

AGS Health Successfully Navigates Obstacles to Achieve RCM Excellence for Texas Health System

CASE STUDY

More than 50 hospitals and 1,200 patient access points

Nearly 50,000 employees, including more than 9,000 physicians, serving more than 3 million Texans

Nationally recognized for excellence by U.S. News & World Report and American Nurses Credentialing Center

A large not-for-profit health system in the state of Texas is committed to making quality care more accessible, convenient, and affordable through its integrated delivery network. Through more than 50 hospitals and more than 1,200 access points, the system offers the full continuum of care to more than 3 million Texans.

The health system and AGS formed a strategic relationship to augment internal coding and revenue cycle management teams to optimize resource utilization, streamline and accelerate workflows, and reduce expenses.

OPPORTUNITIES

- Streamline RCM to reduce costs and maintain performance.
- Fully optimize existing investments in RCM technologies, like computer-assisted coding (CAC), and continue to expand automation and artificial intelligence (AI).
- Protect the patient financial experience.

Outcomes

- Consistently achieves performance and quality KPIs in multiple areas.
- Delivered on turnaround times, efficiency, and quality.



Governance and transparency

AGS Health's commitment to transparency and communications was evident from the outset. Its governance structure included robust reporting and daily touch-base meetings with the health system transition teams to discuss progress and challenges, and weekly executive team meetings to share metrics. Clear expectations were established at the outset and performance metrics are continuously monitored and adjustments made as appropriate.



Partnering for the future

Over time, AGS Health's transparency, agility and open communication won over early detractors and instilled confidence within the health system's RCM team and executive leadership – confidence that extends to the company's technology solutions. AGS is currently deploying its Intelligent Authorization solution, which its team will leverage to automate functions of the health system's financial clearance processes. Doing so will support the goals of reduced or eliminated prior authorization-related denials and further acceleration of eligibility and benefit determinations. The health system is also in the process of expanding its engagement with AGS to include additional coding and RCM support.



Overcoming early turbulence

The relationship experienced some turbulence in the early days of the "big bang" implementation of AGS Health's services, including internal resistance by the health system team to staff augmentation and complications meeting early targets. Thanks to robust governance and transparency, smaller hiccups were quickly addressed, while solutions to larger process and workflow challenges were jointly identified and implemented in a timely manner.

Optimizing investments and resources to benefit the bottom line

Already a high-performing organization, health system leadership was nonetheless seeking opportunities to reduce costs, accelerate and streamline workflows, and enhance the patient financial experience by augmenting its revenue cycle management (RCM) teams. It undertook an exhaustive, multi-round review of RCM vendors before ultimately engaging AGS Health to augment RCM and coding teams to service key financial clearance elements including insurance and benefit verification and authorization, prebill account maintenance, outpatient coding, charge integrity, billing edits, cash posting A/R follow up, collections, and credits functions.



“It took longer to ramp up because of the initial nervousness, but we were very confident and comfortable in our decision to work with AGS Health. They were the best fit for our culture, our values aligned, and AGS has delivered on turnaround times, efficiency, and quality.”

VICE PRESIDENT OF HIM AND MEDICAL STAFF SERVICES