



SOLUTIONS GROUP
HEALTHCARE FINANCE SERVICES

A 4-PART WEBINAR EXPERIENCE

THE REVENUE CYCLE PLAYBOOK

FOUR QUARTERS TO BETTER REVENUE CYCLE PERFORMANCE



Q1. PRE-SNAP READ: GETTING THE FRONT END RIGHT



Asbel Montes
Co-Founder &
Managing Partner
SGS



Griffin Hebert
Business Development
Manager
SGS



Megan Smith
Program Manager
SGS



Angie McLain-Johnson
VP of Revenue Integrity
Pafford Medical Services



Asbel Montes
Co-Founder & Managing Partner
Solutions Group



THE GAME PLAN:

Winning the Claim Before It's Ever Filed

Front-End Strategy, Verification & Coding

**Are you setting your
team up for success
before the claim ever
goes out the door?**



Griffin Hebert
Business Development Manager
Solutions Group



LUMEN FIELD



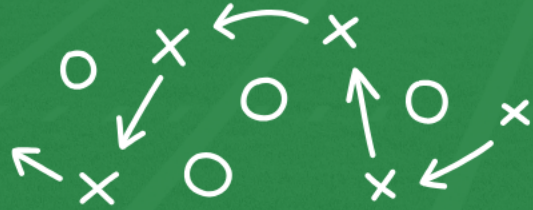
THE STADIUM: BIG PICTURE

FACILITY VIEW



THE FACILITY: WHERE THE WORK HAPPENS

VS.

