

CHANGE HEALTHCARE

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Transparent Claims Management Drives Clean Claims for Community-Owned Health System



Watch the Video

Customer

Halifax Health
Daytona Beach, FL

Challenge

Needed greater revenue cycle transparency; required technology to stay current with rapid changes in payer billing rules and prevent payment delays and denials

Products

[Assurance Reimbursement Management™](#)
[Acuity Revenue Cycle Analytics™](#)

Results

- Increased its clean claim rate
- Built custom edits and bridge routines for specific insurance lines
- Improved financial performance with near real-time access to revenue cycle data

“To stay right in step with the insurance companies, we have to be proactive. We create edits to make sure that the claims go out correctly according to the way the insurance wants to be billed the first time.”

Kathleen Mitchell
Billing Supervisor, Halifax Health

The Customer:

For almost a century, Halifax Health has provided quality healthcare services to the residents and visitors of central Florida. The nonprofit, community-owned healthcare system includes the area’s only Level II Trauma Center, Halifax Medical Center, which features a Comprehensive Stroke Center and the region’s only Level III Neonatal ICU. Halifax Health also encompasses a tertiary hospital and two



community hospitals, as well as an urgent care, cancer treatment center, hospice organization, center for inpatient rehabilitation, women’s health clinic, pediatric care clinic, outpatient rehabilitation clinics, primary care clinics, children’s medical practices, and a home healthcare agency.

The nationally recognized health system employs more than 1,100 affiliated primary and specialty care physicians, and discharges more than 21,000 patients per year. In 2019, Halifax Health Medical Center was named one of the nation’s 50 Top Cardiovascular Hospitals™ by IBM Watson Health™. In 2020, the medical center was recognized as an American Heart Association Gold Plus Stroke Honor Roll facility for its adherence to specific evidence-based guidelines.

The Challenge: Preventing Payment Delays, Denials, and Rework

As a three-hospital community healthcare system serving a large population, Halifax bills a variety of insurance plans, including complicated Medicare and Medicaid HMO plans. Ensuring that all insurance claims are properly submitted within the context of a contractual agreement can be quite complex. As payer rules and billing codes change rapidly, Halifax needed greater visibility into its claims management process to prevent payment delays, denials, and rework.

“Part of our mission is to take care of all the patients who walk through our doors, regardless of their ability to pay,” says Steve Mach, director, patient financial services for Halifax Health Medical Center. “We see a high volume of self-pay patients that do not have a payer source, as well as a large out-of-state population. From a revenue cycle perspective, we require extra scrutiny to make sure we have all the controls, checks, and balances in place.”

To continue its mission of service, Halifax Health sought technology that would help its billing system



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stay synchronized with evolving payer rules. When the pandemic hit, Halifax’s patient accounting system was unable to keep up with the widespread regulatory and billing changes that ensued.

“Especially with COVID, we’ve seen changes coming down from the federal government overnight,” says Kathleen Mitchell, billing supervisor at Halifax Health. “One day, you bill a telehealth visit this way, and the next day, you need to bill it completely differently. It can be hard to know if you need to use a modifier or a different CPT or revenue code.”

The Solution: Automated Claims Management Provides Increased Visibility into the Claims Lifecycle

To improve its first pass claim acceptance rates, Halifax implemented Assurance Reimbursement Management, Change Healthcare’s analytics-driven claims and remittance management solution. As the solution uses an exception-based workflow, Halifax’s billing staff save time by focusing on only those claims that need intervention or follow-up.

The solution’s comprehensive eligibility claim edits, 837 edits, Medicare CCI, 72-hour compliance, and medical necessity edits are updated four times a week, most often before the stated effective date.

“To stay right in step with the insurance companies, we have to be proactive,” explains Mitchell. “We create edits to make sure that the claims go out correctly according to the way the insurance wants to be billed the first time.”

In addition to the routinely updated institutional and professional edits, Assurance Reimbursement Management also enables Halifax Health to build its own custom edits and bridge routines for a specific insurance line. This flexibility has helped the health system improve its clean claim rate significantly.

“Since the pandemic began, Change Healthcare has been very quick to get us the information we need to make sure that our claims are going out correctly,” says Mitchell. “We all know the pressure is on to get paid as soon as possible. Some payers are paying in seven days from the receipt of a correct, clean claim.”

Halifax Health also relies on Change Healthcare's Acuity Revenue Cycle Analytics for a cross-functional view into billing behaviors, processes, and trends. By integrating all patient access, claims, and remittance data, the analytics platform provides the health system with near real-time access to revenue cycle performance.

The Result: Cleaner Claims and Increased Visibility Drives Improved First-Pass Acceptance Rate

The two solutions work in tandem to provide Halifax Health with a global view into how many claims it has submitted—and how many have been accepted. With complete visibility into its revenue cycle performance, Halifax can concentrate on fine-tuning its processes to ensure the highest possible acceptance rate.

"Assurance Reimbursement Management allows us to make sure that we're getting the claims in and meeting payer needs," says Mitchell. "Acuity Revenue Cycle Analytics provides us with the overall numbers to see, well, how many days is it taking that payer to pay our claim?"

The billing team uses the analytics platform to keep track of how many claims it bills for a specific period, as well as how those numbers trend over time. For example, the team has noticed that the number of submitted claims tends to drop by the end of each month. "We can take a look at that and see why it's happening, and if it's tied to a specific insurance. Do we see a trend?" says Mitchell.

Halifax uses the system to monitor its revenue cycle performance, identify root causes of potential problems, and ensure it continues to meet high billing standards.

"In order to be successful in today's billing environment, you have to be able to make changes quickly," says Mitchell. "We like Change Healthcare because their products allow us to make customizations. And with Change, we get such great customer service. You always get that preferential treatment no matter who you are. They just go the extra mile."



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About Change Healthcare

Change Healthcare (Nasdaq: CHNG) is a leading independent healthcare technology company, focused on insights, innovation and accelerating the transformation of the U.S. healthcare system through the power of the Change Healthcare Platform. We provide data and analytics-driven solutions to improve clinical, financial, administrative, and patient engagement outcomes in the U.S. healthcare system.

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