DATA SHEET

Streamline and Accelerate Collections at the Point of Service

Help put an end to uncompensated care

Uncompensated care is on the rise. Healthcare reform has reduced the number of uninsured patients entering your hospital, but it's not fixing the problem. More patients now have high deductibles and out-of-pocket balances. In 2014, more than 60% of workers had high-deductible plans, compared to just 46% in 2010. 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. By 2019, providers are projected to write off as much as $200 billion.

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.

KEY BENEFITS

- Streamline patient access workflows
- Accelerate cash collections
- Reduce denials
- Accurately verify insurance eligibility
- Automate medical necessity verification
- Improve patient satisfaction

VIEW REGISTRATION METRICS AT A GLANCE

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 an 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.

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

The hallmark of MedeAnalytics Patient Access is an intelligent workflow that incorporates 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 processes.

Patient access productivity is driven by several key capabilities:

• Intelligent, task-oriented workflow

• Automated task completion

• Registration QA rules engine

• Real-time performance analysis

• Registration audit workflow

• Professional estimates for physician encounters

Furthermore, data analytics and reporting capabilities provide insights into staff productivity and efficiency to help you ensure continual performance improvement.

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,

"It's extremely easy to use. It's very intuitive. It's just a fabulous leap in technology."

Adventist Health

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Total Estimation vs Collections (registration)

Total Estimations vs Collection (Productivity)
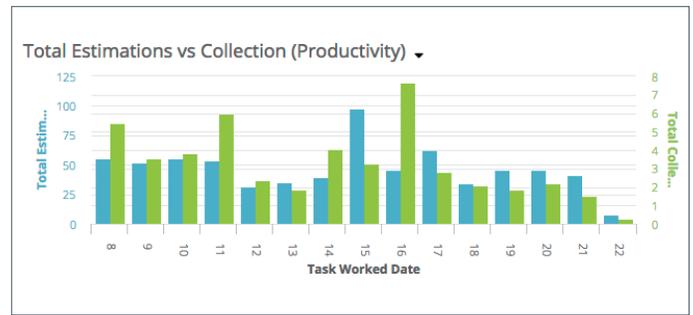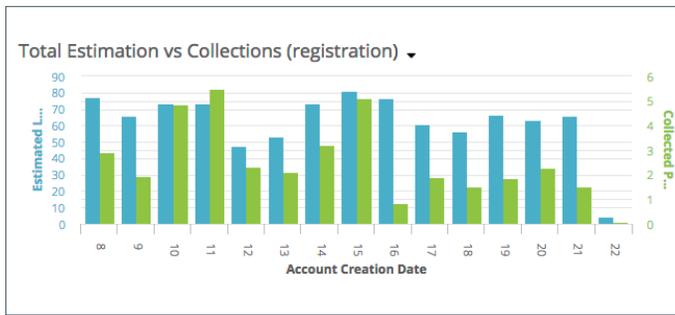
QUICKLY IDENTIFY PERFORMANCE IMPROVEMENT OPPORTUNITIES THROUGH EASY-TO-USE DASHBOARDS AND ANALYTICS

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 that you 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.

Furthermore, 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.

8 Reasons to Adopt Analytics in Patient Access

1   By 2019, providers are projected to write off as much as $200 billion.

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 the point of registration.

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

8   The average front-end staff member is required to use four to six different systems throughout the financial clearance process.

"Ultimately, a better experience improves patient satisfaction."

Adventist Health

No. 1 Reason to Adopt Patient Access Analytics:

By 2019, providers are projected to write of as much as

$200B

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 enables you to 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 **www.medeanalytics.com/ solutions/patient-access**.

SUCCESS STORY

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

PROVIDER SOLUTIONS

Revenue Cycle Management
• Patient Access
• Revenue Integrity
• Business Office

Value Based Performance
• Population Health
• Quality Management

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

Enterprise Performance Management
• Action Planning
• Progress Tracking