

## Citrus Health Network Transforms Revenue Cycle Management with Supervity



### ABOUT

Citrus Health Network is one of the largest mental and behavioral health providers in South Florida dedicated to serving adults and children across the spectrum of mental and behavioral health needs. The organization employs a team of more than 800 staff members to ensure that each year more than 30,000 patients receive quality care and services

### Processes Automated



Revenue Cycle  
Management



Payer Remittance  
Reconciliation

### Business Benefits

**1500**

Processing  
Hours Saved  
Annually

**250k**

Services  
posting in 300  
days

**60%**

Reduction in  
Manual  
Operations

**100%**

Elimination in  
Manual Data  
Entry Errors

# CHALLENGE

A series of staffing shortages coupled with increased patient inflow led to a major surge in claims and subsequent reconciliation of payer payment remittances.

**Slow turn-around times for processing the 835s** from payers impacted revenue reconciliation and the issue was compounded further due to **manual errors** in processing the data leading to revenue delays and compliance.

A lot of time for the Revenue Cycle associates was going into manual processing instead of claims that needed follow ups.

Realizing that no amount of manual effort could achieve their aims, the department sought an innovative, customized technology solution that could increase the speed and efficiency of the payer remittances reconciliation process and accelerate revenue.

# SOLUTION

Supervity worked proactively with the Finance and IT teams at Citrus Health Network in order to increase automation of the payer remittance (835s) reconciliation process. Starting with the top payers including **Medicaid, United Health, Echo, Myability, Payspan** the system automatically extracts and validates data received in 835 files against EHR and other systems. The system instantly reconciles discrepancies, balances the books automatically, and frees up the billing and finance team to focus on process improvement elsewhere in the hospital. The teams are working together on increasing the coverage to other payers as well including FCC, Humana, Bright, Aetna, Magellan, MMM to free up more bandwidth for the hospital staff.

# JOURNEY

The business and IT teams worked actively with Supervity to increase automation and straight-through processing for 835 files leading to a more streamlined revenue cycle management practice and over 80% improvement in cycle times.

And the hard work paid off. At the go-live we achieved 100% elimination of manual errors and staff was delighted about the fact that they could focus on more complex tasks in their day to day work.

## Implementation:

- Automation runs everyday (business days and extracts the 835/EOB for each portal (Payspan, UnitedHealth, Echo, MyAbility and Medicaid).
- Finance AI Agent runs in a loop and upload/process the 835 files in MyAvatar(EHR) software.
- The AI Agent sends notification for any exception and shares the error and processed reports with business users.
- The end of day data is then consolidated and published to refresh the Power BI dashboard

## WAY AHEAD

Based on the successful implementation in the RCM process, the customer has already started with Accounts Payable automation and further considering automation in 15 other business processes including financial reporting, employee insurance, compliance and reporting spread across Finance and HR functions.





**WE DID THIS FOR THEM.  
WE CAN DO IT FOR YOU**



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