Streamline and accelerate collections at the point of service

Help put an end to process inefficiencies and write offs

Uncompensated care is on the rise. Healthcare reform has reduced the number of uninsured patients, but more patients now have high deductibles and out-of-pocket balances, leading to more bad debt. Between 2012 and 2017, Medicare bad debt increased by about 18 percent, for a total of almost $3.7 billion.

By some estimates, out-of-pocket costs are rising by as much as 70%. The opportunity to collect on these balances decreases significantly once the patient leaves the facility. On average, 25% of patient accounts written off to bad debt qualify for charity care or Medicaid benefits, yet are often missed because of technology and process inefficiencies.

In addition, the federal government wants healthcare providers to release more cost information to patients. As patients become savvy healthcare consumers they are participating more than ever in their healthcare and that includes the desire for price transparency and up front cost estimates prior to treatment.

MedeAnalytics Patient Access can help you resolve these issues, improving collections and process efficiency at the point of service. Through workflows and analytics, you can reduce avoidable denials, accurately verify insurance eligibility, improve the patient financial experience—and *make even smarter decisions*.

Registration metrics at a glance

Patient Access

who.

CFOs, VPs, directors and managers of finance, revenue, patient financial services, patient access and registration
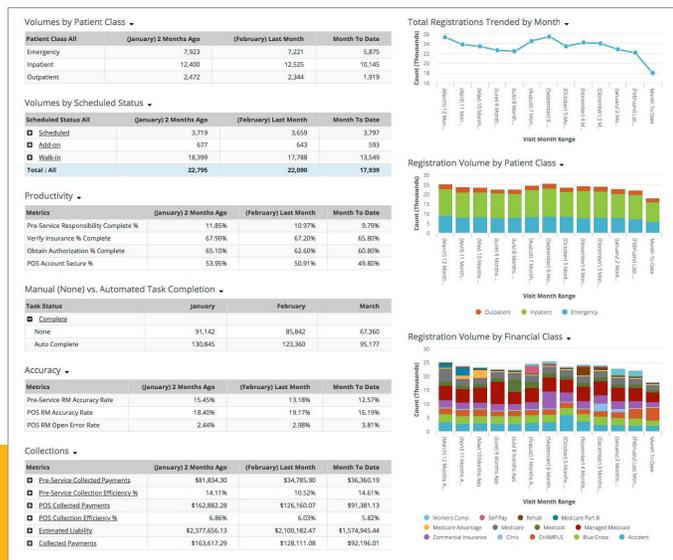
what.

Single integrated system for collections and process efficiency

why.

- Streamline patient access workflows
- Accelerate cash collections
- Reduce denials
- Verify insurance eligibility
- Automate medical necessity verification
- Improve patient satisfaction
- Facilitate price transparency

how.

Intelligent workflow incorporates all aspects of the financial clearance process into a single, integrated, task-oriented work list

Intuitive workflow eliminates unnecessary touches by ensuring the right task is worked on at the right time

Boost Patient Access Process Efficiency

MedeAnalytics Patient Access offers intelligent workflow and analytics to streamline financial clearance and automate fragmented patient access activities. With real-time insights that support front-end patient interactions, Patient Access enables you to reduce denials and bad debt while improving patient satisfaction. Another way to improve patient satisfaction is through price transparency. Patients are demanding detailed cost information from providers and MedeAnalytics can help with up-front price estimates.

Typically, front-end staff use as many as six different systems throughout the financial clearance process, in many cases exceeding three hours per person to complete the process for each patient.

The hallmark of MedeAnalytics Patient Access is the incorporation of all aspects of the financial clearance process into a single, integrated, task-oriented work list. These data-driven work lists boost productivity and accountability while streamlining patient registration.

Patient Access provides:

▸ Clear visibility to a patient's estimated responsibility

▸ More accurate estimates with procedure code use

▸ Payer fee schedules leveraged to use actual contracted rates based on the patient's insurance

▸ Customized cost estimate for the patient, supporting price transparency

▸ Single workflow avoiding data entry errors and duplicate work

Data analytics and reporting capabilities provide insights into staff productivity and efficiency to help ensure continual performance improvement.

