April 2017

Patient Insurance Eligibility Verification Processes in Healthcare Providers

Research conducted by KC Associates, LLC

Sponsored by maxRTE and Healthcare Fiscal Management, Inc

Research Methodology

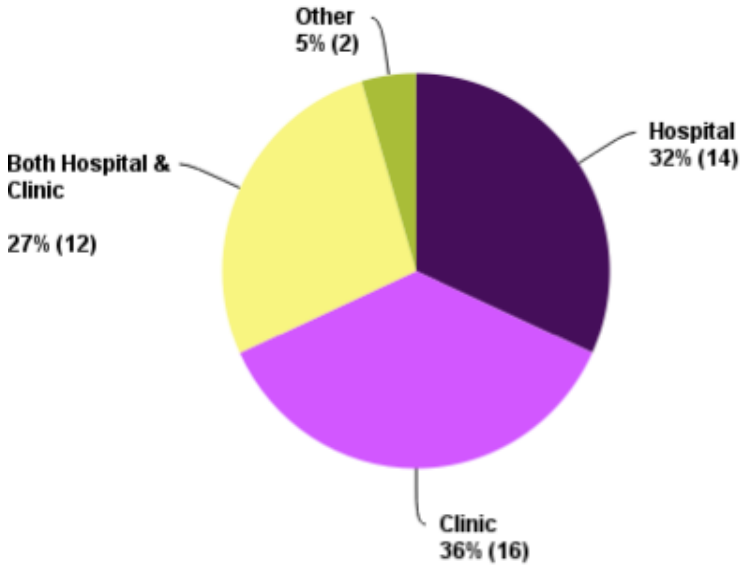
- Data was collected from August 15, 2016 to November 22, 2016 using an online survey.
- The survey collected data on patient insurance eligibility processes in hospitals and clinics. This report examines clinics with 1000+ patients visits/month and hospitals of all sizes.
- 135 people, including patient access and revenue cycle professionals as well as CFOs, participated in the study.
- Some clinics are in a health system with one or more hospitals.
- Proxy for clinic size is average-number-of-patient-visits-per-month.
- Clinics identified as 'Other' are senior care facilities and misc. healthcare providers.

High-Level Findings

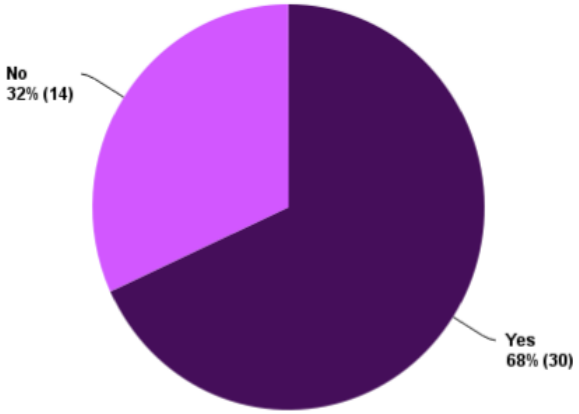
- The accuracy and relevancy of patient benefit data remains problematic and contributes to a lack of confidence
- A majority of health care organizations must check 2+ sources in addition to their eligibility software to do verifications, slowing down the eligibility/ registration process
- A substantial majority of health care organizations retroactively review eligibility determinations
- Patients rarely understand their benefits and most health care organizations do not confirm/explain benefits in advance, which may contribute to payment issues
- Health care organizations report eligibility processes remain complicated and time-consuming

