



Revolutionizing Insurance Discovery in Lab RCM



Today's Panel



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Experian Health Acquires Wave HDC



Claims denials on the rise

State of Claims, 2022



61% of respondents said claim denials are increasing and attribute the escalation to a lack of automation in the denials prevention/claims submission process.

Much of the data you are provided is inaccurate...

Poor Data Quality

40% of the data in your database is inaccurate, obsolete, or dated.

40% of data from referral sources is inaccurate

43.8% of eligibility rejections

8.7% of Medicare claims are not paid

26% of claim denials

35% of COB denials

Labor, IT resources, Contingency fees



“

We don't have a people or systems problem. We have a data problem that can only be fixed with accurate information. That is what Experian provides.”

VP of Revenue Cycle,
National Laboratory Client

AI based Insurance Discovery (Smarter, Faster, Better)

20 unique data sources

Real-Time Data Correction - AI

Billing System Integration

AI-based data mining, analytics, and data correction capabilities to replace bad or old data with accurate information



National Patient Database

Payers and Clearinghouses

- Paid Claims Data
- Verified Eligibility Data
- COB Data
- Subscriber ID
- Group #

Financial Institutions

- Ability to Pay
- Propensity to Pay
- Financial Disposition
- FPL
- Financial Asst.

Data Aggregators

- ID Verification
- Demographics
- Name
- Address
- DOB
- Cell Phone

Government

- Medicare MBI
- SSN
- USPS
- Medicaid MCOs
- Advantage Plans
- Part A Status

330,000,000 Patients

Automated Data Correction

AI-based data mining, analytics, and data correction capabilities to replace bad or old data with accurate information

Paid Claim Data

Access to millions of recently paid claims data to determine COB and provide missing coverage

3,000 Payer Connections

Realtime connections to commercial, government, and government replacement plans to find coverage

Denials Analysis: Example

Denial History Summary						Revenue Impact Analysis					
Category	Total	Initial Denials	% of Episodes	\$ Denials	Paid Claim	Paid Rate	Adj Rec Rate	Est Total Losses	Impact Ratio	Revenue	% TR
COB	21,818	7.03%	0.62%	\$ 51,190,245	4,221	19%	86%	\$ 5,780,148	40%	\$ 2,312,059	0.04%
Eligibility	24,009	7.74%	1.37%	\$ 84,845,810	11,123	46%	60%	\$ 18,215,221	25%	\$ 4,553,805	0.08%
Timely Filing	12,905	4.16%	0.74%	\$ 39,305,747	1,529	12%	25%	\$ 25,986,566	40%	\$ 10,394,626	0.19%
Demographic	26	0.01%	0.00%	\$ 176,872	14	54%	60%	\$ 32,653	25%	\$ 8,163	0.00%
	58,758			\$ 175,518,675	16,887			\$ 50,014,588		\$ 17,268,654	0.31%

Revenue Upside 

FTE Cost Assumptions						FTE Cost Impact Analysis				
Category	FTE Cost Ann.	FTE Cost/H	Work Time (H)	Touch Points	Unit FTE Cost	Ext FTE Cost	FTE Risk Adj	Cost Impact	FTEs Saved	
COB	\$ 54,080	\$ 26	0.25	4	\$ 26.00	\$ 567,268	45%	\$ 226,907	1.89	
Eligibility	\$ 37,440	\$ 18	0.30	3	\$ 16.20	\$ 388,946	60%	\$ 97,236	1.56	
Timely Filing	\$ 41,600	\$ 20	0.30	3	\$ 18.00	\$ 232,290	50%	\$ 92,916	1.12	
Demographic	\$ 41,600	\$ 20	0.30	2	\$ 12.00	\$ 312	60%	\$ 78	0.00	
						\$ 1,188,816		\$ 417,138	4.56	

