

# Multi-Site Hospital System

## Northeast Region

Epic Revenue Cycle Stabilization & Denial Reduction | Site-Specific Engagement Model | 2024–2026

### Challenge

A five-hospital system on a shared Epic instance faced high denial rates with significant variability across sites — each operating under distinct local ownership structures for revenue cycle, IT, and clinical operations. Limited shared-instance build access and no consistent playbook made it unclear which improvements would hold and which could realistically scale across sites with different priorities and accountability models.

### THE APPROACH

- **Governance & Prioritization** — Site-specific prioritization meetings established for each hospital, reflecting local ownership of revenue cycle, IT, and coding operations. Formal ticket ranking and bi-weekly Stoplight reporting gave leadership cross-site visibility without collapsing site-level accountability.
- **Phase 1 — Single-Site Pilot** — Launched at one hospital to map local operational ownership and identify denial categories controllable at site level. Avoided shared-instance changes. Established a governance baseline within existing infrastructure constraints.
- **Phase 2 — Durability Testing** — Validated improvements through a full year-end cycle and across ownership transitions. Confirmed which fixes were sustainable within each site’s operating model before scaling to hospitals with different payer mixes and accountability structures.
- **Phase 3 — Site-Specific Expansion** — Rolled out to four additional hospitals — each onboarded with an engagement model reflecting local ownership, payer contracts, and RC priorities. Consistent framework, right-sized to each site. No one-size-fits-all mandates.
- **Denial Analytics & Workflow Redesign** — Category-specific denial dashboards built at site level. Payer-specific root cause mapping. Claim-level adjustments targeted highest-volume denial categories first, with measurable SLA checkpoints between phases.
- **Process Improvement** — Defined roles and escalation paths for each site’s revenue cycle team. Provider network redesign and capitation audit reporting initiated where applicable. Each site retained operational ownership throughout the engagement.

### RESULTS AT A GLANCE

<p>↓</p> <p><b>26–54%</b></p> <p><b>Denial Rate Reduction</b></p> <p><i>Across all 5 sites</i></p>	<p><b>5x</b></p> <p><b>Sites Expanded</b></p> <p><i>1 → 5 hospitals</i></p>	<p><b>100%</b></p> <p><b>Durable Results</b></p> <p><i>Held through year-end</i></p>
<p><b>0</b></p> <p><b>Enterprise Epic Rebuilds</b></p> <p><i>No shared-instance changes</i></p>	<p><b>Right-Sized</b></p> <p><b>Per-Site Engagement</b></p> <p><i>Not one-size-fits-all</i></p>	<p><b>+54%</b></p> <p><b>Peak Site Improvement</b></p> <p><i>Site 4 — best outcome</i></p>
<p>✓</p> <p><b>Ownership Preserved</b></p> <p><i>Each site retained RC control</i></p>	<p><b>5</b></p> <p><b>Governance Models</b></p> <p><i>Distinct per-site structures</i></p>	<p><b>Proven</b></p> <p><b>Repeatable Playbook</b></p> <p><i>Rolling expansion model</i></p>

### ENGAGEMENT TIMELINE

<p><b>Q1 2024</b></p> <p>SOW start. Single-site pilot. Baseline assessment &amp; denial category mapping begins.</p>	<p><b>Q2 2024</b></p> <p>100% SLA attainment. Governance live. Site 1 denial reduction validated.</p>	<p><b>Q3 2024</b></p> <p>Year-end durability testing. Root cause confirmed. Phase 2 expansion begins.</p>	<p><b>Q4 2024</b></p> <p>Sites 2–3 scaled. Repeatable model deployed. Denial rates improving across footprint.</p>	<p><b>Q1 2025+</b></p> <p>Sites 4–5 live. System-wide playbook adopted. Rolling site expansion model in place.</p>
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