Respondent Profile

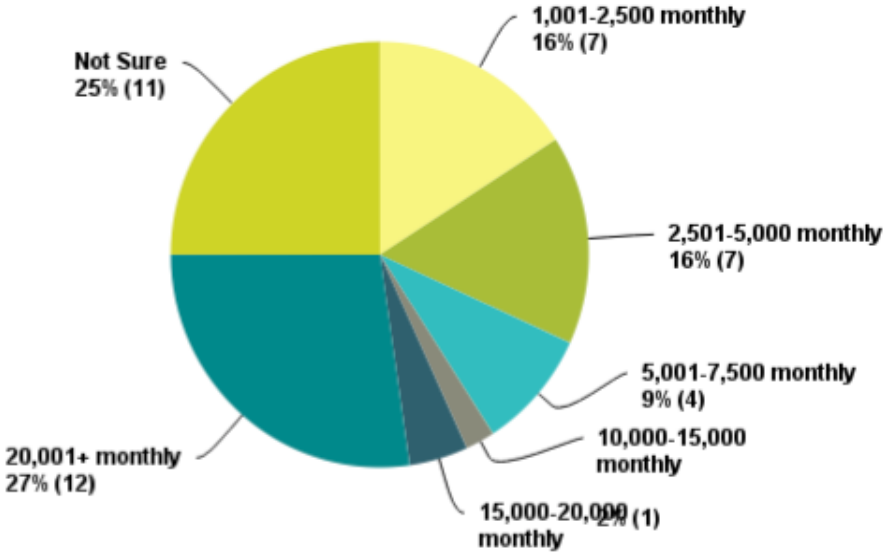
Types of Organizations



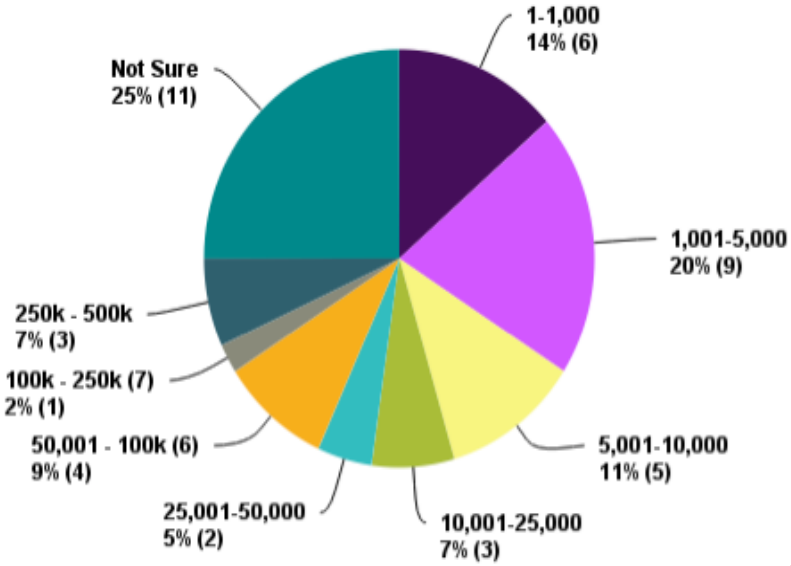
Belongs to a Health System



Avg. Number Patients Visits/mo

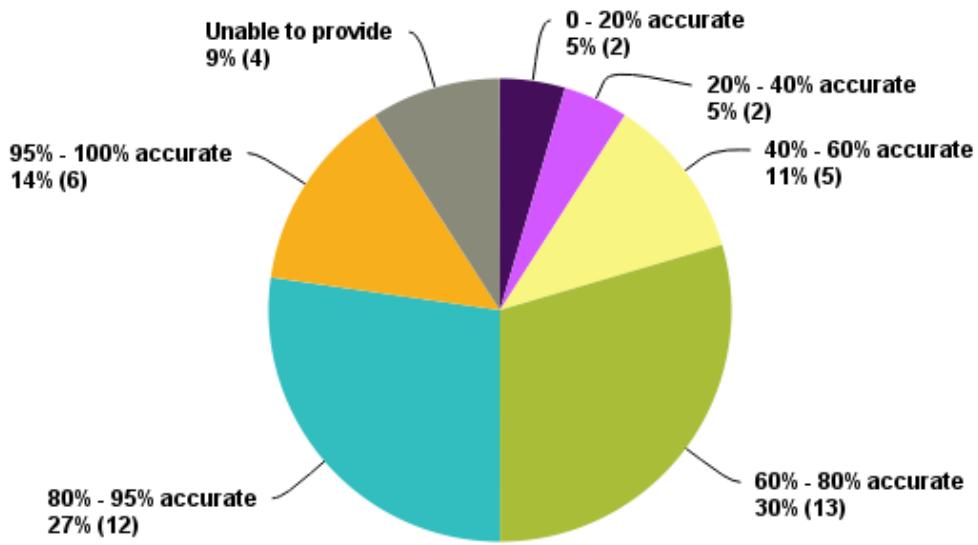


Avg. Eligibility Checks/mo

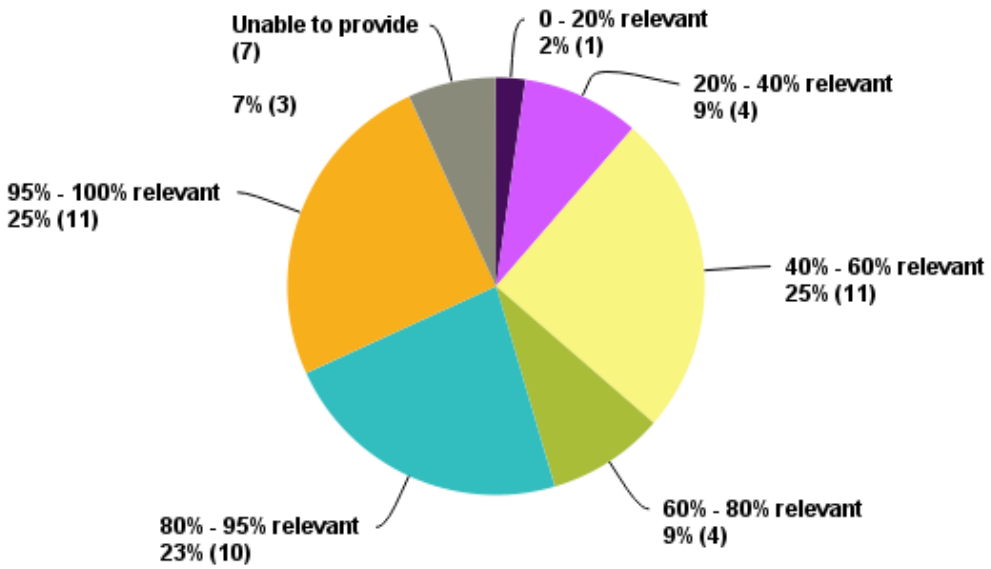


Patient Registration Processes

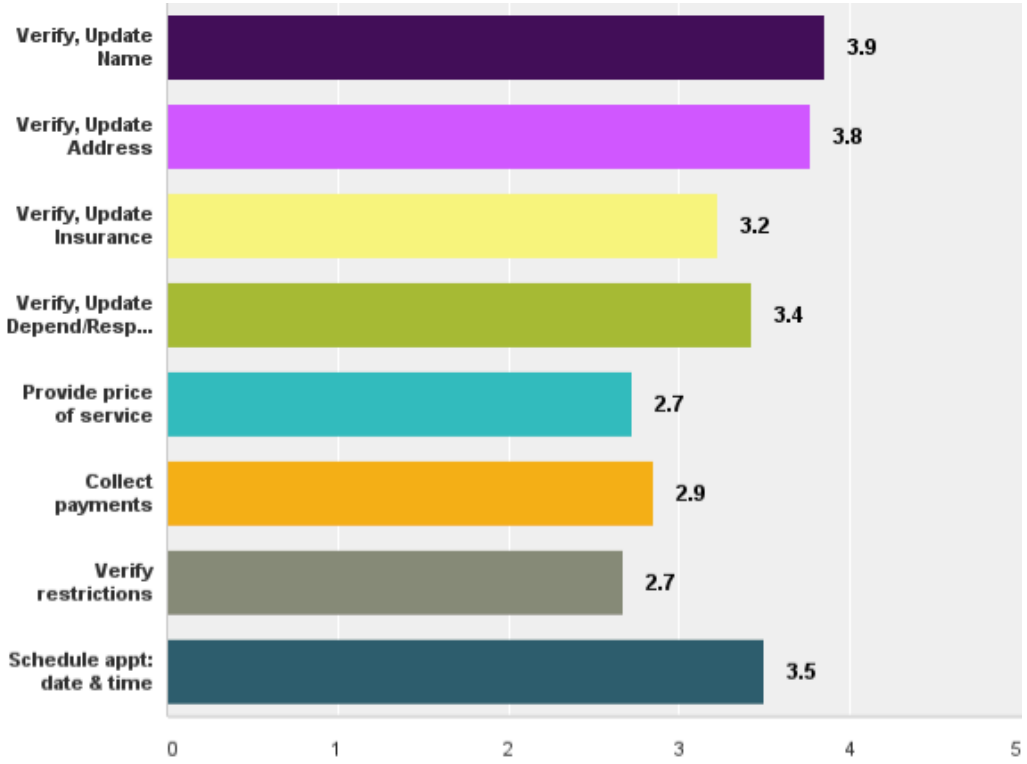
Only 41% rate overall accuracy of patient information in *pre-registration* process as Very Accurate



GREATER THAN 50% REPORT NEEDING TO SIFT-THROUGH SIGNIFICANT NON-RELEVANT PATIENT INFO IN *PRE-REGISTRATION* PROCESS



Rate how problematic each is during *pre-registration* process (lower score indicates Most Problematic)



TOP 3 **MOST** AND **LEAST** PROBLEMATIC ITEMS DURING *PRE-REGISTRATION* PROCESS

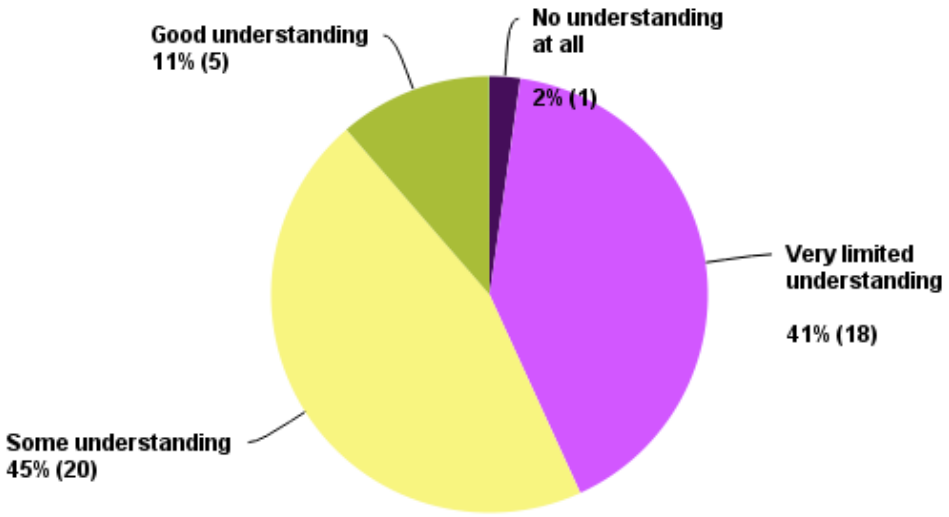
Top Most Problematic (in order)

1. Providing Service Pricing
2. Verifying Restrictions
3. Collecting Payments

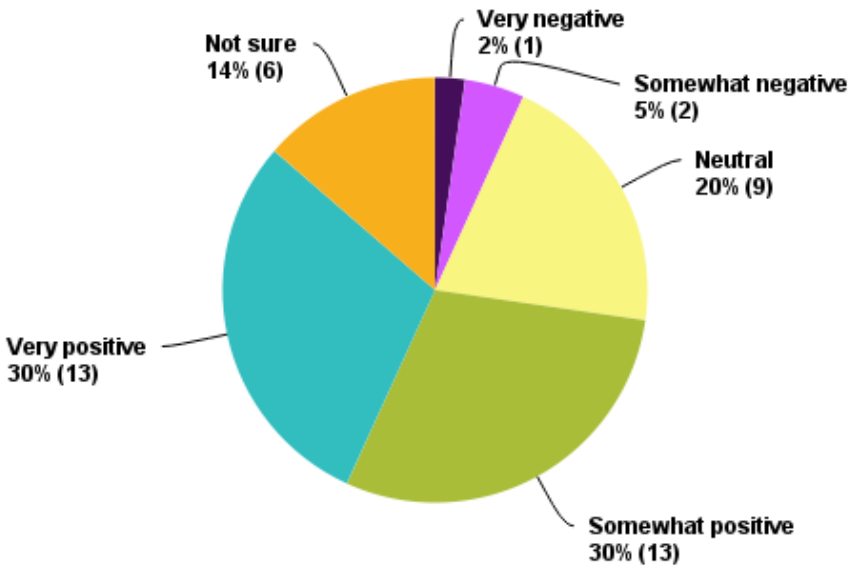
Top Least Problematic (in order)

