

Denials reduced by 66% at UT Medical Center with improved patient intake

The University of Tennessee Medical Center (UT Medical Center) is a leading academic medical center with a mission to serve through healing, education and discovery. The 710-bed acute care hospital is a major referral hub for East Tennessee, Southeast Kentucky and Western North Carolina, with a rich history of exceptional patient care and award-winning services.

Key results

66% drop in denials year-over-year

57% drop in bad debt write-offs year-over-year

Challenge

Errors in patient registration drive up denial rates

Maintaining top-tier standards is impossible without a strong revenue cycle. This became particularly evident following losses of around \$45 million during the pandemic, which put a serious strain on the hospital's capacity to invest in bigger and better facilities.

Joshua Gayman, Revenue Cycle Manager at UT Medical Center, explains their strategy to recover some of this revenue by reducing claim denials at the point of patient registration. "Reducing denials upfront would improve our revenue, which could be channeled into current and future investments that support our mission."

The organization relied on eligibility checks that often missed errors in patient registration, such as incorrect policy, subscriber or health plan numbers. As a result, staff found themselves working through increasing volumes of denials after the claim was already submitted, which led to costly rework. The staff would also have to manually search payer websites to scrape together the correct patient information, costing valuable time that could otherwise be spent with patients.

They urgently needed a solution that would help staff identify and resolve potential patient registration errors in real time to prevent denials before they occur. Finding a more efficient way to capture accurate patient and benefits data would be essential. This would provide a much-needed boost in cash collections by proactively preventing claim denials.

Resolution

To address the denials challenge, UT Medical Center partnered with Experian Health and implemented Registration QA, a solution designed to root out the patient data capture issues that were troubling Gayman and his team.

Find and fix registration errors upfront

When patients first arrive, front-end staff enter their data to verify insurance, and if Registration QA finds an error, it alerts staff in real time so they can resolve it within 72 hours. This proactive approach to correcting errors significantly reduces the risk of downstream denials. It also helped the staff working on patient registration at UT Medical Center to take proper corrective actions for their errors without management intervention.

And more accurate patient registration is also better for patients, as fewer errors make for a smoother intake experience.

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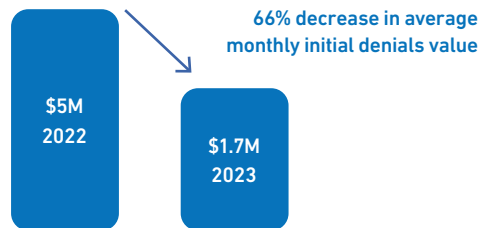
Receive customized error alerts based on the organization's needs

Alongside more than 400 alert rules curated by Experian Health, UT Medical Center has been able to build custom alerts within Registration QA based on the organization's specific requirements, using demographic and benefits data. This meant the tool could integrate easily with staff's existing workflows to improve efficiency in the most user-friendly way possible.

Drive improvement with superior reporting

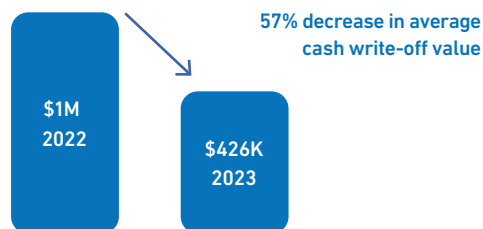
All activity relating to alerts is recorded in Registration QA's Power Reporting Portal, which gives management at UT Medical Center detailed and at-a-glance insights into the department's performance. The configurable dashboard helps staff track trends and identify specific areas for improvement.

Results



Monthly initial denials decrease as registration accuracy increases

Now with the ability to identify registration errors before and at the point of service, UT Medical Center has seen initial denials drop from an average of \$5 million per month in 2022 to just \$1.7 million in 2023, representing a 66% reduction.



Cutting cash write-offs by over half

Over the same 12-month period, cash write-offs have also

decreased, dropping 57% from an average of \$1 million to just over \$400K, helping the organization keep bad debt low.

Strategic support and benchmarking for optimal performance

Finally, Gayman notes that UT Medical Center's partnership with Experian Health was central to its success. Experian

Health's team shared the organization's vision and provided weekly support to help realize it. They developed a customized curriculum to make sure staff were confident using Registration QA and provided insights into what was happening more widely in the industry so Gayman and his team could benchmark their performance against similar organizations.

With Experian Health's support, UT Medical Center has optimized patient registration to achieve its goal of reducing denials and boosting revenue. As a result, the organization can increase its capacity to invest in new projects and deliver the operational excellence and patient satisfaction that underpins its mission.

Find out more about how Registration QA helps healthcare organizations minimize denials and increase cash flow through accurate patient registration.

About Experian Health

At Experian Health, we serve more than 60% of U.S. hospitals and more than 7,500 medical practices, labs, pharmacies and other healthcare providers to simplify healthcare with data.

Registration QA

Experian Health's Registration QA minimizes denial exposure by identifying and correcting registration errors around patient information and benefits verification — in real time.

Want to learn more? Email us at experianhealth@experian.com or call us at (800) 661-5657 to learn more about how Registration QA can help you prevent denied claims at point of registration.