

# Strengthening Revenue Integrity Before Billing

IMPROVING COVERAGE ACCURACY AND CASH OUTCOMES THROUGH EARLY INSURANCE DISCOVERY FOR A LARGE ACADEMIC MEDICAL CENTER



## **Strengthening Coverage Accuracy Upstream Improves Revenue Integrity**

Illustrates how a large academic medical center strengthened revenue integrity by identifying valid insurance coverage before billing, improving claim accuracy and downstream financial performance.

## **Earlier Insurance Discovery Drives Sustained Cash Outcomes**

Demonstrates the financial impact of uncovering previously unknown primary, secondary, and COB coverage pre-bill, resulting in consistent, repeatable cash realization rather than one-time recovery events.

## **Pre-Bill Discovery Reduces Rework While Accelerating Payment**

Confirms that embedding comprehensive insurance discovery earlier in the revenue cycle improves the organization's ability to bill the correct payer on the initial claim, reduces downstream rework and denials, and delivers ongoing cash outcomes without increasing staff burden.



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## Introduction

In complex academic medical center environments, revenue integrity depends heavily on the accuracy and completeness of insurance information captured before claims are submitted. Despite mature front-end workflows, unknown or incomplete coverage continues to increase the risk of billing the incorrect payer, delay payment, and increase downstream rework.

This case study examines how a large urban academic medical center, operating on a widely utilized EHR system, strengthened revenue integrity by implementing insurance discovery as a standard pre-bill capability to improve cash outcomes and support more accurate billing and reimbursement.

## Business Need and Evaluation Approach

The organization identified persistent challenges related to incomplete or inaccurate insurance information at the time of billing that were contributing to avoidable rework, downstream denials, and delayed cash realization. Existing workflows did not include a comprehensive insurance discovery process to identify unknown coverage prior to billing, creating inefficiencies and limiting the organization's ability to be reimbursed within timely filing limits.

To address these issues, the organization issued a formal RFP seeking a comprehensive insurance discovery solution capable of:

- Identifying unknown primary, secondary, and COB coverage earlier in the lifecycle
- Supporting pre-bill intervention rather than downstream correction
- Integrating effectively with the organization's EHR patient accounting system.
- Delivering financially relevant coverage that could be confidently billed and paid

Following evaluation of multiple vendors, the organization selected **eInsights** based on its unique discovery capabilities, the accuracy of coverage identified, and a demonstrated ability to support revenue integrity objectives without disrupting existing workflows.

## Implemented Strategy

The organization implemented a pre-bill insurance discovery strategy designed to function as a continuous revenue integrity safeguard, while also supporting retrospective coverage identification when applicable.

Key elements of the approach included:

- Early discovery across all applicable coverage types, including primary, secondary, and COB.
- Continuous discovery processes designed to identify newly available or retroactive coverage, including retroactive Medicaid eligibility.
- Verification that identified coverage was active for the applicable dates of service and eligible to pay for the services rendered prior to action.
- Tightening integration with the organization's patient accounting system to support automated billing workflows.

In addition to maximizing the identification of all available insurance coverage, the strategy emphasized coverage accuracy and financial relevance, allowing teams to focus on opportunities most likely to convert to cash.

## Initial Retrospective Review and Implementation Analysis

As part of the implementation process, the organization and **eInsights** conducted a retrospective review of accounts spanning a one-year lookback period. This analysis was designed to identify previously unknown or incomplete insurance coverage that existed on historical accounts and those that could have supported reimbursement if identified earlier.

The retrospective review confirmed that valid primary, secondary, and COB coverage was present on a meaningful number of accounts, but had not been identified through existing workflows. The findings demonstrated that earlier insurance discovery had the potential to materially improve coverage identification and reimbursement performance when embedded as a standard ongoing capability.

These results reinforced the value of implementing a comprehensive insurance discovery approach as part of the organization's revenue integrity strategy and established a stronger foundation for accurate billing and timely reimbursement going forward.

## Key Findings

The initial analysis and early implementation results revealed several consistent insights:

- Unknown or incomplete coverage frequently existed prior to billing, but was not identified through standard workflows.
- The absence of comprehensive insurance discovery limited the likelihood that valid coverage could be billed and paid within timely filing limits.
- Earlier identification materially improved the organization's ability to bill the correct payer on the initial claim and reduced reliance on downstream correction.

Most importantly, the findings demonstrated that improving coverage accuracy upstream had both operational and financial implications to strengthen revenue integrity while accelerating cash outcomes.

## Implementation and Time to Value

The solution was implemented in 16 weeks allowing the organization to begin realizing benefits quickly. Despite the scale and complexity of the academic medical center environment, the deployment integrated smoothly with EHR workflows and required minimal operational adjustment.

Early results helped validate the effectiveness of the approach and reinforced internal confidence in adopting **elnsights'** insurance discovery services as a core revenue integrity capability.

## Financial Impact

With pre-bill insurance discovery embedded earlier in the revenue cycle, the organization began capturing coverage that previously would have surfaced only after billing or not at all.

Today, the organization continues to recover \$250,000 per month in incremental cash collections, driven by:

- Earlier discovery of valid insurance coverage
- Improved billing accuracy and reduced rework
- Faster progression from claim submission to payment

These outcomes reflect sustained performance rather than one-time recovery, reinforcing **elnsights'** role in performing early discovery as a foundational revenue integrity strategy.

## Conclusion

This case study illustrates how strengthening coverage accuracy before billing can materially improve revenue integrity and cash outcomes, even within highly sophisticated academic medical center environments.

By implementing a pre-bill insurance discovery approach with **eInsights**, the organization established a scalable capability to identify previously unknown coverage and achieved consistent monthly financial impact.

The results demonstrate that financially relevant insurance discovery is not simply a denial avoidance tactic, but a strategic lever for strengthening revenue integrity and sustaining financial performance over time.