1. Verifying Name
2. Verifying Address
3. Scheduling Appointment

NEARLY 90% REPORT THAT PATIENTS HAVE LESS-THAN-GOOD UNDERSTANDING OF THEIR INSURANCE COVERAGE

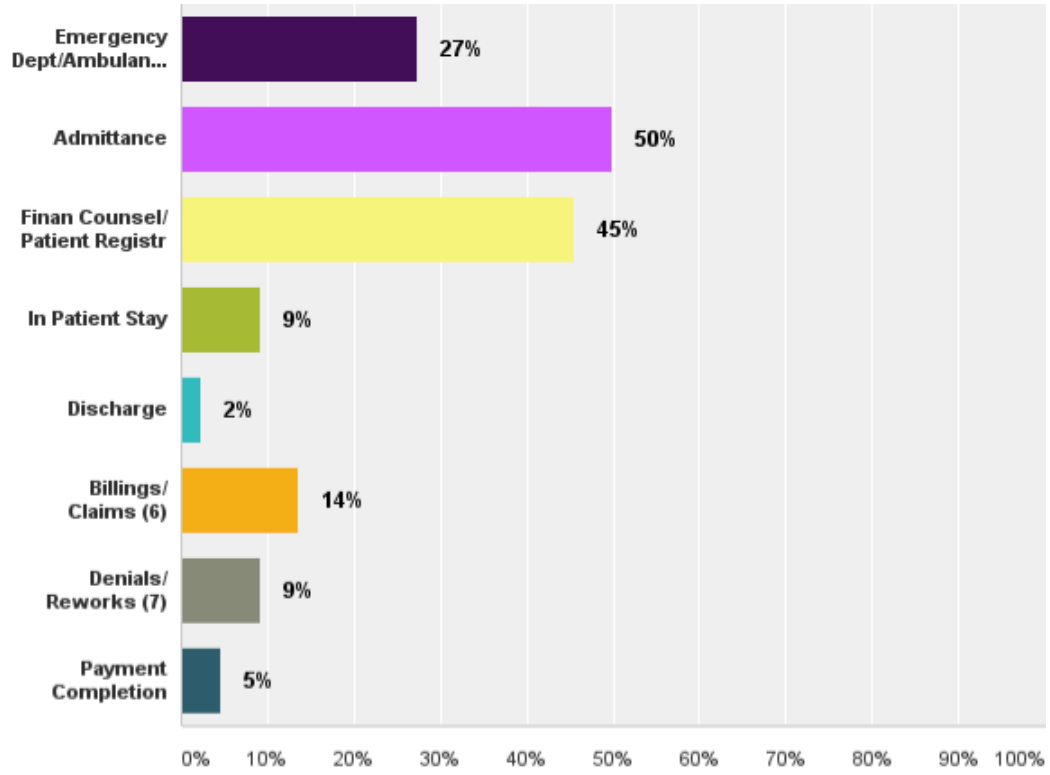


ONLY 30% REPORT A **VERY POSITIVE** PATIENT EXPERIENCE WITH THE PRE-REGISTRATION PROCESS

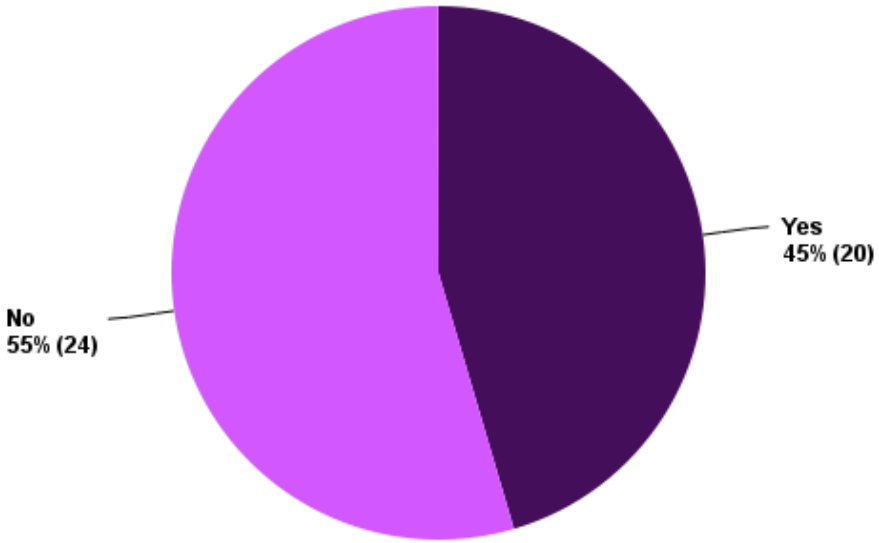


Eligibility Verification Processes

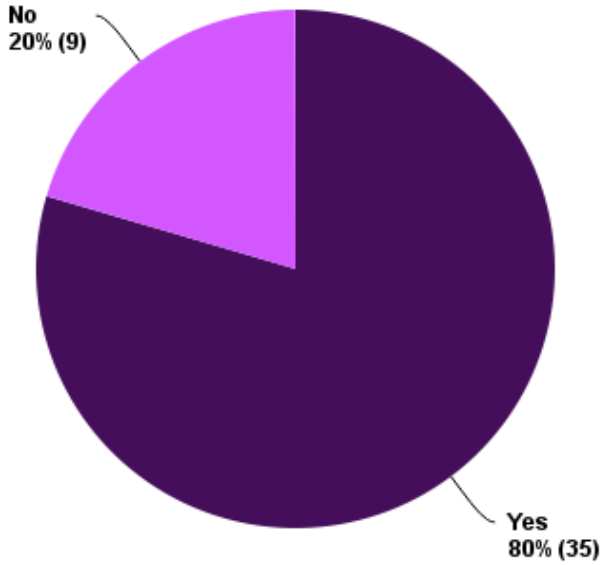
PATIENT INSURANCE ELIGIBILITY IS MOST OFTEN VERIFIED BEFORE SERVICES ARE PROVIDED



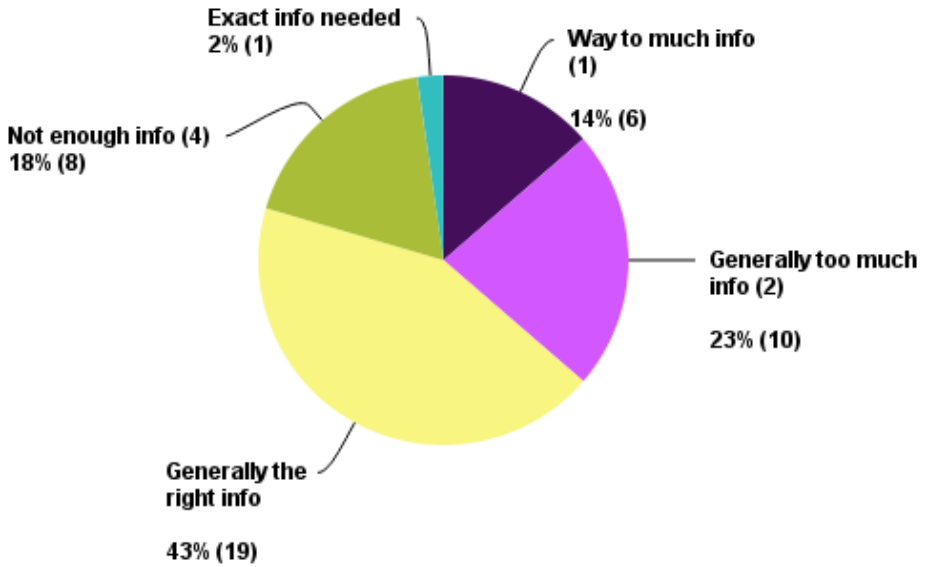
ONLY 45% REPORT THAT THEY INFORM PATIENTS OF INSURANCE ELIGIBILITY IN ADVANCE OF ARRIVAL



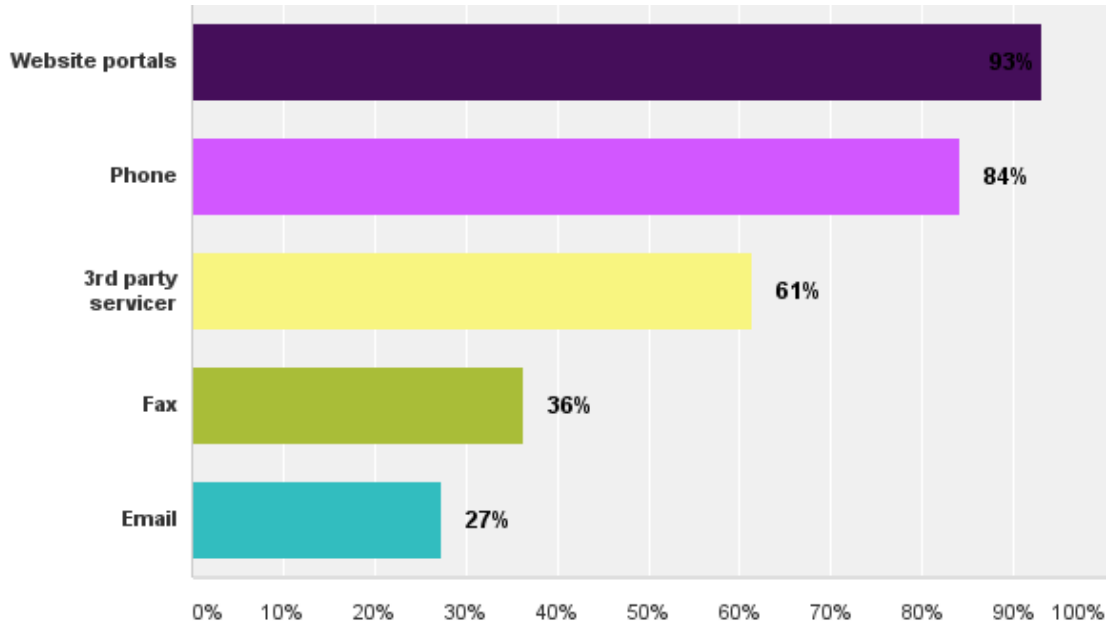
A FULL 20% REPORT THAT THEY STILL DO NOT INFORM PATIENTS OF INSURANCE ELIGIBILITY AT THE TIME-OF-SERVICE



