

When you work with Texas Capital Bank, you'll have access to a team of bankers that understands the necessity of robust healthcare revenue cycle management that helps you meet complex industry challenges.





## Tailoring technology to meet new challenges

In today's environment, healthcare providers must embrace transformational change and innovative technology to meet the challenges in front of them. Obstacles like the traditional hardships of unrealized revenue, increasing costs and compressed margins are still a reality—and now, an assortment of new challenges was brought to light by the pandemic. Work-from-home protocols, supply chain constraints, loss of patient insurance and shift to self-pay, along with delays in elective surgeries and potential increased levels of denials, have compounded the need for a hard look at revenue cycle practices and efficiency. The recent past has exposed the financial vulnerability of healthcare providers.

The need to eliminate revenue cycle friction points by automating laborintensive manual processes and streamlining complex tasks has never been greater. Only then can an organization achieve the imperatives of accelerating cash flow by releasing working capital and driving down administrative costs.

#### Decrease revenue cycle days, increase total cash collections, reduce cost of back-office operations by:

- Automating posting
- · Re-associating deposits to remittance
- · Reconciling claims to remit to payment
- Accelerating retrieval of transactions
- Improving denial management
- Streamlining balancing
- Identifying underpayments and overpayments
- Utilizing file normalization
- · Relying on file balancing
- Refining business rules
- · Individualizing remittance data files
- Managing correspondence

## Here are 12 imperatives for healthcare providers.

Reconcile claims to remittances and to payment transactions

Connect remittance data to originating claim data to ensure outbound transactions have connecting inbound remittance details and payment data.

2 Automate the payment posting process

Leverage the conversion of paper remittance and payments to electronic posting files with balanced ANSI X12 835 formatted electronic posting files from paper-based insurance payments and remittances to substantially reduce or eliminate manual posting.

3 Re-associate deposits to remittance advices

Payments and supporting remittance advices (both paper EOB and ERAs) are separated through the depository process. Systematically reestablish the association of the payment to the remittance advice and utilize a single view of the claim, payment and remittance advice.

4 Streamline daily and month-end balancing

Utilize tools that provide complete and total visibility into deposits by bank account and lockbox with segregation by EFTs, credit cards and paper checks. Deploy automated GL reconciliation for complete and transparent audit reporting.

5 Accelerate retrieval of all financial transactions

Utilize an online searchable digital archive so that claims, remittances, payments, denials, secondary claims and correspondence are readily available in one system and retrievable with simple search functions.

6 Improve denial management

Standardize the denial management process by taking advantage of tools that automatically categorize service line denials into manageable work queues. Auto-assign zero payments and correlate the top denial reasons by payer to provide insight into root cause of denials.

7 Identify underpayments and overpayments

Fully automate the revenue cycle by routinely refreshing and systematically using payer fee schedules for variance reporting and identification of underpaid or overpaid services and claims.

8 Utilize file normalization for higher auto-posting rates and ease of reporting

Systematically convert proprietary reason codes to ANSI standard CARC and RARC codes and map payer IDs provided on EOBs to billing system payer IDs.

# 9 Rely on file balancing for maximization of daily cash application

If native 835s or EOBs are unbalanced at a payment, service line or claim level, ensure that a balancing record is automatically created, allowing for work processes to be dedicated only to exceptions.

## 10 Customize and continually refine business rules

Fully assure high file posting rates for all payer anomalies, apply global or entity/payer-specific business rules with a regimen of continual reevaluation and refinement of those business rules.

## 11 Individualize remittance data files by desired level

Operationalize the ability to split 835 file data by entity tax ID, National Provider Identifier, patient account/control number, rendering provider ID or database ID with separately generated and specific file output.

#### 12 Actively manage correspondence

Utilize image retrieval with document categorization and indexing to organize and maximize efficiency around managing no payment correspondence with time constraints such as denials, credentialing, refund requests, medical record requests and audit letters from payers.

#### | Built to help businesses and their leaders

Texas Capital Bank's depth of knowledge and expertise allows us to bring the best of the big banks at a scale that makes sense for our clients, with highly experienced bankers who truly invest in success. While we are rooted in core financial products, we are differentiated by our approach, investing the time and resources to understand clients' needs, identify opportunities and meet long-term objectives.

#### Learn more

Talk to Texas Capital Bank about how we can assist you with a proven solution to decrease revenue cycle days, increase total cash collections and reduce the cost of back-office operations.

To learn more about our healthcare expertise and suite of solutions, visit www.texascapitalbank.com.

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