CASE STUDY

How ENT and Allergy Associates Automatically Corrects 82% of Claim Errors

THE CHALLENGE

Stigma reduction and payor interest

Like many healthcare organizations, ENT and Allergy Associates faced challenges during the ongoing phases of the COVID-19 pandemic. Office staff had to take on additional responsibilities to ensure patient safety. The practice struggled with staffing shortages; not only with providers but also with front desk staff and office personnel.

ENT and Allergy Associates is a large organization with multiple locations. Doctors are responsible for coding diagnoses and charges, and office managers review and enter charges for billing. A centralized billing team uses a backend claim scrubbing software to ensure clean claims.

The practice reviewed their processes to find ways to improve efficiency. The goal was to reduce work for their office staff and streamline and automate billing to achieve cleaner claims without needing to hire additional personnel.

HIGHLIGHTS

82% **Achieved** an 82% automation rate

18% Staff only has to **intervene** on 18% of billing and coding issues

Improved efficiency without the need to hire additional coders

Eliminated labor-intensive charge void and re-enter process from the revenue cycle

THE SOLUTION

In early 2022, the billing team worked with the NextGen® Charge Review Rules Engine team to build specific rules based on individual payer requirements. They were able to integrate these rules before charges went to the practice management (PM) system, resulting in automated corrections to charges before claims were created.

Adding the NextGen Charge Review Rules Engine to the revenue cycle management (RCM) workflow reduced the number of billing tasks and the time office staff spent reviewing charges. It also reduced their workload, allowing them more time to attend to patients.

THE RESULTS

Prior to implementing the NextGen Charge Review Rules Engine, all corrections to billing needed to be done manually. Since implementing the solution, ENT and Allergy Associates has achieved an 82% automation rate, meaning staff only has to intervene on 18% of billing and coding issues.

The average time it takes for a claim to go through the revenue cycle process is 6 to 8 hours. This includes a selective hold period to allow time for corrections with the NextGen Charge Review Rules Engine. The improved workflow eliminates a labor-intensive charge void and re-enter process as part of the revenue cycle.

The Rules Engine team has also brought their compliance experts into the process to review coding—a streamlined opportunity for to review and monitor coding practices and further educate physicians when payers establish new policies. Results include cleaner accounts receivable (A/R) and fewer corrected claims, a benefit to the entire practice and its patient population.

> "The results of implementing the NextGen Charge Review Rules Engine have been amazing. Over the first six months, we realized 82% automation of claim rules with no staff intervention."

Margaret Hargrove
Vice President, Revenue Cycle Management
ENT and Allergy Associates

HOW CAN WE HELP?

Partner with us at **855-510-6398** or **results@nextgen.com**

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