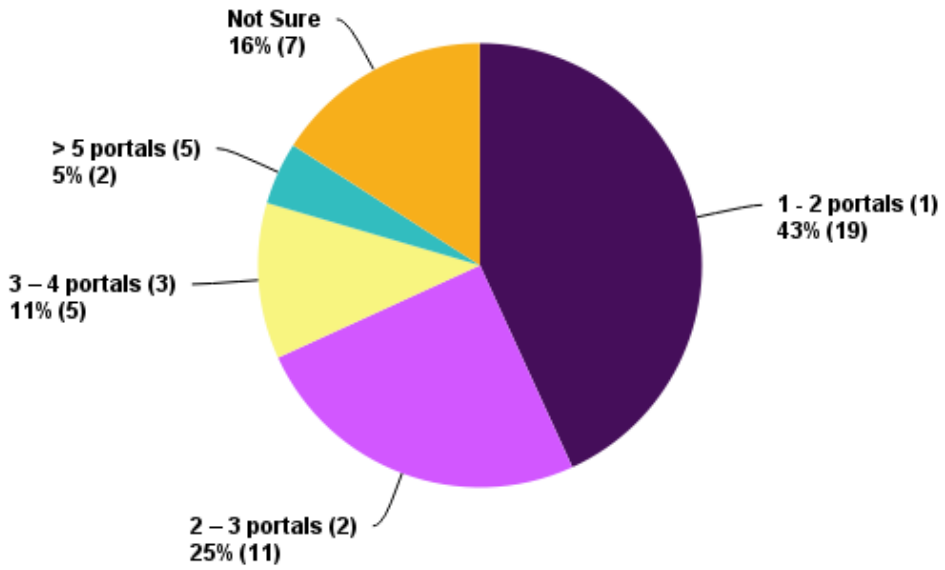
More than 50% report not getting the right amount of information for eligibility verification



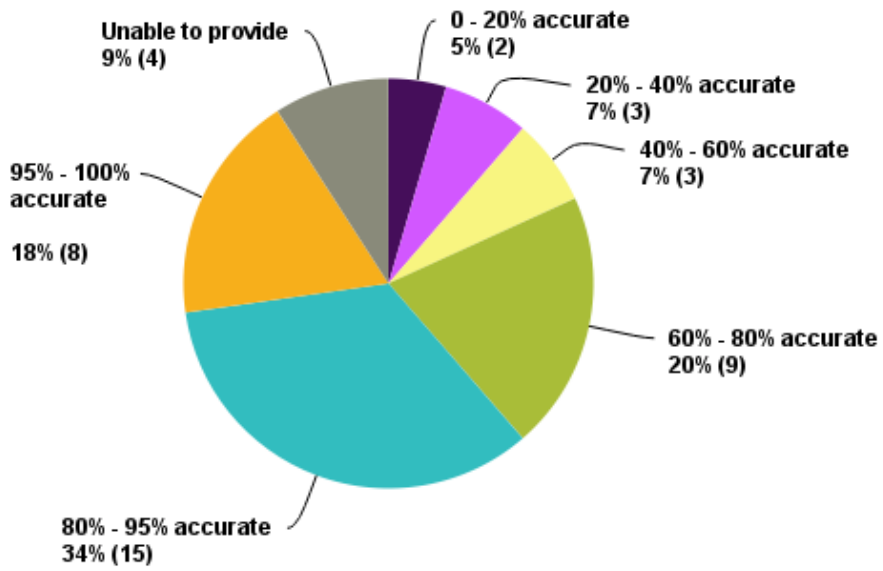
A GREAT MAJORITY REPORT A CONTINUED USE OF TIME-CONSUMING METHODS FOR ELIGIBILITY VERIFICATION



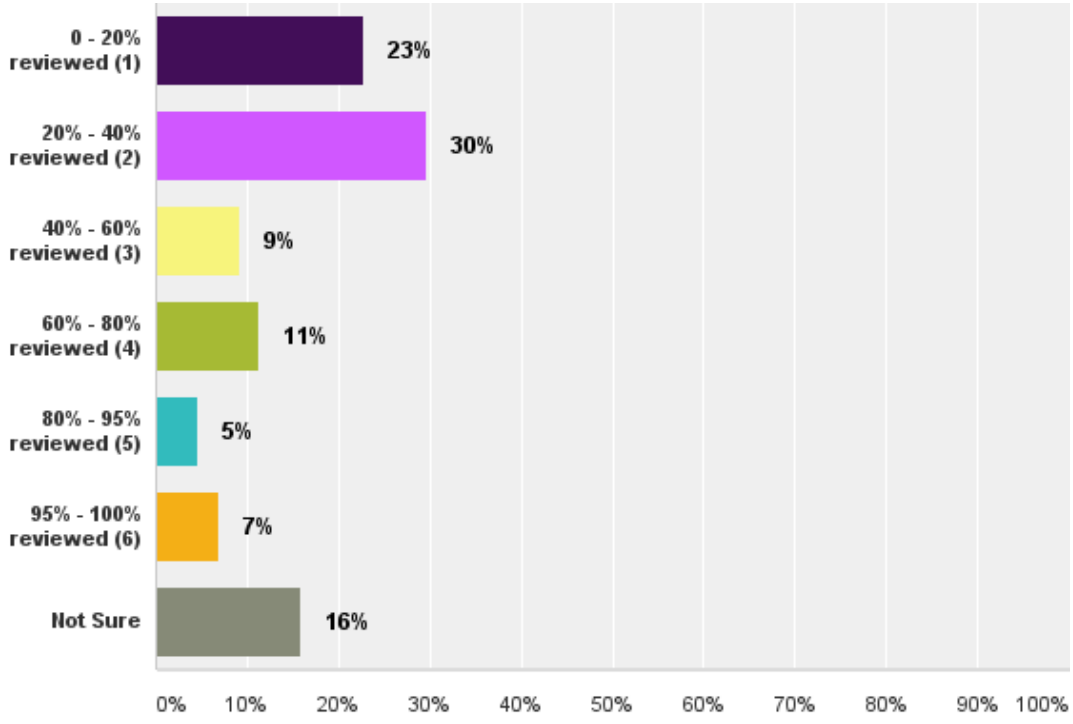
Of those who know, 50% are required to use more than 2 portals to do eligibility verification



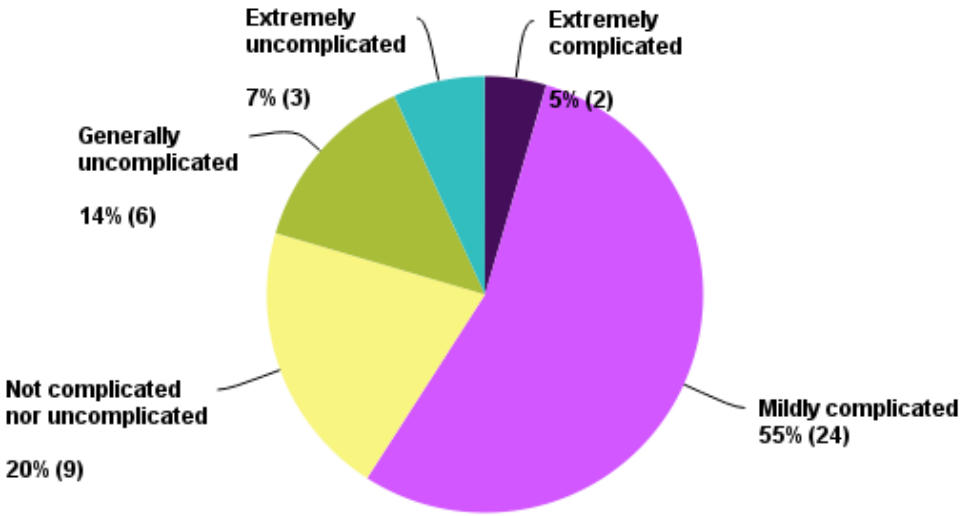
OF THOSE WHO KNOW, NEARLY 80% REPORT SOME LACK OF CONFIDENCE IN ELIGIBILITY INFORMATION ACCURACY



