

REVENUE CYCLE EXCELLENCE: DENIALS MITIGATION

**LIVE ONLINE
SEPTEMBER 26**

As rates of payer denials have continued to trend upward, revenue cycle teams are reimagining denial management in order to proactively identify causes of denials, to manage denials and appeals through cross-functional collaboration, and to ultimately reduce denial rates through continuous improvement and monitoring. Join us for this live, online program, to discuss and benchmark best practices with peers, to look hear how others are successfully navigating a challenging environment, to ultimately reduce payer denials through strong workflows, comprehensive documentation and proactive monitoring.

PROGRAM AGENDA | ALL TIMES EASTERN

10:45 Event Platform Log-in & Networking

11:05 Opening Remarks & Program Welcome

Kate Jeter, *Founder, the healthXchange*

11:15 Current Trends & Common Causes of Payer Denials

- Conducting denial root-cause analysis
 - Prior-authorization concerns
 - Medical necessity denials
- Identifying trends and patterns in payer denials
 - Generating effective reports
 - High-risk areas for denials
- Denial prevention strategies

Shannon Cameron, MBA, MHIIM, CPC

Executive Director

HARVARD MEDICAL FACULTY PHYSICIANS

Carrie Donovan

SVP, Chief Revenue Officer

ADVOCATE HEALTH

Garland Goins, Jr., MBA

VP Revenue Cycle Management

AVANCE CARE

12:00 Networking & Coffee Break

12:15 Effective Denial Management Programs

- Denial workflows and tracking
 - Work queues to manage denials
 - KPIs in denial management
- Successful appeal processes
 - Crafting appeals by payer
 - Effective supporting documentation
- Cross-functional collaboration: From payer to provider

Ken Hogue, MBA, CRCR, CPPM

Senior Director, Revenue Cycle Management

NY – UNITED HEALTH SERVICES INC.

Jared Swiecicki, MHA, CHFP, FHFMA

Director of Physicians Accounts Receivable

UNIVERSITY OF CHICAGO PHYSICIANS GROUP

Jennifer Weston, J.D.

Director, Revenue Cycle Optimization

UI HEALTH (UNIVERSITY OF ILLINOIS)

1:00 Networking & Coffee Break

1:15 Analyzing Payer Contract Performance

- Monitoring adherence to contractual obligations
 - Contract terms
 - Reimbursement rates
- Analysis of contract performance metrics: Data
- Identifying contract pitfalls leading to denials
- Negotiation of amendments to reduce denials

Scott Soucy

Director, Managed Care Contracting

CATHOLIC MEDICAL CENTER

Ken Sanchez

Director of Payer Contracting & Managed Care

BOULDER COMMUNITY HEALTH

2:00 Networking & Coffee Break

2:15 Continuous Denial Monitoring & Improvement

- Defining performance metrics and analytics
 - Metrics to monitor denial rates & trends
 - Identifying improvement opportunities
- Optimizing processes for denial monitoring
 - Streamlining proceses & work flows
 - Use of automation to lift administrative burden
 - Continual reviews for denial prevention
- Team training, education, and follow-up: Collaboration

Alexander Forbis, MBA, MSN, RN, CPHQ

Associate Director, Centralized Denials Management

BANNER HEALTH

Paula Hall

Director of Operations, Billing, & Revenue Cycle - Pediatrics

IU HEALTH (INDIANA UNIVERSITY)

Alexa Jones, MHA

Revenue Operations Manager, Analytics and Strategy

DAVITA KIDNEY CARE

3:00 Closing Remarks & Program Conclusion