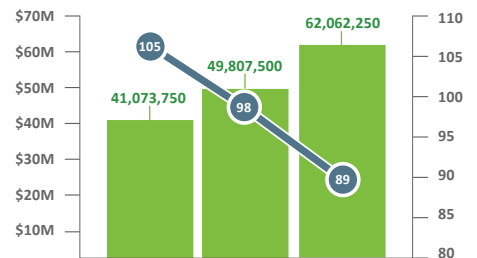
Connance Claims Statusing accelerates denied and underpaid claims resolution and increases collector productivity by reducing manual efforts on claims that will be resolved with little or no intervention. Leveraging the Claims Statusing technology, UPMC now automatically retrieves detailed status information not available in the traditional 276/277 transactions. The solution enables exception-based workflow, focusing efforts on high value ROI activities and provides detailed information as soon as one day post-bill to significantly reduce AR days and help prevent denials before they even occur.

Claims Statusing Impact

Claim Status of Top 4 Payers (BC, MC, MA, UPMC, HP)



Net Revenue Managed Per FTE



THE RESULTS

By utilizing automated Claims Statusing technology to help them optimize their denied and underpaid claims follow-up processes, UPMC has:

Reduced AR days by 42%

Reduced write-offs by 75%

Increased revenue per FTE by 165%

Improved cash flow

Reduced controllable losses