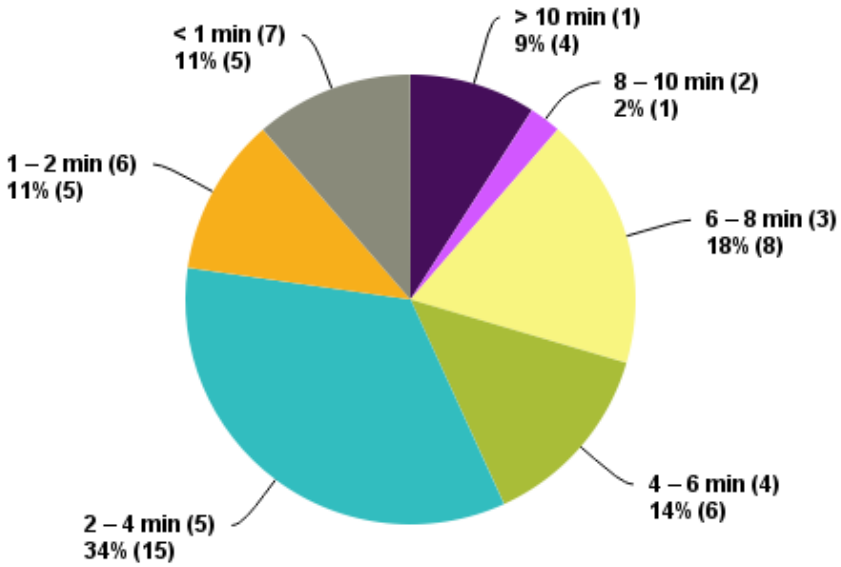
Of those who know, >70% report that eligibility determinations are retroactively reviewed



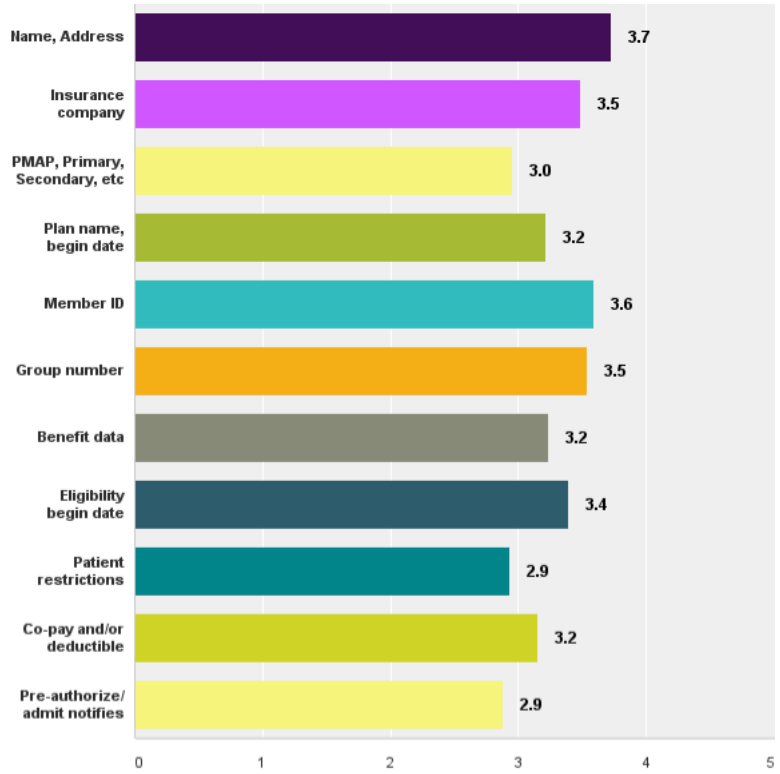
Nearly 80% report that their eligibility processes are not entirely user-friendly



Nearly 90% report that it takes more than 1-minute to check eligibility



Rate how problematic each is for verifying patient eligibility (lower score indicates Most Problematic)



TOP 3 **MOST** AND **LEAST** PROBLEMATIC IN ELIGIBILITY VERIFICATION PROCESS

Most Problematic (in order)

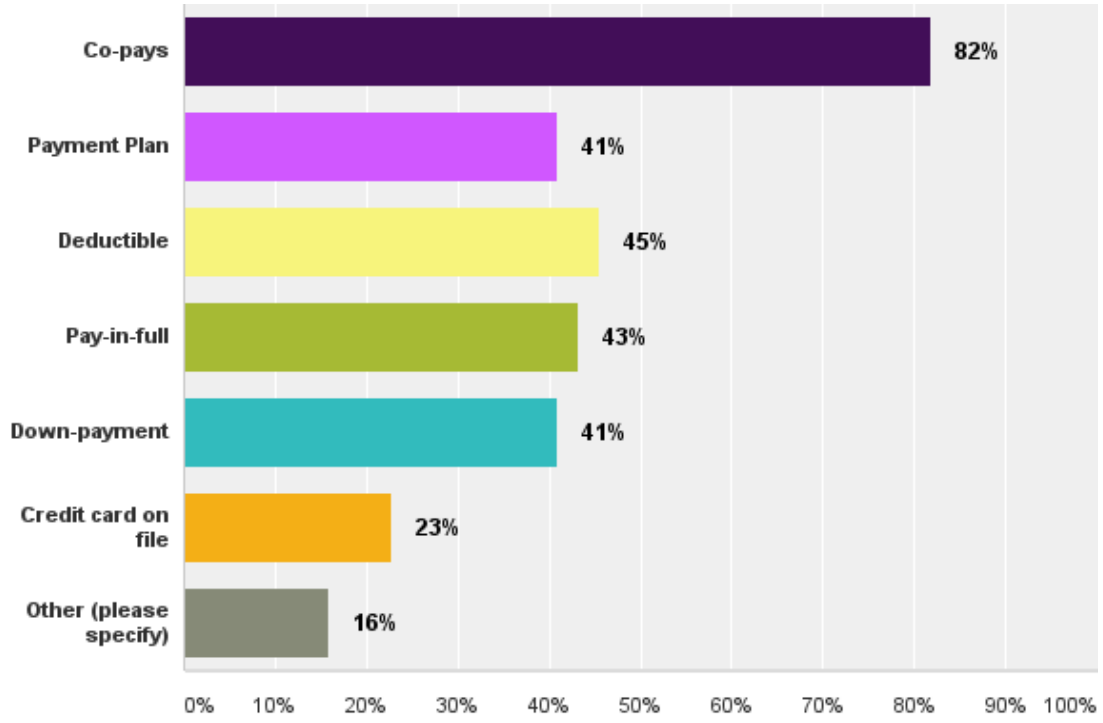
1. Patient Restrictions
2. Pre-authorize, Admit Notification
3. PMAP, Primaries, Secondaries

Least Problematic (in order)

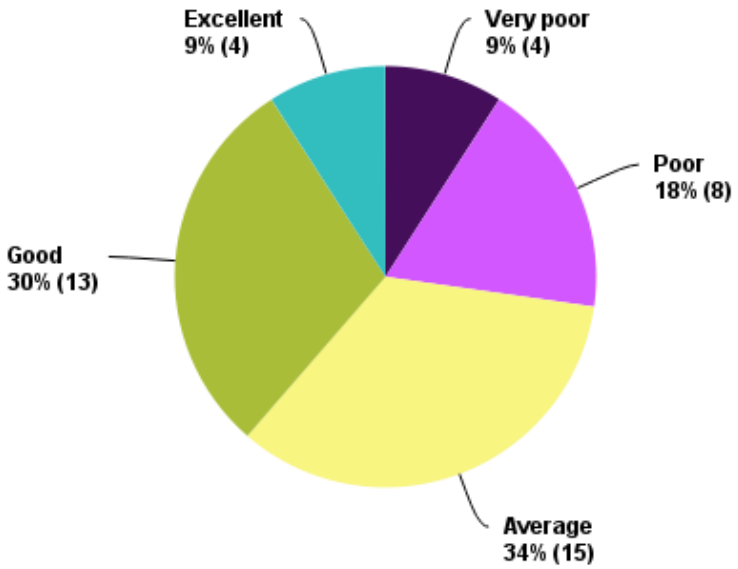
1. Name, Address
2. Member ID
3. Insurance Co & Group # (tie)

