

# Optimizing Revenue Cycle Performance Through Early Insurance Discovery

ENHANCING FINANCIAL EFFICIENCY THROUGH  
EARLY, FINANCIALLY RELEVANT INSURANCE  
DISCOVERY



## **Measurable Cash Impact from Previously Missed Coverage**

Demonstrates the ability to identify and monetize valid insurance coverage on accounts already considered resolved, converting overlooked eligibility gaps into incremental cash recovery through earlier intervention and improved coverage accuracy.

## **Discovery Beyond Self-Pay Improves Financial Yield**

Expands insurance discovery beyond traditional self-pay inventories to evaluate all account classes, uncover billable primary, secondary, and COB coverage that standard registration and eligibility workflows routinely miss.

## **Earlier Discovery Drives Stronger Revenue Cycle Performance**

Validates that shifting discovery earlier in the revenue cycle materially improves recoverability by reducing timely filing risk, accelerates billing action, and improves confidence in downstream reimbursement outcomes.



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## Introduction

In today's complex healthcare reimbursement environment, incomplete or inaccurate insurance information remains a primary driver of revenue leakage. This blind case study examines how a community healthcare organization operating on Meditech strengthened its revenue cycle performance by introducing a more comprehensive insurance discovery approach designed to identify missed coverage earlier and with greater financial relevance.

## Implemented Strategy

The organization implemented a layered insurance discovery strategy focused on improving eligibility integrity rather than increasing discovery volume alone. The approach combined a comprehensive scope with advanced discovery processes designed to validate coverage for billability and date-of-service relevance. Coverage findings were evaluated for financial value before being surfaced for action, ensuring operational focus on opportunities most likely to convert to cash.

## Initial Analysis and Proof of Concept

As a proof of concept, the organization analyzed a defined population of accounts with zero remaining balance to assess the prevalence of underpayments and missed coverage. This retrospective view confirmed that valid reimbursement opportunities often exist even after accounts are considered resolved, particularly when discovery is limited by timing or narrow search scope.

## Key Findings

The analysis revealed two critical insights:

1. Underpayments tied to incomplete or incorrect insurance information were identifiable even after account closure.
2. Many valid coverage discoveries were identified too late in the revenue cycle to be monetized due to timely filing constraints, highlighting the need for earlier, continuous discovery rather than point-in-time reviews.

## Operational Shift and Optimized Approach

Based on these findings, the organization shifted discovery activities earlier in the revenue cycle to function as a continuous safety net rather than a post-billing correction. By reassessing accounts as demographic data, payer responses, and account conditions changed, the organization reduced reliance on manual follow-up and improved the likelihood that discovered coverage could be billed and paid.

## Financial Impact

With discovery occurring earlier and across all account classes, the organization realized a material increase in cash collections. Under the initial zero-balance account scope, recoveries averaged approximately \$18,000 per month. Following the transition to a comprehensive discovery solution in September 2024, average monthly recoveries increased to approximately \$75,000, representing more than a 4x improvement in monthly cash recovery.

Earlier, financially relevant coverage identification reduced preventable write-offs, improved timely billing outcomes, and strengthened overall revenue cycle performance without additional staff or workflow disruption.

## Conclusion

To validate the opportunity and quantify missed reimbursement, the organization leveraged a no-cost proof of concept conducted by **eInsights**, providing clear visibility into recoverable cash without operational risk or upfront investment. This case study illustrates the financial value of moving insurance discovery upstream and expanding its scope beyond self-pay accounts. By prioritizing eligibility integrity, financial relevance, and early intervention, the organization improved cash recovery outcomes while reinforcing a more resilient and efficient revenue cycle model.