

Patient Access Automation Enables ENT Group To Reduce Denials And Accept Walk-Ins

Each year, practices write off a substantial portion of patient bills because of missing or inaccurate eligibility and benefits information. Checking eligibility and verifying benefits may be time-consuming, but it's essential for reimbursement and protecting your bottom line.



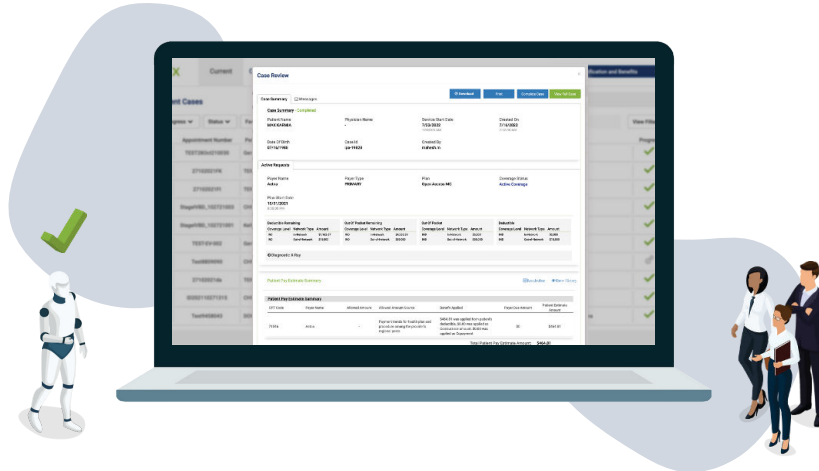
One seven-location Arizona ear-nose-and-throat (ENT) group's eligibility and verification process was so broken that their waiting room was constantly full of unhappy patients waiting an hour or more to be seen. The crowded waiting room discouraged walk-ins—a significant missed opportunity since the group offers several popular services like allergy testing and treatment, audiology, as well as sleep studies.

Not only was establishing eligibility painfully slow, but overburdened front-end staff often ended up with inaccurate benefits information, resulting in denials. These denials created extra work for their already overloaded billing staff, resulting in revenue leakage.

Streamlining Lagging Patient Access Processes With AI

Fed up, the group's owner and primary physician resolved to improve staff workload, patient experience, and the practice's financial health and future. He discovered that the augmented intelligence provided by an AI- and automation-driven solution thoroughly addressed all three critical areas.

After evaluating several revenue cycle management solution options, the ENT group chose to work with us. Our affordability and capacity to customize the solution to minimize data entry work in and out of their EMR made us an ideal partner.



Insurance & Benefits Verified Fast Using Automation For Data Entry

The group started by implementing our prior authorization, insurance, and benefits verification, as well as patient pay estimation solutions. The first project addressed minimizing the clinic's data entry and eligibility workload. We partnered with the clinic to create a custom automated solution using two robotic process automation-based (RPA) software bots.

Each day, the first bot downloads data for all patients scheduled two days in advance from the EMR. The bot then enters this information into our Eligibility and Benefits portal, where it searches the payer and guidelines for the patient and procedure. With the eligibility and benefits information completed, the bot reenters it into their EHR. Our customers enjoy over a proven 99% accuracy on the information retrieved.

Clinic staff can quickly access benefits when needed without ever having to leave their EMR. With this information determined ahead of time, any issues can be resolved before the patient comes to the clinic, so it doesn't become a frantic, time-consuming hunt for information.



With the most pressing issue resolved, we then developed a custom process to expedite verification for walk-in patients in minutes. We created a workflow for walk-ins and same-day add-ons. Once patient data is entered, our software uses direct integration with payers to provide eligibility verification and benefits in real-time. When a payer can't be accessed electronically, the group reaches out to our certified eligibility specialists who call and verify insurance details within 15 to 30 minutes.



Automation-only solutions don't have critical human staff to handle these complex exceptions. Instead, this time-consuming work falls back to staff, which typically cannot solve the issue with the speed and efficiency of certified experts who've seen and solved a wide range of similar eligibility and individual payer issues dozens if not hundreds of times before.

Patient Pay Estimation Improves Patient Satisfaction And Revenue

After establishing accurate and faster eligibility determination, we implemented an additional patient access module: patient pay estimation. The No Surprises Act passed in September 2021 mandates that providers inform patients of their financial responsibility before receiving treatment. Providers have been surprised to find that patients appreciate understanding this information upfront. Not only do patient pay estimates keep providers on the right side of the law, they improve patient satisfaction. Furthermore, when providers collect fees or establish a payment plan upfront, revenue improves.

Reduced Labor Costs And Ongoing Optimization Improve Approvals And Accuracy

After partnering with us, not only did group revenues begin improving, but transparency into business processes helped principals understand better how to create a less chaotic work environment.

The combined work of AI, automation, and patient access specialists has enabled the group's staff to save hours on the phone and payer websites, reducing labor costs.

Bringing on a partner to reduce the workload wasn't the only way the ENT group lowered costs and improved revenue, however. Through weekly meetings between our specialists and group staff, we refined our workflow and payer calling scripts to continually improve results. With these protocols in place, we significantly improved prior authorization approvals and eligibility and benefits verification accuracy.

Streamlined Patient Access Process Enables Expanded Revenue Stream From Walk-Ins

Now when a patient goes into an appointment, the provider knows they will be paid for their work. Furthermore, when a new employee comes in, they use an established workflow to keep errors to a minimum and get tasks completed quickly.

Since implementing our customized eligibility solution, walk-in patients are enjoying easier, faster access to the group's services. The group has fully embraced this new revenue stream.

Front-end staff know they can count on receiving eligibility and benefits in real-time when a payer is accessible electronically and that cases will be submitted within 30 minutes otherwise.

Prior authorizations are ready ahead of appointments with 70% less time spent on them and 99% accuracy. They especially appreciate our quick turnaround time and efficiency.



Expanding Partnership Due To Stress-Free Patient Access Process

Despite increasing payer guidelines and government regulations placing pressure on revenue, providers can leverage technology to ensure they win the reimbursements to which they're entitled. Today at this ENT group, eligibility and benefits verifications run smoothly, walk-ins are welcomed, staff workload has eased, and patient frustration has diminished. New hires have resources to guide them through their learning curve.

Our prior authorization solution has been able to further reduce their workload and reduce prior authorization denials. They especially appreciate our quick turnaround time and the efficiency of our solution.



All of these improvements mean significant recovered revenue that would have once been lost. An improved bottom line creates the potential for more equipment, more providers and a greater ability to serve patients.

Enthusiastic about these results, the clinic has expanded its engagement with us to include payment posting, coding, A/R, and denial management.



Would your practice benefit from speeding up operations and lowering costs through automation? Schedule a demo of our solutions here:

www.infinx.com/schedule-a-demo