Patient Payments

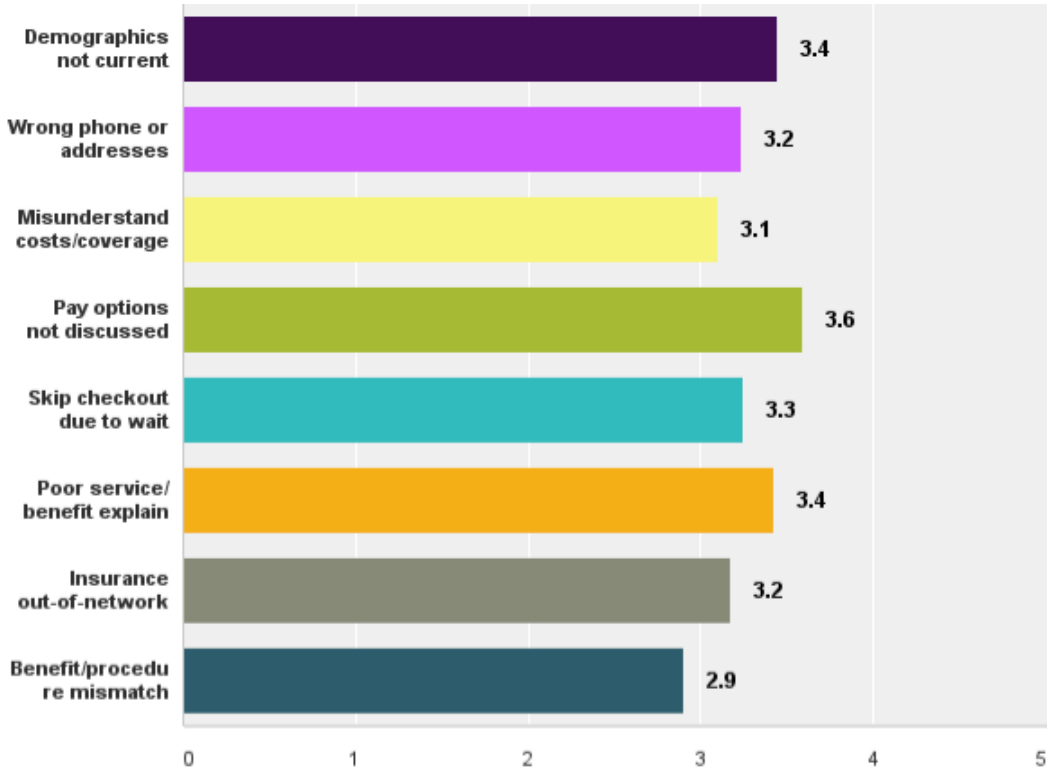
Types of payment admissions staffs are asked to collect



Only 39% characterize ability in collecting payment in advance of services as Good or Excellent



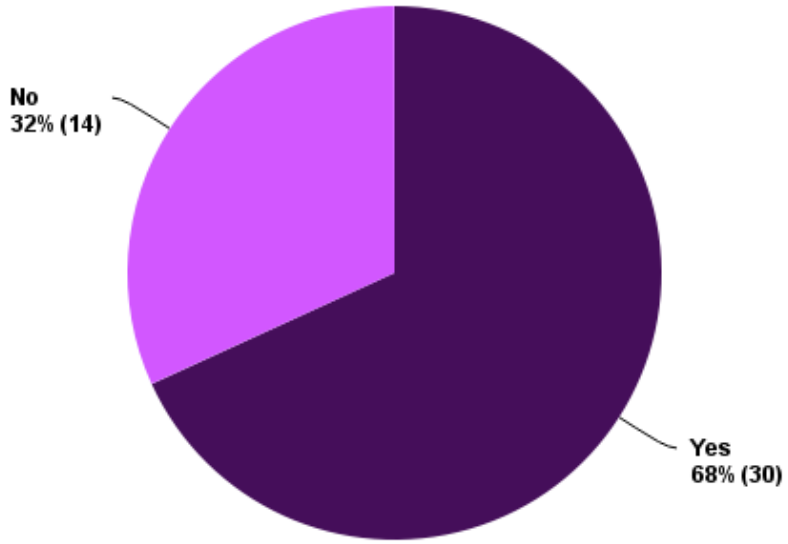
Rate how problematic each is in collecting payments from patients (lower score indicates Most Problematic)



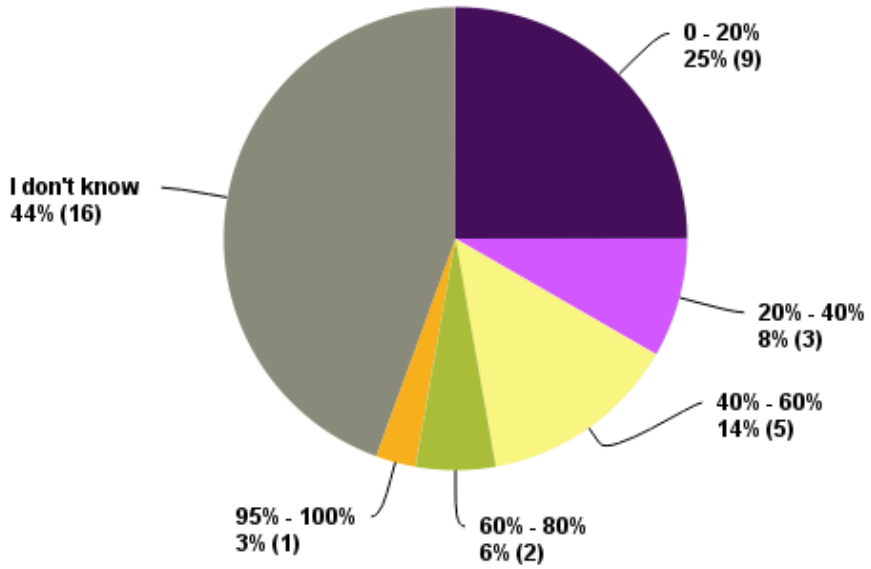
TOP 3 **MOST** AND **LEAST** PROBLEMATIC REASONS IN COLLECTING PAYMENT

Most Problematic (in order)	Least Problematic (in order)
1. Benefit/Procedure Mismatch	1. Pay Options Not Discussed
2. Misunderstood Cost/Coverage	2. Demographics Not Current
3. Wrong Phone/Address & Insurance Out-of-Network (tie)	3. Poor Service/Benefits Explanation