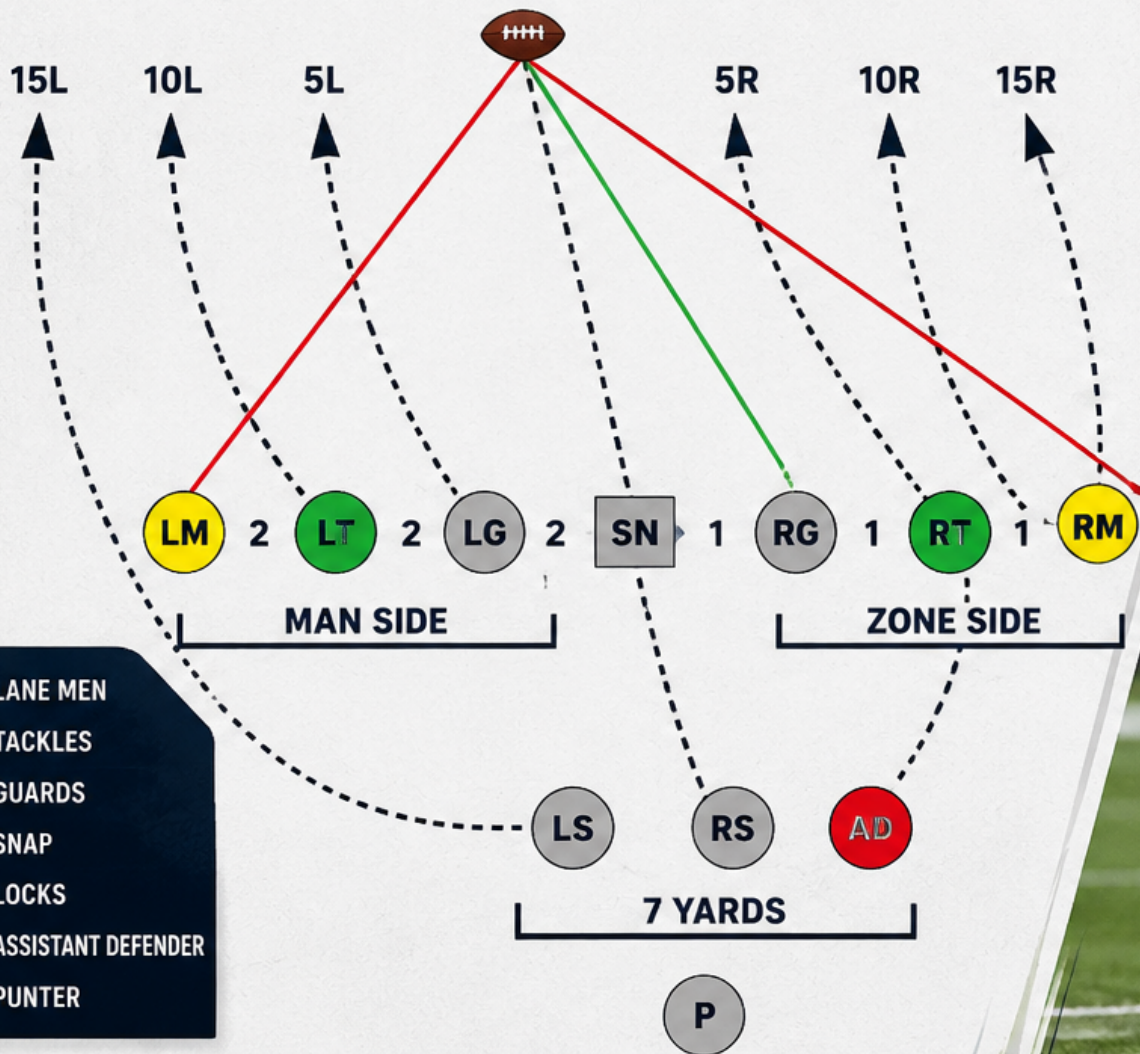


SIMPLE DAY-IN-CAMP SCHEDULE

- ☐ 7:00 BREAKFAST
- ☐ 8:00 LIFT
- ☐ 9:15 TEAM MEETING AND INSTALL
- ☐ 11:00 WALKTHROUGH THEN LUNCH 12:30
- ☐ 2:00-4:00 PRACTICE
- ☐ 5:00 TEAM MEETING
- ☐ 5:30 POSITION MEETINGS
- ☐ 7:30 DISMISSED FOR THE NIGHT
- ☐ 8:00-9:00 FILM STUDY AND RECOVERY
- ☐ REPEAT

PUNT COVERAGE

LEFT COVERAGE



- LM/RM LANE MEN
- LT/RT TACKLES
- LG/RG GUARDS
- SNM SNAP
- LS/RS LOCKS
- AD ASSISTANT DEFENDER
- P PUNTER





	13	10	
3RD		2:13	



LUMEN
FIELD



SEATTLE

SEAHAWKS

24 ▶

FINAL

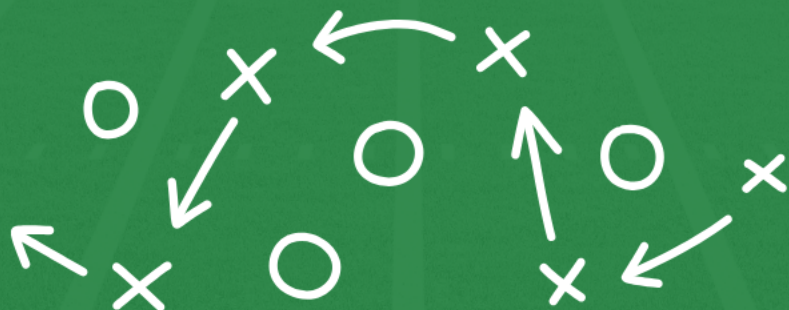
LUMEN FIELD • SEATTLE, WA



MINNESOTA

VIKINGS

13



YOUR PLAY IS COMING.



