

Case Study

Southeastern Hospital Boosts Financial Health

Ensemble drives \$32M annual revenue lift in full outsourcing partnership

PRESCRIPTION

Full revenue cycle outsourcing

PROFILE

Organization Type:

Nonprofit community health systems

Size:

\$1B+ NPR; 10+ hospitals

Location:

Rural Appalachia

Relationship:

Live with full outsourcing since May 2019

BACKGROUND

Facing an operating deficit and staff layoffs, a regional health system wanted to rapidly improve financial performance. They lacked the technology, deep industry expertise and staff training to drive immediate change and modernize in-house revenue cycle operations.

Problem

Lack of business insight impeded efficiency. Disparate data sources left staff battling multiple systems to get their jobs done. Process and workflow gaps meant missed and delayed revenue. The health systems needed access to actionable data analytics, business intelligence and a deep bench of experts solely focused on maximizing reimbursements to survive and thrive.

But they wanted more than a vendor to manage operations. They needed a partner who listened to their needs and aligned with their mission to make healthcare more accessible to its vulnerable population.

Decision makers also had three other key requirements:



Maintaining existing staff was critical as the largest employer in the region



Strong integration expertise + Epic knowledge for Cerner-to-Epic conversion



Automation, analytics + business intelligence to keep up with payors' tech investments

Solution

From patient access to revenue capture and collection, we leveraged our proprietary technology platform and industry know-how to:

- > **Transition full operational responsibility + onboarding** of 1,100 existing staff to Ensemble for both hospital- and physician-based functions
- > **Establish + manage people and technology infrastructure**, including opening a new regional service center and hiring 125 new positions
- > **Hardwire best practices + processes** involving automation and advanced analytics across front, middle and back of the revenue cycle

Measuring Success

Ensemble delivered measurable performance and resource gains in year one.

2.7%

NPR increase in cash collections

29.4%

decrease in AR > 90 days

35%

reduction in unbilled AR days

8.8%

increase in clean claim rate

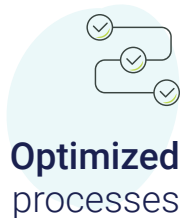
“Our partnership with Ensemble will help us forge a healthier path forward...allowing us to focus on improving outcomes and reinvesting in patient care and the patient experience.”

CFO, SOUTHEASTERN HEALTH SYSTEM

Approach

A full assessment identified opportunities for better revenue capture and collection as well as opportunities to relieve cost and resource burdens.

Our multi-layered approach combined technology, process refinements and an expanded workforce to quickly streamline operations and drive performance improvements at scale.



Reduced rework + accelerated cash flow

- > Centralized unbilled management to create visibility, accountability and action plans for unclaimed bill resolution
- > Implemented new patient billing processes to improve collection rates
- > Addressed recurring claim edits in Epic to prevent unnecessary holds
- > Established recurring meetings with major payors to address issues and enhance relations
- > Developed and deployed custom staff training



Drove efficiency, yield + speed-to-resolution

- > Deployed technology to audit and validate DRGs and charges to prevent billing errors
- > Optimized and accelerated workflows with exception-based account management guided by EIQ
- > Automated pre-bill invoice edits, real-time authorizations and claim status to cut manual tasks
- > Digitized revenue cycle tasks to allow staff to perform high-value work



Facilitated nimble insight to action

- > Aggregated and normalized real-time data from disparate systems
- > Created accurate, actionable revenue cycle performance dashboards
- > Provided decision support with dynamic reporting, monitoring and alerting capabilities
- > Enabled issue identification, escalation and resolution of payor trends and behavior

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