TWO-THIRDS OF ORGANIZATIONS MAKE ARRANGEMENTS TO COLLECT FEES IN ADVANCE OF PROVIDING SERVICE

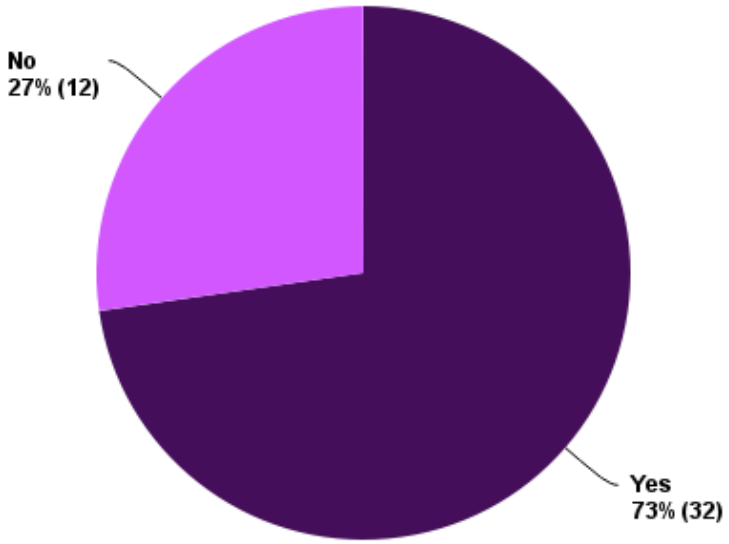


NEARLY 30% REPORT THAT INSURANCE-ELIGIBLE PATIENTS ARE MISSED UNTIL THEY REACH EARLY-OUT OR BAD DEBT

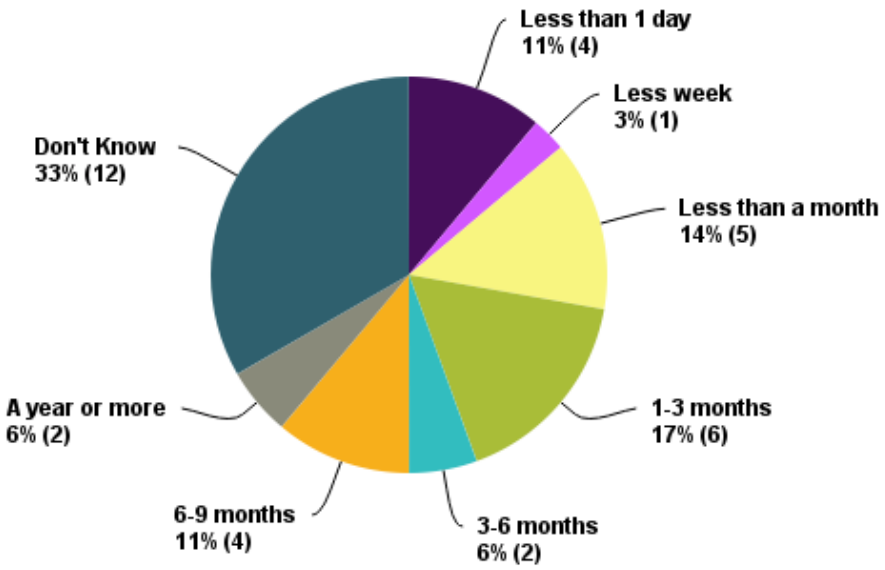


ELIGIBILITY VERIFICATION SOFTWARE

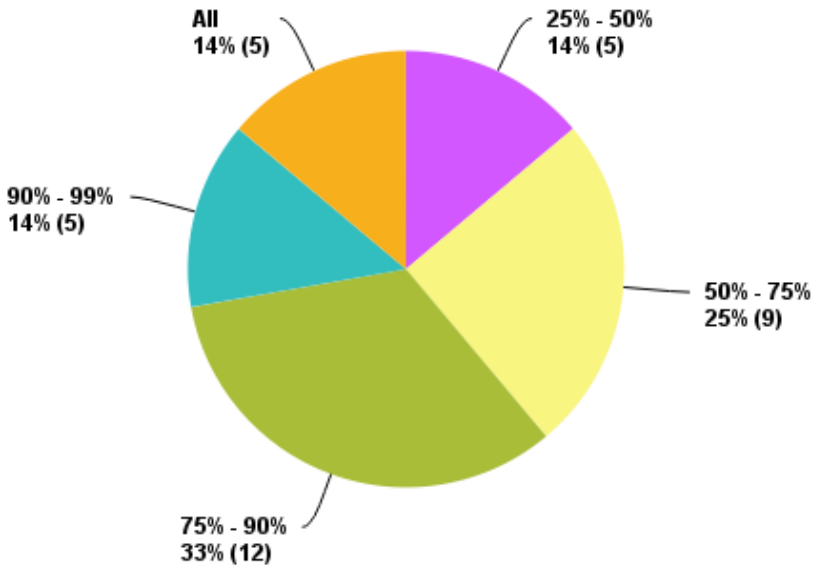
NEARLY THREE-QUARTERS REPORT THAT THEIR ORGANIZATION USES PATIENT INSURANCE ELIGIBILITY VERIFICATION SOFTWARE



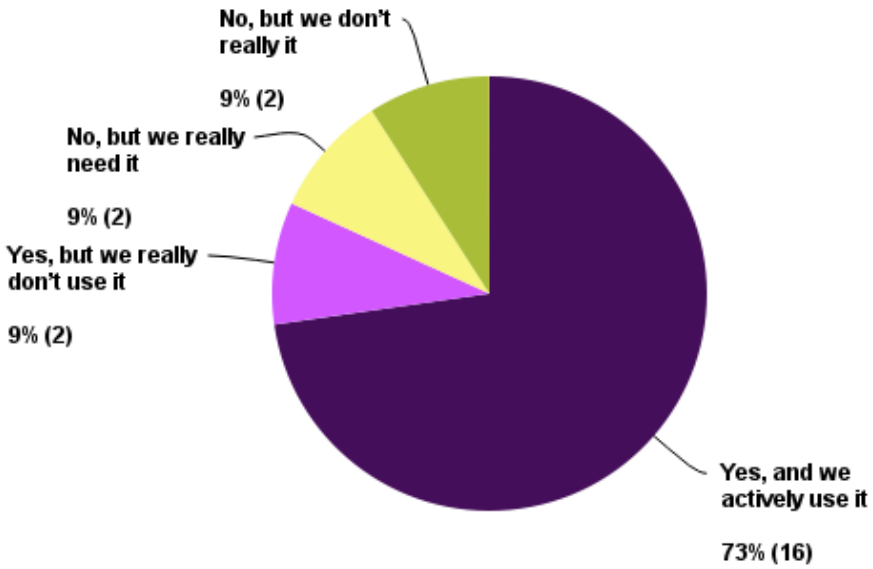
OF THOSE WHO KNOW, >90% REPORT THAT IT TOOK MORE THAN 1 WEEK TO FULLY DEPLOY THEIR ELIGIBILITY VERIFICATION SOFTWARE



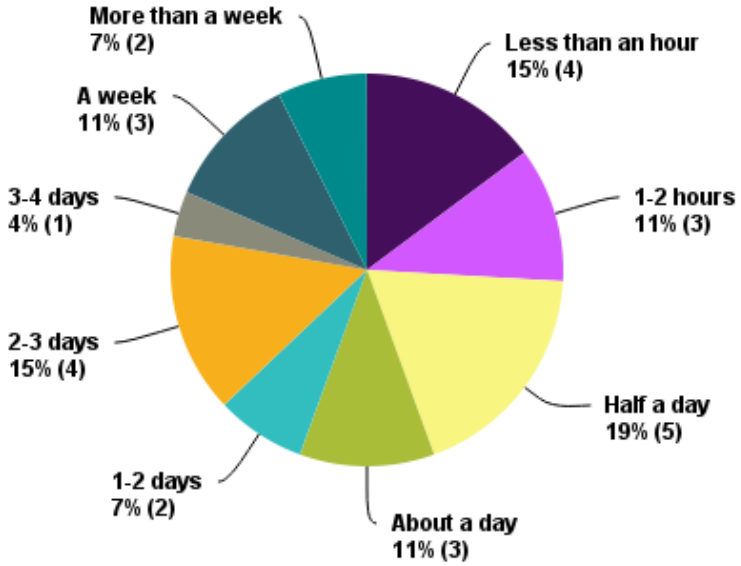
More than 85% report require at least 1-or-more sources outside their eligibility software to verify eligibility



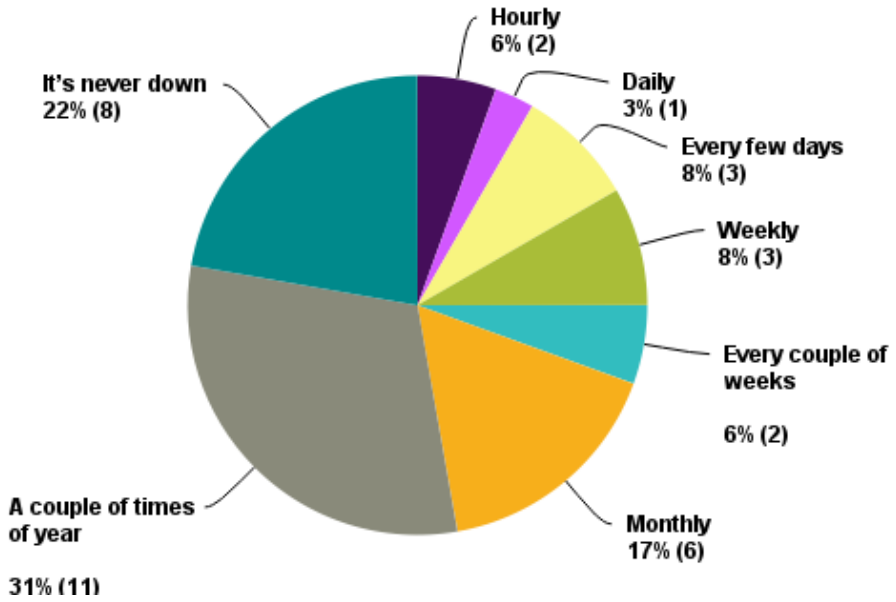
More than 80% report that eligibility verification payer data is integrated w/ practice-mgmt/EHR system



More than 50% report that it takes a half-day-or-more to train staff on the use of their eligibility software



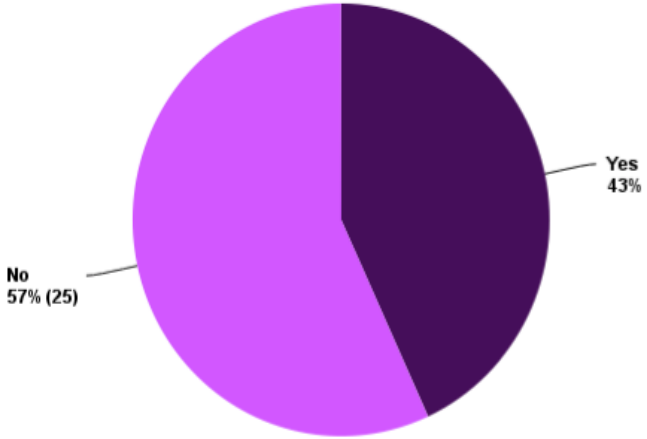
25% REPORT THAT THEIR ELIGIBILITY SOFTWARE IS NOT ACCESSIBLE DUE TO TECHNICAL ISSUES AT LEAST WEEKLY