Asbel Montes
Co-Founder & Managing Partner
Solutions Group

THE GAME PLAN

WINNING STARTS WITH PREP



SCOUT THE MATCHUP

Know your opponent



STUDY THE FILM

Review the details



PRACTICE THE PLAN

Build consistency



PREPARE EVERY PLAYER

Everyone has a role



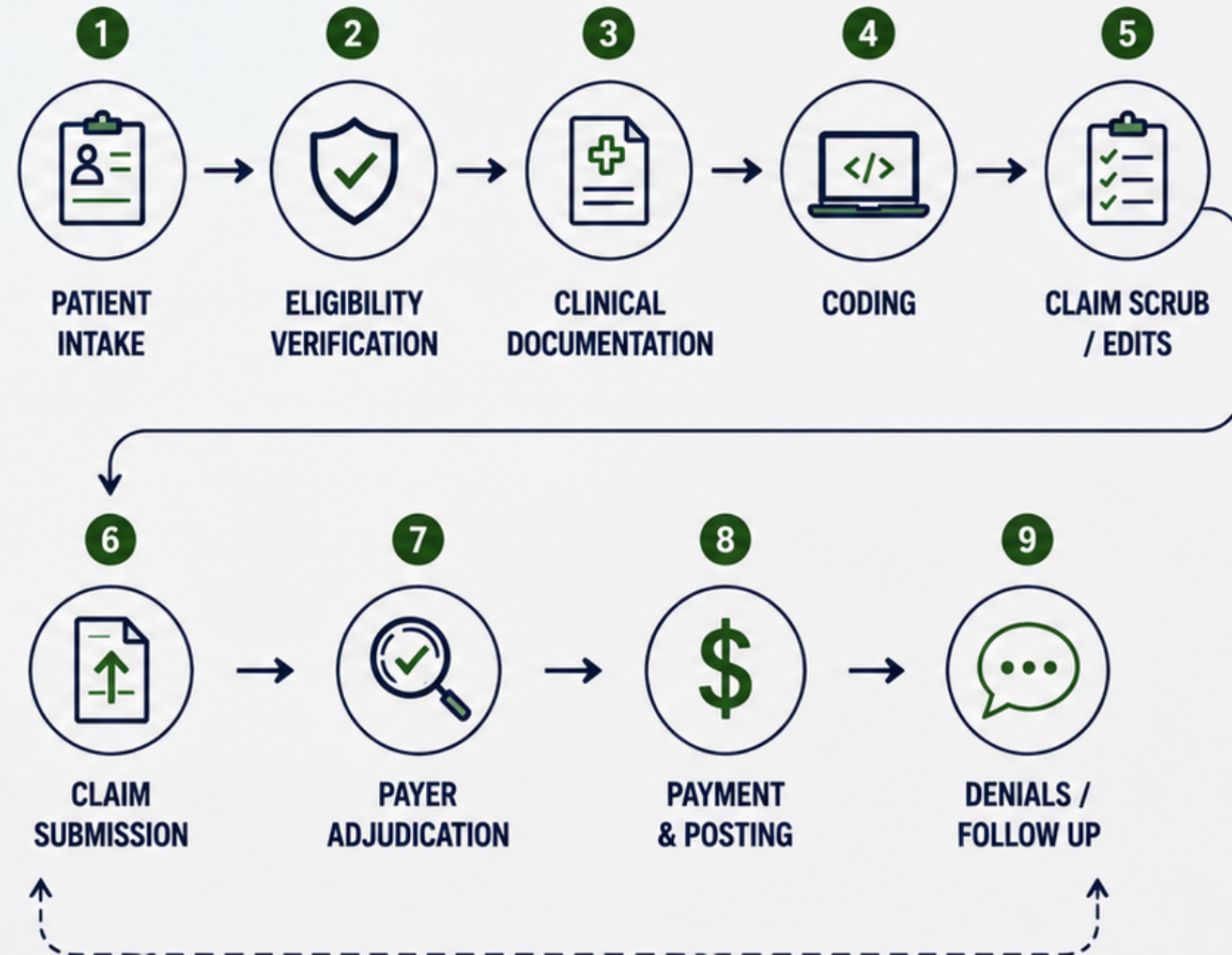
EXECUTE WITH CONFIDENCE

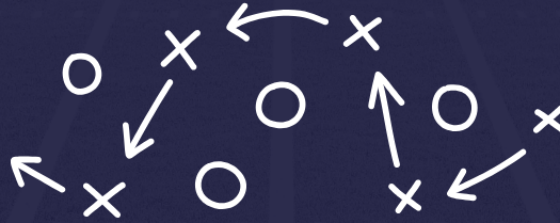
Win the snap



THE CLAIM WORKFLOW

