



Use Case  
**Streamlining Revenue Cycle Management for  
Improved Efficiency and Financial Outcomes**

## Overview

Many healthcare organizations are advancing beyond the implementation of electronic health record (EHR) solutions and are now faced with new challenges: how to improve the health information exchange and to enhance the overall financial performance of the care facility. It has become imperative that providers, payers, and patients have expedited accessibility to health information. However, with this expanded access to data and the widening necessity of interoperability, healthcare organizations can no longer survive with segmented data or siloed processes, and must face these new challenges by first addressing their revenue cycle automation.

Modernizing the revenue cycle can help optimize financial performance and improve interoperability efforts. As the transition from fee-for-service payment systems to value-based care reimbursement occurs, new payment models will need to be adopted industry-wide, but this will not be an easy feat. The transition from fee-for-service to pay-for-value has been referred to as one of the greatest financial challenges facing the U.S. healthcare system.

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## Challenge

The transition from fee-for-service payment operations to value-based care reimbursement processes and ICD-10 deepens the need for improved automation efforts throughout the healthcare organizations' business processes. Moving forward, legacy revenue management systems may not have the capabilities to integrate relevant information quick enough to the EHR. Organizations now face the realization that in order to improve their financial performance and interoperability, their RCM systems need to be more accurately automated to achieve greater efficiencies for an improved bottom line.

The modernization and optimization of the revenue cycle is no longer a choice but a necessity. The data within these revenue cycle management solutions is often segmented from the rest of the health IT workflow. This can lead to an overall loss of efficiency and revenue due to the lack of data exchange. Organizations need to examine and implement integrated software solutions that can assist in optimizing the billing and the revenue cycle.

While technology has helped with automation, health organizations still rely heavily on manual processes throughout their workflows. To avoid the challenges of delayed payments and coding errors, payers and providers need to employ integrated intelligent technology to assist in creating actionable, accessible data automatically. Finding the right technology partner can bridge patient care and outcomes with the entire workflow, from clinical care through to the billing and revenue cycle.

## Solution

In order to improve health IT interoperability and patient engagement, healthcare organizations need to streamline their approach to information exchange between their patient accounting, EHR, and billing processes and solutions. These processes need to provide fast and accurate access to data for the organization to see an improved financial outcome. Missing or incorrect information leads to delays in the billing process, claims reimbursement and ultimately hurts the bottom line.

A2iA's recognition software toolkits are scalable and can be seamlessly integrated into the RCM solution to automate workflows and to maintain patient confidentiality, reduce manual labor and produce savings. *a2ia TextReader* allows healthcare organizations to speed their access to all types of information by automating the data extraction within the revenue cycle. Using its unique RNN-based technology that allows for full text recognition from all types of documents, printed and cursive information, without the need for customization or a dictionary, data can be transcribed into searchable and electronic formats for expedited accessibility and interoperability throughout all RCM and EHR solutions. Additionally, *a2ia DocumentReader's* semi-automated keying functionality can quickly capture data from claims and EOBs commonly found in tabular format, speeding access to all information and drastically decreasing manual keying.

Integrating an intelligent recognition technology to search handwritten and printed documents, and then identify and index complex coding data, allows the revenue cycle to continue without a loss in productivity. It also increases accuracy and expedites data processing, making the information shareable throughout the various health IT applications. The same information can also be applied to payer and provider analytics and reporting.



### Claims Preparation:

- Automate claims submission & patient identification
- Determine patient eligibility quickly

### Claims Management:

- Assist payment processing with automated access to pertinent payment data

### Claims Submission:

- Expedite time between submissions
- Identify & index complex coding data

### Reporting:

- Increase data accuracy
- Expedite data processing & make information shareable throughout various healthIT applications