Staff Saving 

Establishing the Strategy

Shawn Kent

VP, Revenue Cycle
Sonic Healthcare USA



David Figueredo

VP, Client Services
Experian Health

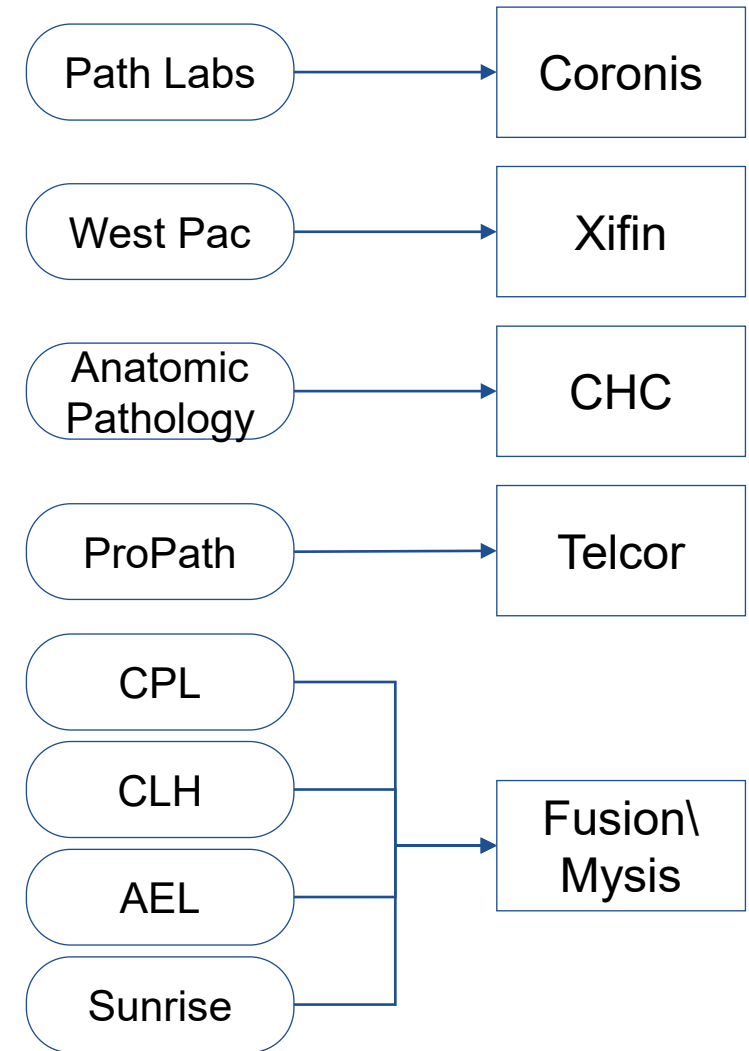




Unified National Strategy on Revenue Retention

Identifying the Need

- Who is Sonic Healthcare USA.
- 3rd Largest Reference Lab
- Why create this position? Why me? Doing well, but can't we do better?
- Revenue Cycle expertise, but no prior lab experience – this was intentional.
- What was need?
- Federated model creates swim lanes, collaboration and sharing of best-practice was missing. However, reoccurring theme, “We need Ins. Discovery”