THE PLAY



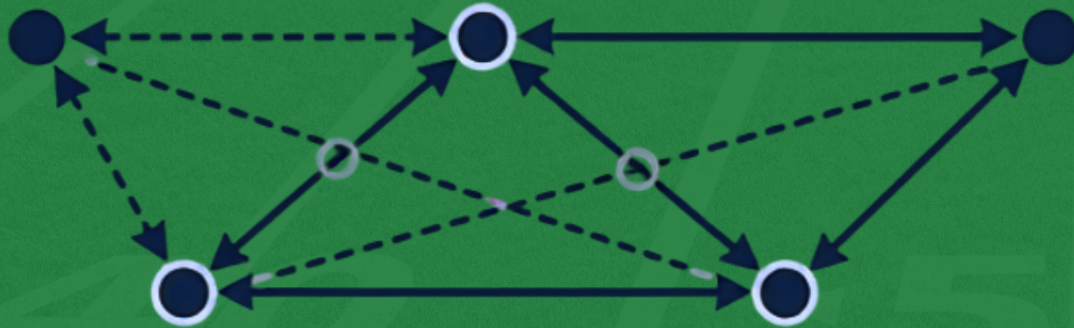


**THE FRONT END IS YOUR TEAM'S WEEK OF
PREP. THE WORK NOBODY SEES THAT
DECIDES THE OUTCOME BEFORE THE
CLAIM (THE SNAP) EVER HAPPENS.**



WRITTEN SOP VS. TRIBAL KNOWLEDGE

SYSTEM: KNOWLEDGE BASE / DOCUMENTATION



CONSISTENCY ACROSS STAFF (IN-HOUSE & REMOTE)

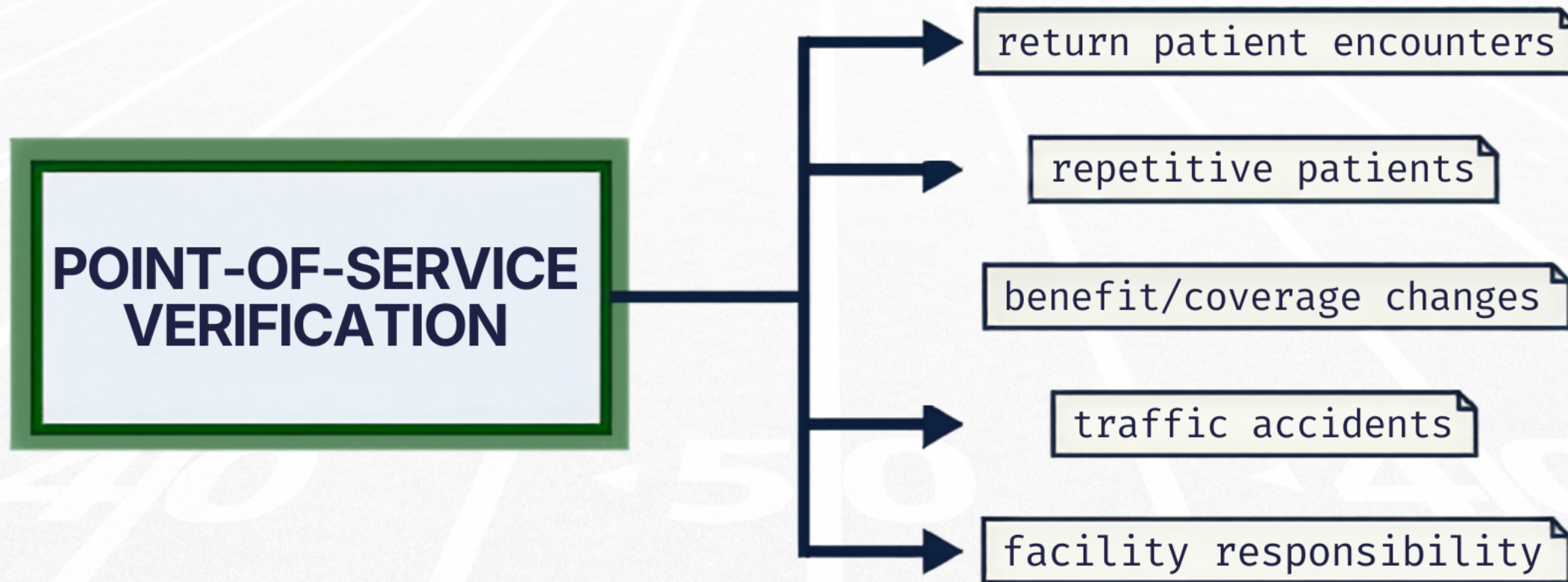
FRAMEWORK: STANDARDIZED TRAINING / PROCESS



