AI SOLVES COMMON HEALTH CARE FINANCIAL ILLS

Hins Health Information Management Systems

It's fashionable to describe artificial intelligence (AI) in the direst of terms, citing risks of pandemic-scale harm or even human extinction.

Al is powerful indeed, and in health care it can be a potent tool for good. It can help solve serious problems like rising medical costs, which put care out of reach for many individuals. Specifically, Al in new electronic health record technology like Axiom solves some of the most common problems in revenue cycle management. It helps reduce revenue leakage, minimize red tape, strengthen weak documentation, and improve the likelihood claims will be paid the first time.

That's important given that 12% of healthinsurance claims in the U.S. are denied, and 82% of denials are potentially avoidable. A tight labor market and legacy technology contribute to the problem.

HERE ARE SIX PROBLEMS AI IN NEWER EHR SYSTEMS ADDRESSES AND OFTEN SOLVES:

1. Under-coding. Clinicians' first concern is the patient, not accounting, so they often miss opportunities to charge for a service they've performed. Or they don't bill as high as they should. A classic example of the latter is when a clinician sees a patient who has multiple diagnoses, e.g., schizophrenia, delusions, and a meth addiction. This is a complex patient who deserves a level 5 Evaluation & Management (E&M) code. But even a seasoned clinician may not sense the complexity and, as a result, code the visit at the same level as a hay fever patient seeking an allergy pill.

Al in better EHR systems, however, can read clinicians' notes, consider the patient, and autogenerate the highest and best codes. This proper coding can make a major difference in revenue capture, efficiency, and smooth operation of a health care organization.

2. Under-documentation. Payor reimbursement can suffer when a provider organization fails to properly document a charge, (i.e., establish that a service was medically necessary and valuable). Payors rightly demand to know who treated whom when, where, why, and how. Newer technology generates documentation reports that help provider staff easily flag poorly documented services. For example, a therapist may see a patient for counseling, but needs to use the right language to receive the reimbursement. The right language involves "providing support" or "providing understanding," not just "listening to problems."

Another common type of under documentation is failing to file a claim on time. Al-driven reports flag fast-approaching deadlines for staff to address. Coding, documentation, data issues, and timing issues account for 39% of denials.

3. Errant billing. Newer EHR technologies help all parties adhere to contracts by governing what and how much a given clinician can bill. Older systems let any user apply any code, resulting in contract

breaches that can take days to resolve. Newer technologies offer role-based options. A case manager will have one set of codes he or she is authorized to bill, a therapist will have another set, and a physician will have a third. This functionality guides clinicians and staff to create the clean claims that make health care reimbursement efficient.

4. Overbilling. A related AI feature in EHRs is billing limits. For example, it makes sense that a psychiatrist can provide no more than one assessment per patient in a 24-hour cycle. So there's no reason for an EHR system to allow the introduction of such errors.

5. Missed appeal opportunities. Al in better EHR technologies gives a provider's staff a clean view of denied claims, making it easy to sort which failed claims are worth appealing and which are better written off. No one profits from appealing every denial, but it's bad business to appeal too few. Al helps providers find the sweet spot.

6. Blind spots. State-of-the-art technology integrates provider systems with health information exchanges, which streamline transparent data sharing among institutions. For example, a patient who breaks an ankle on vacation would have that unfortunate event entered into her EHR. The accident will immediately be visible in her hometown hospital, making it easy for any clinician on her care team to understand what she has been dealing with.

Al can also integrate patient care records within integrated health organizations. Primary care physicians can see the relevant details of a behavioral health visit, and vice versa, giving both clinicians a full view of the patient to streamline care. For example, a psychiatrist may order lab screens that detect early onset diabetes, triggering a primary care visit and immediate treatment of the condition without delay or missed signals.



Al is powerful and worthy of our caution, but it has a lot of robust benefits for healthcare organizations and their financial health.

For a demo of AI in revenue cycle management, visit:

HMSFIRST.COM/DEMO-REQUEST

Source: Rowland, S.P., Fitzgerald, J.E., Holme, T. et al. What is the clinical value of mHealth for patients?. npj Digit. Med. 3, 4 (2020). https://doi.org/10.1038/s41746-019-0206-x