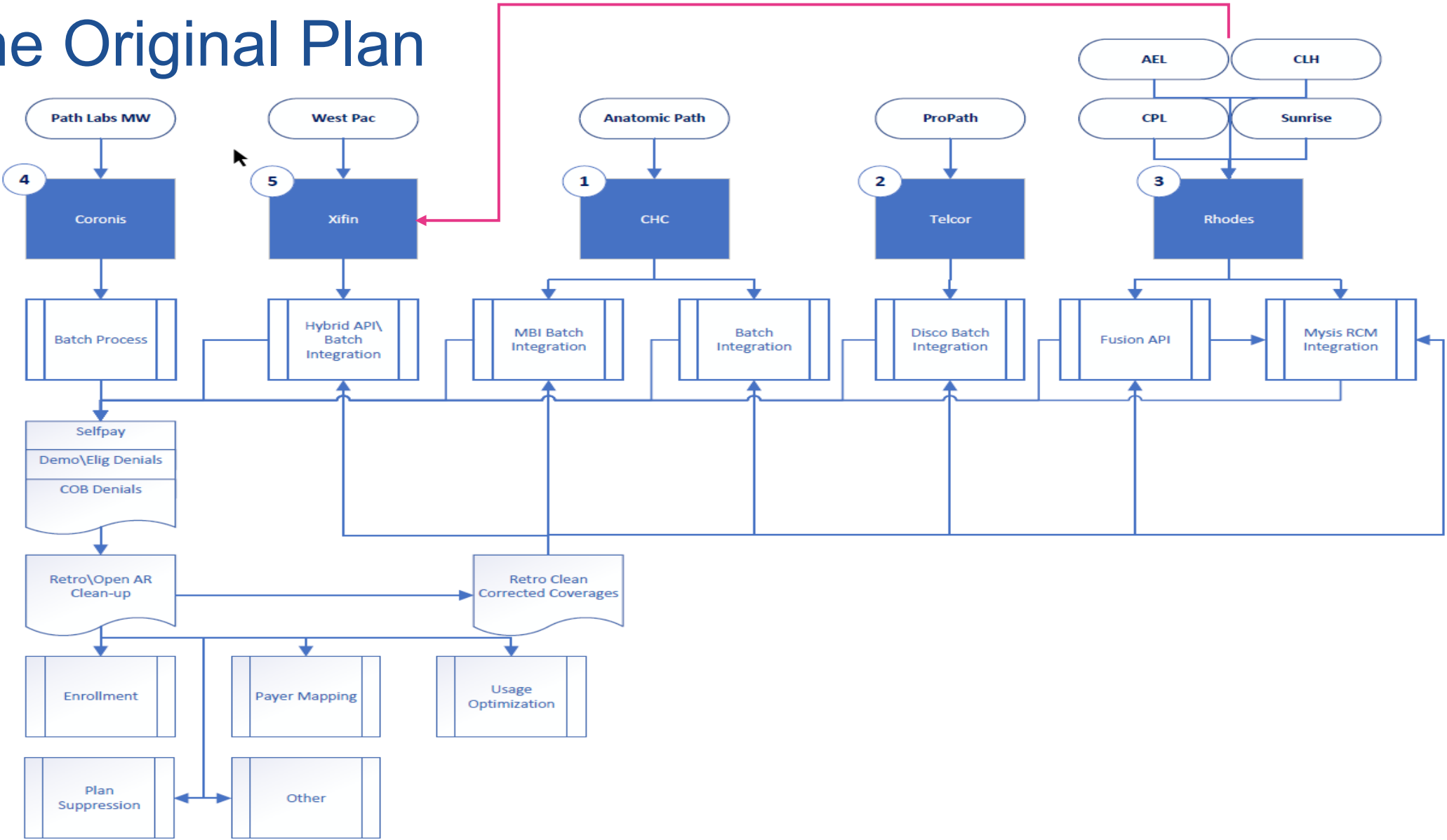
Addressing the Immediate Need

- How did we get here? IT led project.... Quickly changed.
- Key stakeholders absent from the decision-making.
- How was WAVE selected? Several vendors reviewed. WAVE not at table!? Once they were, they were clear winner.
- Previous front-runner.... Rhymes with Experian

Addressing Longer Term Need- Unified National Strategy

- Understand all WAVE offers, functionality/capabilities
- How & where do they align with existing processed & systems, any barriers? We have some batch, some real time, lots of complexity.
- ROI. Path to easy approval and adoption.
- Ample testing to gain division-level support.
- Begin rolling out WAVE.
- Develop best practice. For Sonic, 2 types. Pre- and Post-Conversion.

The Original Plan



2023 By The Numbers

Processing Summary	Volume	Percentage
Transactions Processed	627,805	
No coverage found / HRSA-eligible	301,472	48.02%
Total unique coverages found	326,333	51.98%
Active Primary coverage	284,326	90.19%
Contact payer	32,007	9.81%
Active secondary-only coverage	1,386	0.42%
Active tertiary-only coverage	-	0.00%

Top Primary Coverages	Volume	Percentage
CMS – Medicare	53,902	16.52%
United Healthcare	50,257	18.45%
BCBS Hawaii	26,747	12.04%
BCBS Texas	25,141	12.86%
Aetna	21,399	12.57%
Humana	13,069	8.78%
Cigna (fka GreatWest)	11,418	8.41%
Tricare	9,322	7.49%
Superior Health Plan TX	8,478	7.37%
BCBS Ohio (Wellpoint)	6,216	5.83%
685 other payers	100,384	34.92%