STANDARDIZED INTAKE REDUCES VARIATION-DRIVEN DENIALS (AUTOMATION V. MANUAL)

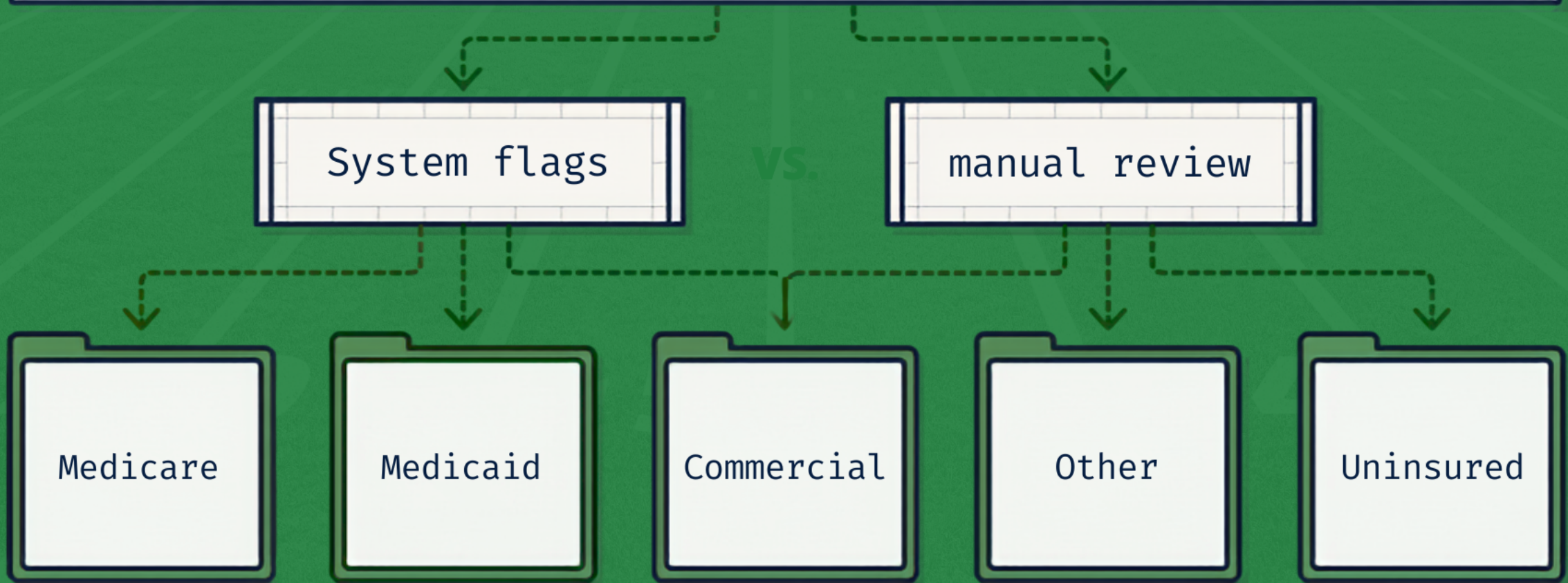
OUTCOME: REDUCED ERROR / INCREASED EFFICIENCY

Re-verification Triggers:



Real-Time vs. Batch Eligibility Checks

Detecting duplicate patients before verification.



