



MAXRTE PROVIDES BETTER OUTCOMES FOR INSURANCE VERIFICATION PAINS

Customer

Independent, nonprofit, regional health care system serving the Minneapolis–St. Paul southwest metro

Project Goals

- Simplify cumbersome process for patient insurance coverage verification
- Reduce amount and variability of coverage verification query costs
- Find a system that can be quickly adapted to meet custom requirements
- Choose a software vendor with highly responsive customer service

Results

- Simplified insurance verification processes, enabling pre-registration staff to take on significant new responsibilities with no increase in headcount
- Obtained requested changes and enhancements to the software usually within days
- Decreased coverage query fees by 50%, saving \$60,000 per year while improving predictability of costs
- Enabled adoption of industry best practices in admitting and financial clearance
- Slashed coverage denials from 8% to 2%, consistent with nationwide best practice

Project Background

Frustrated with a decade-old cumbersome and costly system to verify patient insurance coverage and eligibility, an independent regional health care network serving the Minneapolis–St. Paul southwest-metro, was open to alternatives. Their objective was to simplify admissions procedures and offer pricing options to reduce costs, as well as to be supported with personal, responsive service. This health care network included advanced health care facilities, an acute care hospital and primary and specialty care clinics, as well as emergency services and specialty programs.

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High Costs and Frustrated Users Were Symptoms of Insurance Verification Malaise

This client's eligibility verification system was integrated with its health information service provider (HISP) platform from RelayHealth. While the system provided eligibility information, it required extensive maintenance of usernames and passwords for all relevant payer systems. In addition, because the hospital was charged for eligibility checks on a per-transaction basis, costs were both high and unpredictable.

Adding to frustration among pre-registration staff, the system interface was cluttered with extraneous information. It also failed to notify users when payer systems were offline, causing delays in coverage verification. In addition, timely filing denials were running close to eight percent, well above the nationwide best-practice range of two to three percent, leading to rework and lost revenue.

maxRTE is Just What the Doctor Ordered

When the client's Revenue Cycle Services Director and Registration Manager evaluated maxRTE, they knew instantly they'd found the cure for their verification cost and user frustration ailments.

"Once we saw maxRTE, we said, 'WOW!' We won't have to continue doing all this payer system maintenance on our end if we switch." The Registration Manager was impressed with the "uncomplicated" operation of software, and the fact her team could run any number of verification checks each month for one fixed, affordable fee — with no hidden extra costs for setup, training, or services.

The Results: Client's Team Feels Much Better About Verification Checks and Costs

The client kept both verification systems in place during the transition and found that the use of the old system quickly shrank to near zero. Costs and frustrations are down, while productivity is up.

The client is realizing a wide range of benefits since implementing maxRTE, including:

Easier maintenance: According to the client's Revenue Cycle Services Director, "maxRTE is a simpler, more user-friendly tool." Users now focus on patient registration and admissions rather than on software maintenance or usernames and passwords, reducing frustration and increasing efficiency.

The Registration Manager adds that the system is easy to set up and use. "It takes no IT at all. It's web-based. It's simple for me to set up access for staff members, and it's very intuitive. There are no software update hassles. I really appreciate the simplicity of the product, and it gives me exactly what I'm looking for."

Simpler use: The Registration Manager notes that maxRTE is simpler for her staff because it's easy to customize what users see. "Query responses can contain extra information we don't care about. With maxRTE, I can pare that down and publish the most condensed information for my front-end users so they can make good decisions and talk to patients about their point-of-service collections."

Personal, proactive service: The Registration Manager appreciates not only the ability to talk to a live human when she calls maxRTE for support — no matter the day or time — but also the company's proactive outreach.

“They touch base with me regularly. They listen and are willing to make any customizations we need, quickly. Anything that I’ve needed or wanted, they’ve accommodated.”

And she values the reliability and accessibility of the maxRTE platform. “How dependable is maxRTE? Extremely dependable,” adds the Registration Manager.

Lower, more predictable query costs: maxRTE offers several pricing options, which allow customers to select the best plan for their needs. The client chose the subscription-based pricing model so they can submit any number of queries for one fixed monthly fee. This approach is “much easier to budget for,” according to the Revenue Cycle Services Director, and has reduced eligibility check costs.

Compared to their old software’s query charges, the Registration Manager says “We cut that bill in half if not lower. It’s much more affordable and gives us the same information. The Registration Manager estimates this transition saves us roughly \$5,000 per month.”

Increased productivity: Since implementing maxRTE, the Registration Manager’s team has been able to take on expanded functions without any increase in staff. “In addition to managing admitting and preregistration, I’m also now heading up a financial clearance unit,” notes the Registration Manager. “We’re moving to best-practices where we are checking eligibility, and checking financial clearance such as authorizations. We’ve taken on more aspects of the revenue cycle, so we’re moving into a wider arena than just checking-in patients for procedures.”

More effective operations: According to the Registration Manager, the move to maxRTE has led to a significant reduction in patient access denials and timely filing denials, enabling the client to capture more revenue. “This has been a clear trend over the past year,” she says. “We track denials by category, and we are now at two to three percent. I never thought I’d see our denial percentage that low.”

The Prognosis is for Continued Success

The client expects the admissions team to continue improving performance and taking on new tasks.

What would they say to other providers who are considering maxRTE for insurance verification? “I don’t think folks who decide on this product would have any regrets,” says the Registration Manager. “I’m a bit of their cheerleader. I’ve gotten real customer service from them.”