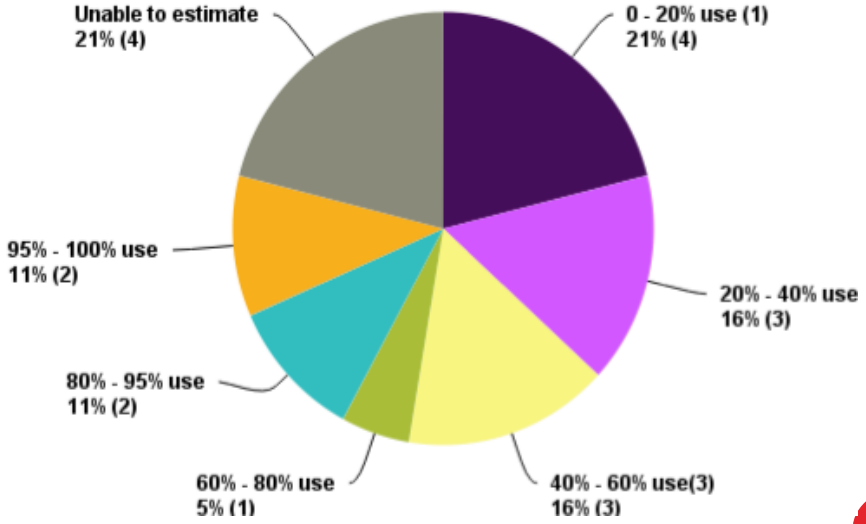
ELIGIBILITY VERIFICATION TOOLS

43% REPORT OFFERING A PATIENT PORTAL—THOSE THAT DO, REPORT THAT 60% OR MORE PATIENTS USE THE PORTAL

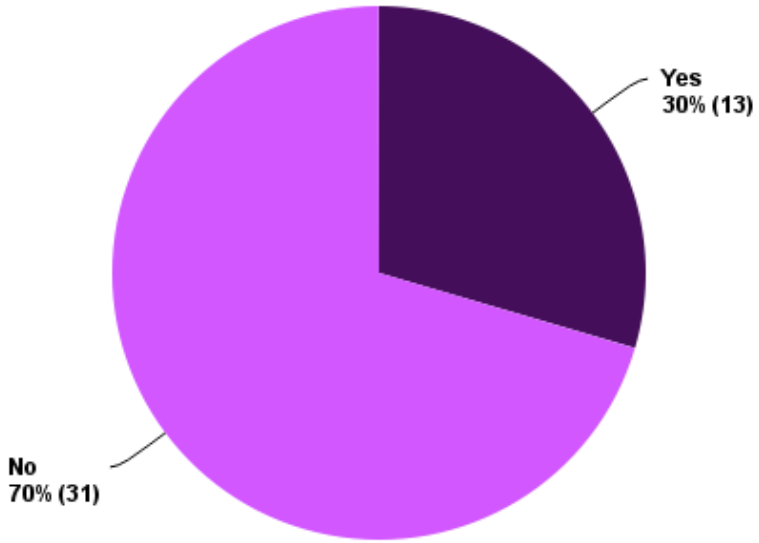
Offer Patient Portal



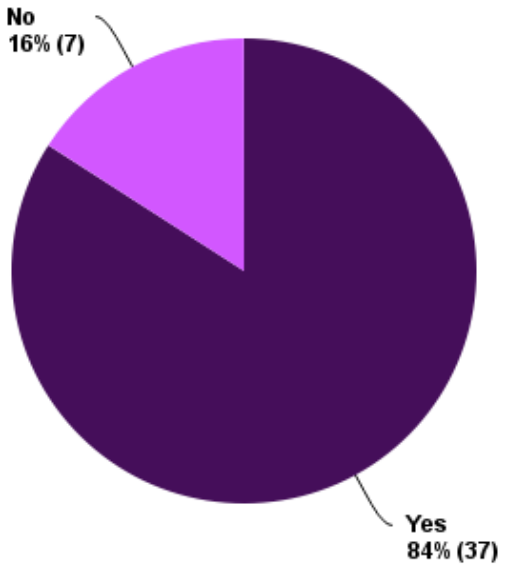
Percent Patients Use Portal



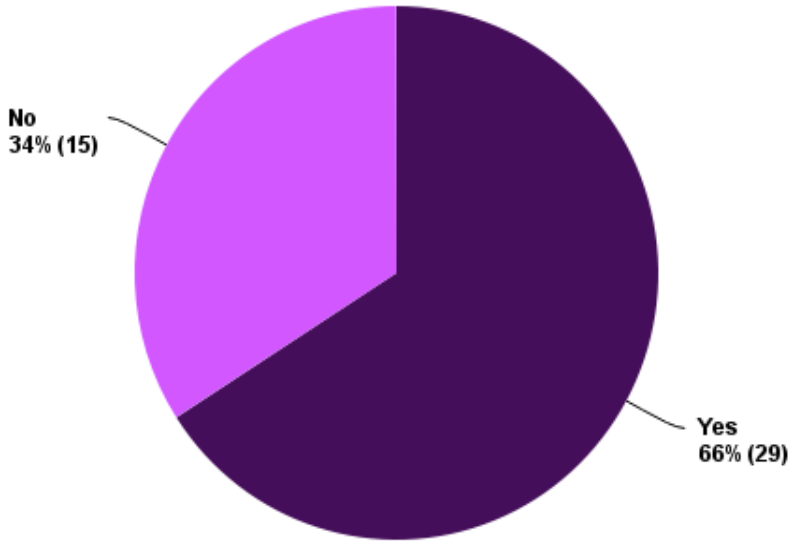
ONLY 30% REPORT OFFERING PATIENTS A SELF-SERVICE KIOSK FOR CHECK-IN AND/OR PAYMENT



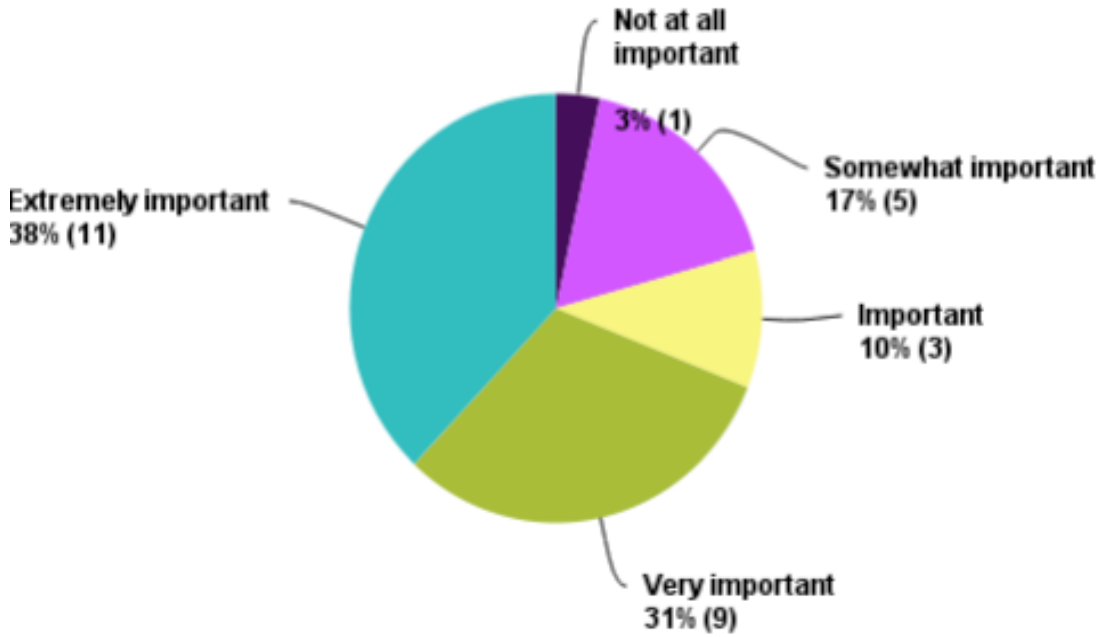
A GREAT MAJORITY REPORT UTILIZING AN IMAGE ARCHIVING SYSTEM FOR INSURANCE CARDS OR OTHER DOCUMENTS



TWO-THIRDS REPORT USE OF A PATIENT ELIGIBILITY DATABASE FOR HISTORICAL ANALYTICS



Nearly 70% report that a patient eligibility database is Very or Extremely important



Study Author

KC Associates, LLC—www.kc-associates.com

- Since 1988, KCA has been committed to independence and objectivity and to avoiding conflicts of interest in research agendas, analyses and opinions. We adhere to high ethical standards and conduct our research in a manner that's fair, honest and lawful.
- KCA fits the field data collection methodology to the project, whether it's using primary, secondary or empirical research to achieve the project's objective. We also conduct validation and "sanity checks" during the entire process, in case adjustments might need to be made to research hypotheses and/or methods.

Study Sponsors

maxRTE—www.maxrte.com

- Since 2014, ***maxRTE*** eligibility verification software has been helping health care providers to more effectively secure payments at the front-end of the revenue cycle, rather than incurring the expense of collecting at the back-end of the cycle.

Healthcare Fiscal Management, Inc.—www.hfmi.com

- Since 1997, HFMI has been helping hospitals, physician groups, and healthcare systems maximize recovery of true self-pay and self-pay after insurance revenue while preserving their ability to deliver an outstanding patient experience.