Cost of duplicate billing: denials, audit exposure, payer trust



**Where
automation
helps: volume,
consistency,
speed**

Hybrid models in practice



**Where human
review still
matters: complex
or high-risk**

ALS vs. BLS

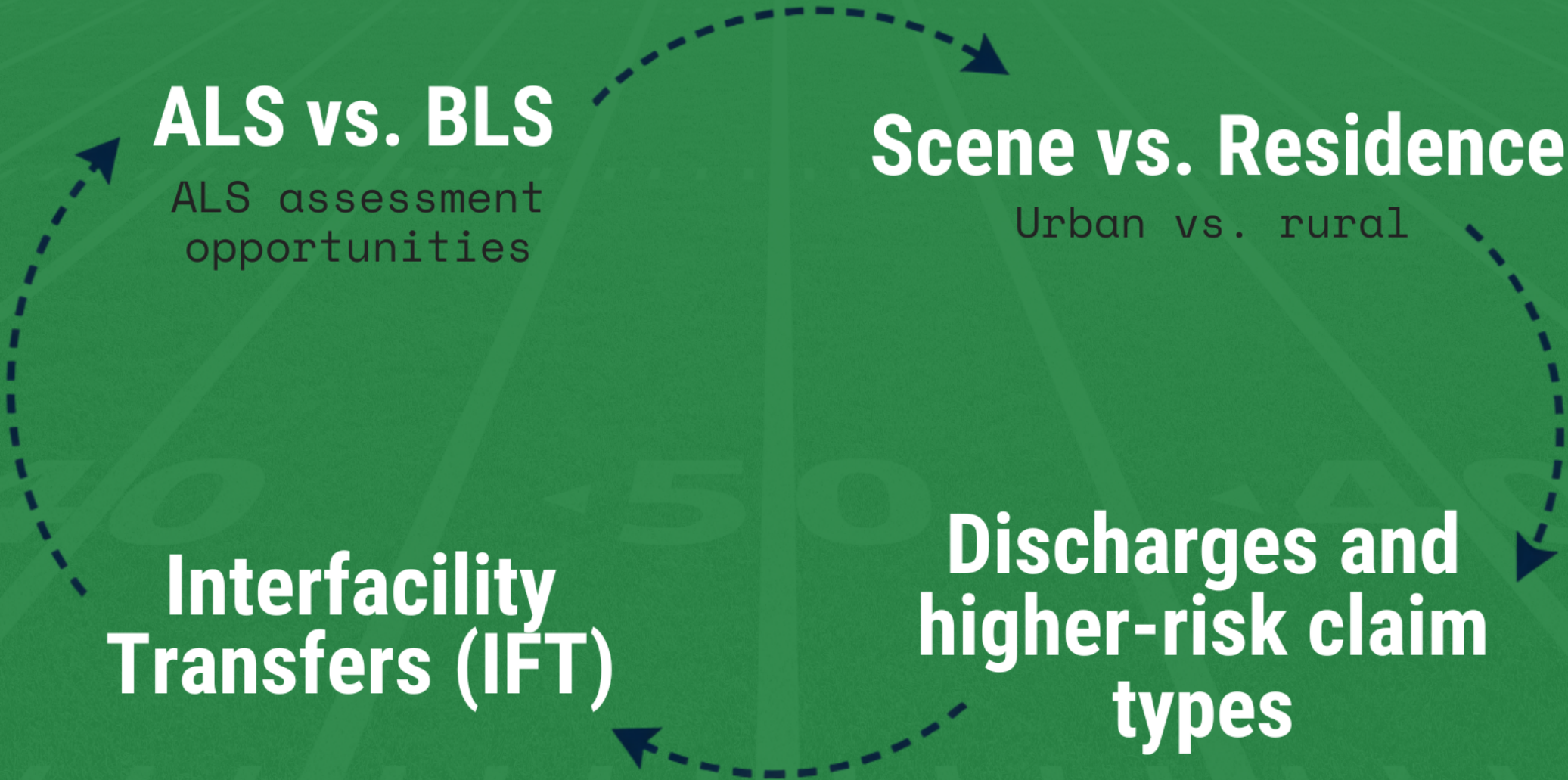
ALS assessment
opportunities

Scene vs. Residence

Urban vs. rural

Interfacility Transfers (IFT)

Discharges and higher-risk claim types





Angie McLain-Johnson
VP of Revenue Integrity
Pafford Medical Services

PRESENTER



Verification Process

PURPOSE

The Verification Department ensures every patient account is accurately identified and assigned to the appropriate payer prior to claim submission.