> "It's extremely easy to use. It's very intuitive. It's just a fabulous leap in technology."
>
> *Adventist Health*
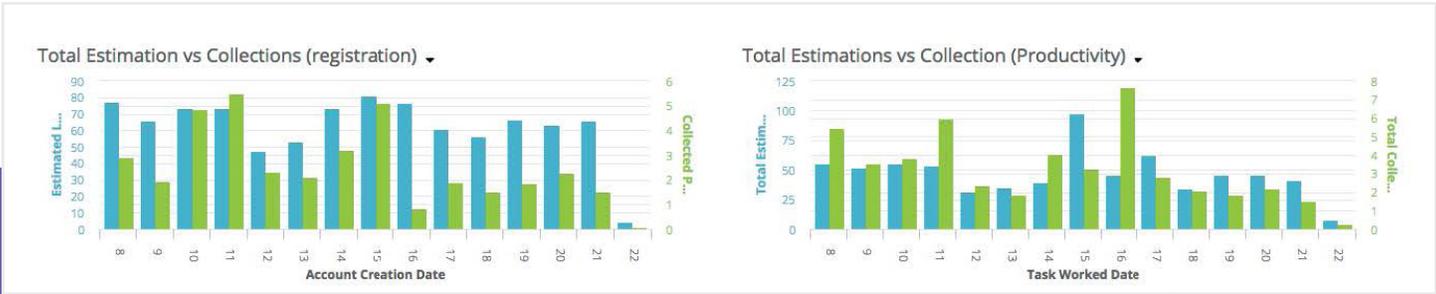
Quickly identify performance improvement opportunities through easy-to-use dashboards and analytics

Drive Collections and Reduce Avoidable Denials

In addition to streamlining processes, MedeAnalytics Patient Access helps improve your organization's financial health. It enables you to automate insurance plan eligibility, easily retrieve benefit information and verify medical necessity. Additional features like demographic validation help eliminate errors that result in eligibility denials.

Fully supported by data analytics, the solution includes predictive modeling capabilities that enable self-pay segmentation, charity care screening, authorization management and workload optimization. By shifting collections processes to the point of service or even earlier in the patient encounter, you can accelerate cash collections. Many hospitals have reported that they can now collect 50% or more of self-pay obligations up front. In addition, MedeAnalytics Patient Access fully integrates with business office activities, driving results through revenue cycle data like bill holds, accounts receivables, denials, and collection metrics.

Improve the Patient Financial Experience

While improving efficiency and cash flow are critical to the success of your hospital, it's just as important to ensure patient satisfaction in the registration and financial aspects of their experience. Activities like automated eligibility screening and financial counseling all help to shorten the registration process.

As healthcare costs continue to rise, patients are asking providers for more information about their healthcare, especially cost. Recent federal legislation also is moving the healthcare industry in this direction. With MedeAnalytics, you can provide patients with instantaneous treatment cost estimates, which helps your organization build trust and loyalty among healthcare consumers.

MedeAnalytics Patient Access enables you to educate your patients on their financial responsibilities. You can estimate patient obligations to the penny, including deductibles and co-insurance. Your patients will appreciate enhanced visibility into the financial process and ultimately be more likely to pay their balances.

Success Story

Adventist Health, a faith-based, not-for-profit integrated delivery network in California, boosted point-of-service collections by $3.8 million over two years, representing a 20% increase across the organization. To achieve these results, they used MedeAnalytics Patient Access across 19 hospitals to increase point-of-service collections, improve the patient experience, and streamline patient registration workflows.

▶ **8 Reasons to Adopt Analytics in Patient Access**

1. Over one-third of hospitals carry more than $10M in bad debt.

2. The average 300-bed hospital writes off $2.1 million annually due to errors and missing information originating in patient access.

3. Out-of-pocket costs are rising by as much as 70%.

4. On average, 25% of patient accounts written off to bad debt qualify for charity care or Medicaid but are missed due to technology and process inefficiencies.

5. The opportunity to collect from the patient decreases by up to 75% once the patient leaves the facility.

6. As many as 60% of avoidable denials are due to errors at point of registration.

7. Insurance coverage issues account for 30% of payer denials and delays.

8. Improve patient engagement, build trust with treatment price transparency and accurate cost estimates.

▶ **Analyze the Entire Revenue Lifecycle**

By integrating MedeAnalytics Patient Access with mid-cycle data and business office analytics, you can use your data to improve your financial position at all points of the revenue cycle. With analytics that link financial outcomes to root causes in the mid-cycle and front end, you gain meaningful insight into the entire revenue lifecycle.

This insight helps you identify where money is lost and how each area of the lifecycle contributes to lost revenue, missed revenue and revenue at risk. Whether it's due to insurance eligibility, missing charges, denials, bad debt, take-backs, or a lack of insight into the process, you can track all of these "leakage points" in the revenue cycle through a single, integrated data analytics platform.

For more information about MedeAnalytics Patient Access, visit our **Solutions** page.

"Ultimately, a better experience improves patient satisfaction."

Adventist Health

Provider Solutions

Revenue Cycle Management
- Patient Access
- Revenue Integrity
- Business Office Suite

Value Based Performance
- Population Health
- Quality Management

Cost and Operations
- Supply Chain
- Labor Productivity
- Service Line
- Throughput

Enterprise Performance Management
- Action Planning
- Progress Tracking

Mede/Analytics®

About MedeAnalytics

MedeAnalytics was the first to market in 1994 with a healthcare analytics SaaS solution. Today, that spirit of innovation continues with a platform that includes advanced analytics technologies like machine learning, guided analysis and predictive analytics.

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