Outcome Modeling



Practical Use of AI Insurance Discovery

Jeanette Gray

Director, RCM
ProPath, a Sonic
Healthcare USA Practice

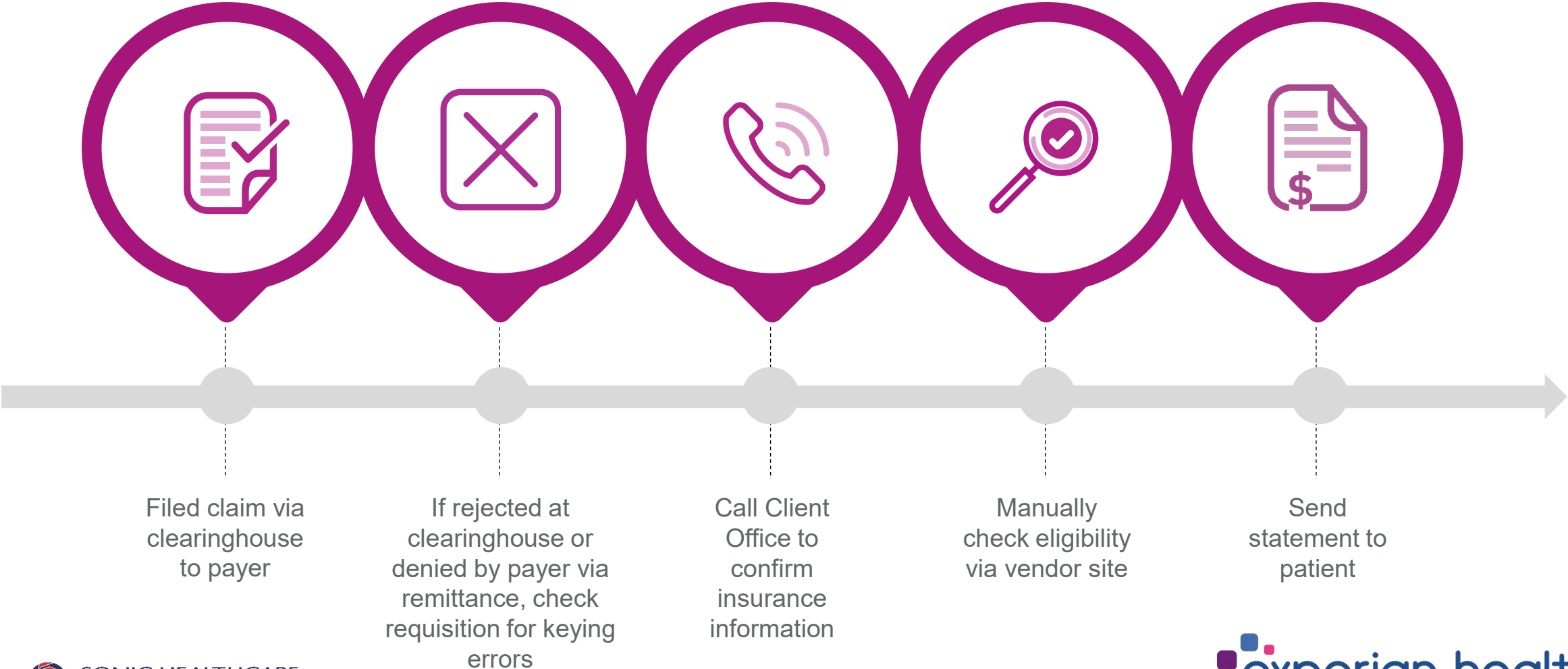


Eligibility Denials

#1 Denial from Payers

Year	Total Claims	Denied Claims	Monthly Avg.	% Denials for Eligibility
2019	1,037,149	49,998	4,167	4.8%
2020	1,027,141	54,440	4,537	5.3%
2021	1,176,319	60,748	5,062	5.2%
2022	1,164,765	69,626	5,802	6.0%
2023	1,127,193	63,082	5,257	5.6%