OBJECTIVES



Current verification workflow



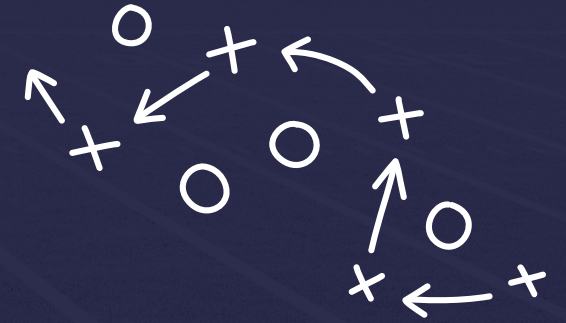
Patient routing strategy



Verification levels



Future-state automation strategy



About Pafford Medical Services



Regional Footprint

Ambulance provider operating across four states

● Arkansas

● Louisiana

● Mississippi

● Oklahoma

Emergency and non-emergency ground transportation, plus fixed-wing and rotor-wing air ambulance services.



**Pafford Medical Services
Billing Operations**



350,000+

Ground transports annually



200+

Fixed-wing air ambulance transports annually



2,000+

Rotor-wing air ambulance transports annually



Verification Workflow Design

Verification routes accounts into specialized workflows based on patient history and transport type.

01



Existing Patients

Transported within the previous 180 days

02



New / First Encounter

No transport within the last 180 days, or a first encounter

03



Motor Vehicle Accident

Routed to specialized MVA and third-party liability workflow



“Verification determines whether the remainder of the revenue cycle succeeds or fails.”



Verification Workflow Design

Existing Patients

- Automated routing to the coding team from import into the billing system by previously verified primary payer
- Minimize manual intervention
- Shorter time to drop the claim to the payor
- Does require coding to be more attentive to the transport, ie Hospice, Inpatient Stays
- Currently new process

New / First Encounter

- Insurance Discovery through Solutions Group
- Once returned from Solutions Group accounts are automatically routed to workflows
 - If coverage is returned, then moved to verification by payor type
 - Verifiers perform limited verification of demographics, and only uses claims status checks, to confirm primary/secondary coverage, inpatient and hospice verification when appropriate.
- If no coverage is returned, these are moved to a work flow that requires more extensive research.

Motor Vehicle Accident

Specialized Verification Processes

- Third-Party Liability identification through Solutions Group
 - If TPL is discovered and no health, these are filed with the TPL
 - If TPL and health is discovered, the TPL is filed but depending on health-discovery processes in place to ensure to bill health for before timely if needed
 - If only health is discovered a letter is sent out requesting additional information from the patient regarding the TPL-depending on payor will determine next processes, i.e. timely, MSP.
- If no coverage is found these are moved to a workflow more extensive research to be performed-which may include a letter being sent to the patient for insurance discovery.



Staffing | Verification Levels



Level 1

Accounts with payor information established

- Confirm eligibility
- Validate demographics



Level 2

Additional insurance research needed prior to claim submission

- Insurance discovery
- Payor research



Level 3

Complex verification corrections

- Coordination of benefits (COB)
- Workers' compensation
- Post-billing corrections



Future State Vision

STRATEGIC OBJECTIVES



Increase automation confidence



Reduce manual verification



Improve first-pass claim acceptance



Reduce denials and rework



Accelerate reimbursement

GOAL

80–85%

of accounts automated — focusing staff expertise on the 15–20% requiring advanced research.

CURRENT CHALLENGE

Trusting the resources being used.



Q & A



Megan Smith
Program Manager
SGS



Angie McLain-Johnson
VP of Revenue Integrity
Pafford Medical Services

ASK THE EXPERTS



Explore the Leadership Platform!

A space for leaders to move beyond survival mode and lead with clarity, intention, and sustainability in every area of life.

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LEADERSHIP
LAB WITH *Asbel Montes*



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HEALTHCARE FINANCE SERVICES

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844-784-2300



www.solutionsgroup.com



info@solutionsgroup.com



Dallas, Texas

