

Revolutionizing the Healthcare Backoffice: Multi Speciality Hospital Improved Verification Process with Automation



The Client

The client is a renowned multi-speciality hospital with a diverse patient base seeking a wide range of medical services. Their efficient healthcare delivery was hampered by a sluggish backoffice, particularly in their insurance verification process. This manual system relied on phone calls and chasing paperwork, leading to significant delays in patient care, billing issues, and staff frustration.

Business Challenges

Imagine medical bills flying like loose papers in a hurricane. That's what happens when patient charts are incomplete or unorganized, leading to missing or inaccurate superbills – the itemized lists of services crucial for claiming proper reimbursement. This chaos creates a domino effect:

- **Late claims pile up:** Without complete information, filing claims on time becomes impossible, jeopardizing revenue. Even corrected claims might be denied if submitted past deadlines.
- **Backlogged AR:** Accounts receivable balloon as unbilled services mount, hindering a practice's financial health and growth potential.
- **Stalled workflows:** Lack of standard procedures for tracking visit status and navigating denials leaves staff scrambling and revenue stuck in limbo.

This was the exact scenario facing our client. Incomplete patient charts and limited follow-up systems were creating a massive backlog of unbilled claims, threatening their financial goals. They needed a way to tame the paper chase and turn chaos into cash flow.

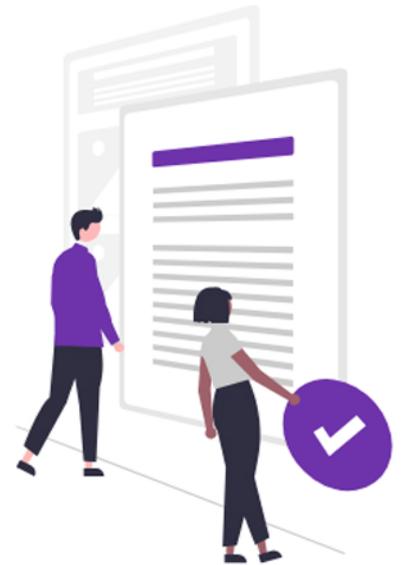
- **Time-consuming manual verification:** Verifying insurance coverage often took days, delaying treatment planning and creating logistical bottlenecks.
- **Inaccurate information and denials:** Manual data entry prone to errors, resulting in claim denials and revenue loss.
- **Inefficient staff utilization:** Nurses and administrators burdened with phone calls and paperwork, diverting attention from patient care.
- **Frustrated patients and staff:** Long wait times and billing discrepancies negatively impacted patient satisfaction and staff morale.

Our Solutions Delivered

HealthX partnered with the client to implement a suite of automated solutions:

- **Real-time eligibility verification:** Instant confirmation of patient insurance coverage through integration with major insurance providers
- **Automated pre-filling of forms:** Claims and other documents automatically populated with accurate patient and insurance information.
- **Denial management system:** Proactive identification of potential denials and real-time guidance on addressing them.
- **Secure cloud-based platform:** Accessible from any device, promoting remote work and collaboration.

HealthX's automation solutions transformed client's backoffice operations. Faster verification processes enhanced patient care, minimized revenue loss, and empowered staff. This case study is a testament to the power of automation in boosting efficiency, accuracy, and ultimately, patient satisfaction within the healthcare industry.



Outcomes

reduction in
verification time
50%

accuracy in
eligibility verification
98%