Old Process

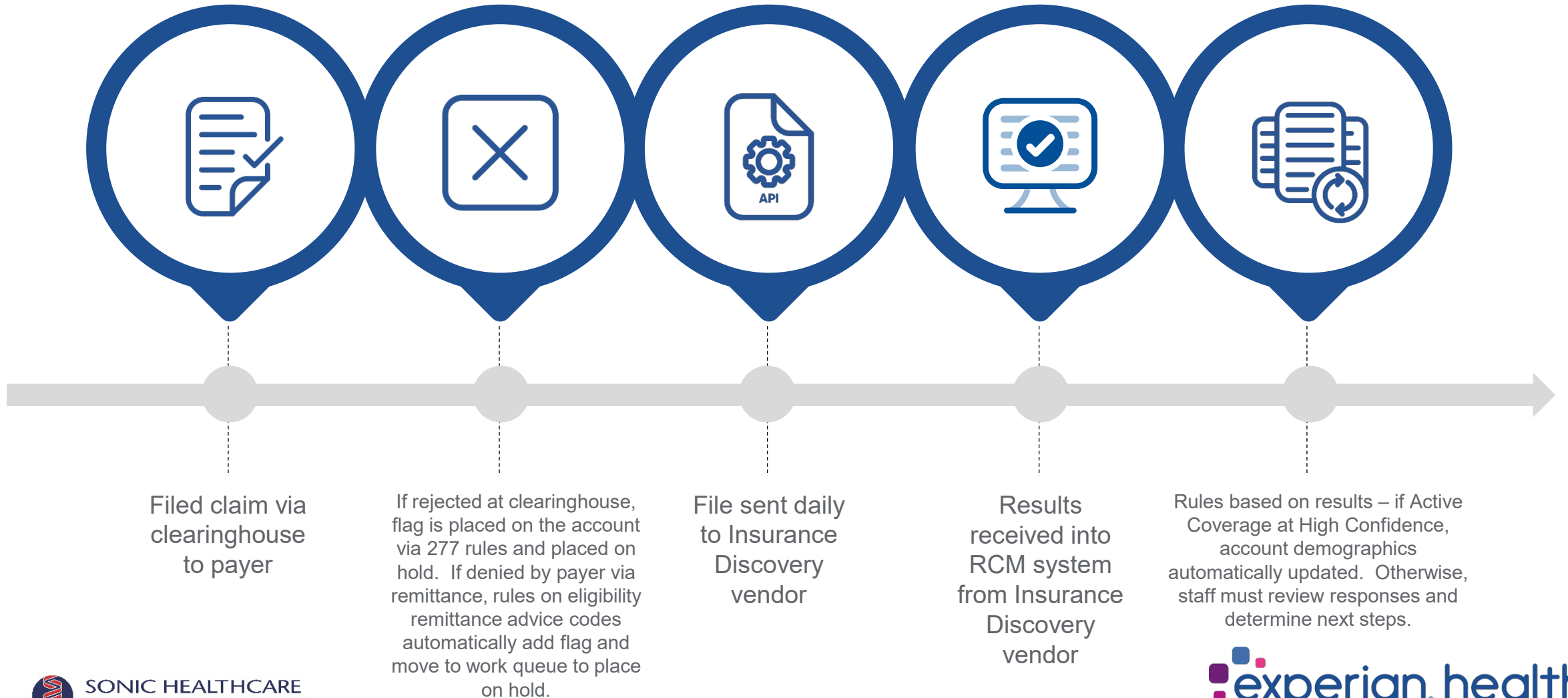


Implementation in RCM

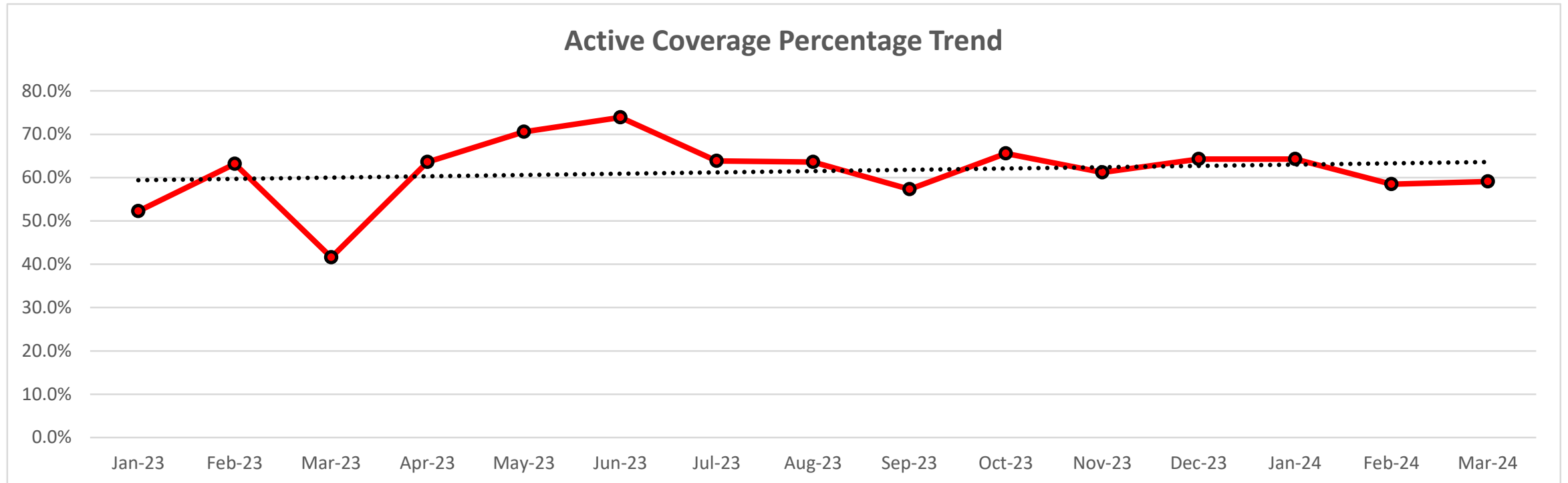
- Create rules based on remittance advice codes
- File created based on information required
- Accounts / Claims on hold pending results
- Results received into RCM system
- Auto update patient demographics based on response rules
- Still some staff work to file claims or change to send statements



New Process



Active Coverage Trends



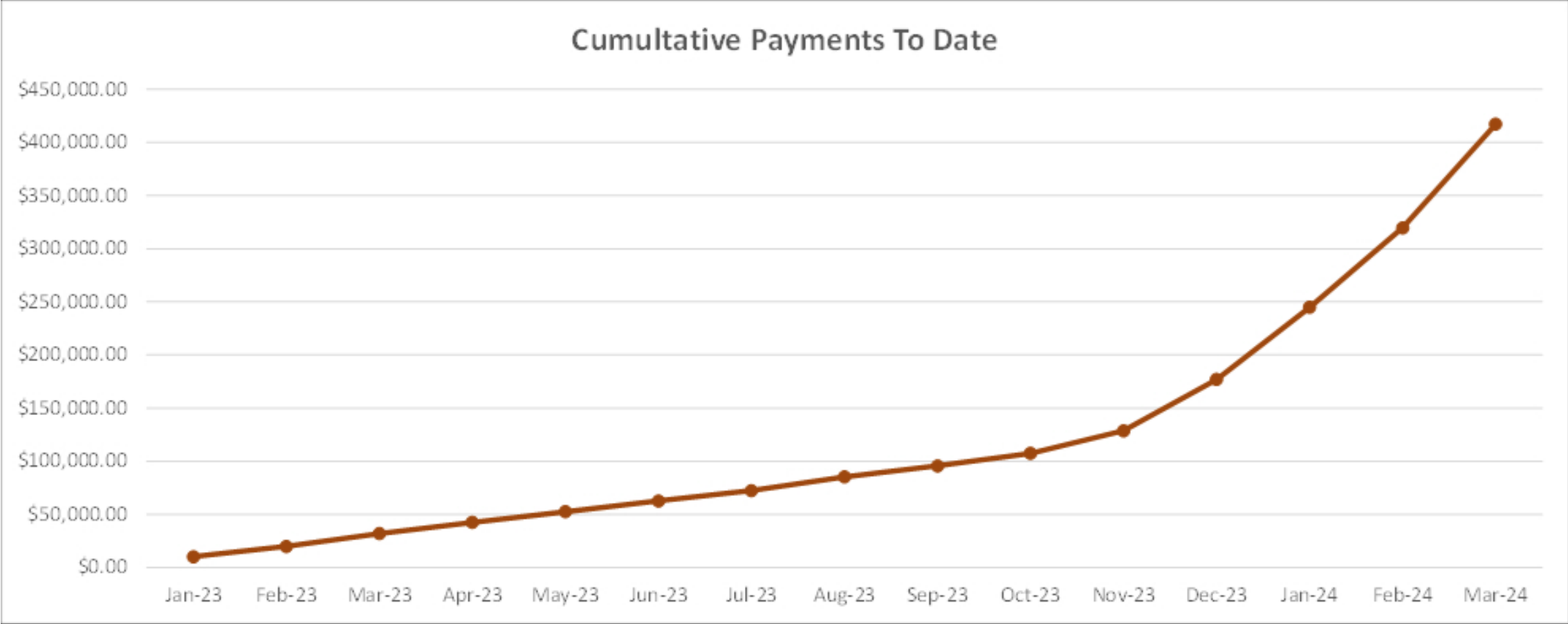
Average 61.7% Active Coverage

Self Pay Discovery

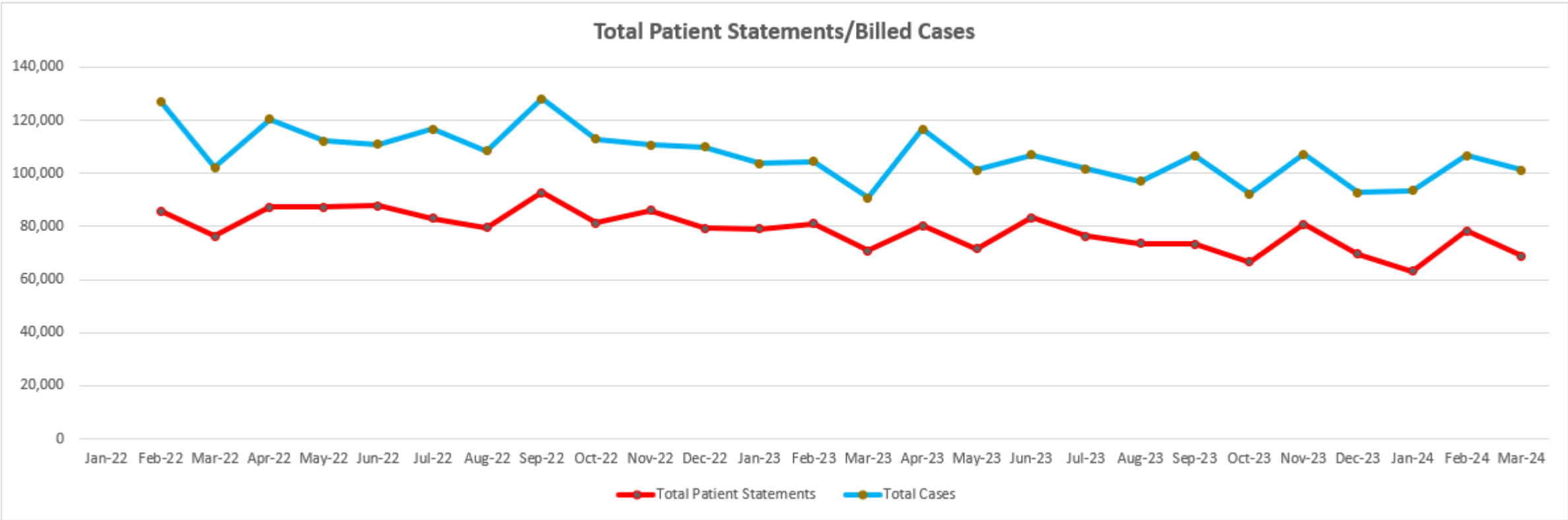
- For Hospital-based patients only
- Front-End
- Identifies Medicaid and Medicare patients

Month	Pre-Claim Hospital Cases		
	Total Self Pay (hospital cases)	Self Pay Active	Self Pay % Active
Jan 23	0	0	0.0%
Feb 23	0	0	0.0%
Mar 23	0	0	0.0%
Apr 23	5,052	444	8.8%
May 23	3,264	244	7.5%
Jun 23	8,413	889	10.6%
Jul 23	3,494	420	12.0%
Aug 23	5,588	749	13.4%
Sep 23	2,799	431	15.4%
Oct 23	8,320	1,353	16.3%
Nov 23	5,900	965	16.4%
Dec 23	5,025	786	15.6%
Jan 24	5,508	932	16.9%
Feb 24	5,611	752	13.4%
Mar 24	4,726	739	15.6%

Payments from Discovery



Patient Statement Volume



Insurance Discovery Implemented

What's Next?

- ✓ Insurance Discovery
- ✓ Self Pay Discovery
- ✓ Real-Time Eligibility
- Address Verification
- Medicare / Medicaid Eligibility – Front End



Q&A

 experian[®] health

The logo consists of a cluster of five white squares of varying sizes arranged in a roughly circular pattern to the left of the text.

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Thank you!