



PROMEDICAL

White Paper

Increasing the speed of hospital claims resolution through registration data capture

Increasing the speed of hospital claims resolution through registration data capture

According to a 2016 report by the American Hospital Association, hospitals provided \$35.7 billion in uncompensated care in 2015, a number which equates to 4.2 percent of total expenses.

Of the many challenges that play a role in this lack of payment, slow claims resolution is among the significant contributors. To speed up the claims process and improve the amount of dollars that it brings to the bottom line, hospitals need to apply greater focus on the data capture process for all claims and that starts at the point of registration.



Recognizing the challenges of hospital claims resolution

Claim denials are a normal part of the revenue cycle management (RCM) process for most healthcare organizations. However, with so many types of claims to prepare for, the majority of hospitals simply do not have all the tools and knowledge that they need to deal with less common scenarios. Because these specialized claims, such as those related to workers' compensation and motor vehicle accidents, typically account for a very small percent of the department's receivables, the

extra time and resources dedicated to complete them is disproportionate and even more problematic. If your RCM department is tasked with addressing each type of claim on its own, your staff members may be forced to spend extra time working on the documents that are more complicated or otherwise unusual. Such inefficiencies can accumulate, damaging the bottom line.

These challenges are further exacerbated by a common problem in the hospital setting - limited data capture at registration.

Developing solutions to address slow claim resolution

The hospital data capture process necessary for claims resolution occurs in multiple stages. Information is collected at every point of a patient's journey of care, from provider notes and test results to insurance information.

With the advent of electronic health records and other online storage systems, more data is being gathered than ever before. According to a report by Stanford Medicine, some estimates put the growth rate of

medical data as high as 48 percent per year. The International Data Corporation further reported that healthcare data is expected to grow from 153 exabytes in 2013 to 2,314 exabytes in 2020.

Much of this information is critical for billing and the point of registration should be the start of the process that puts the claim on track.

Improving the speed of claim resolution begins with capturing data early on in-person. By retrieving this information up-front when the patient is physically present, your RCM staff will not have to spend valuable time and energy trying to track down the information they need to complete the claims later on.

Because the data gathering process begins at registration, your staff should be equipped with a list of questions that registration team members can use when patients arrive, ensuring that they collect whatever data will be needed to achieve proper reimbursement following the episode of care.

Examples of strategic questions that would pertain to workers' compensation and motor vehicle accidents claims, and which can help speed up the process include:

1. What was the date of injury?
2. Who is your employer?
3. Who is your workers' compensation carrier?
4. Who is your motor vehicle insurer?
5. Were there multiple vehicles in the accident?
6. Was there a police officer at the scene?
7. Were you a passenger in a ride sharing vehicle (e.g. Uber)?

According to a report by Stanford Medicine, some estimates put the growth rate of medical data as high as 48 percent per year.

For this to happen effectively, you need to ensure that your staff not only knows the right questions to ask, but is properly educated on how to ask them and record the information during the registration process. Without this training, the prepared questions may not be as useful as you need them to be.

However, your registration staff are not the only ones who need to receive training to ensure that the claim process runs smoothly. To avoid problems down the road, you also need to take the opportunity during registration to educate patients. If this education doesn't occur when you have the patient face-to-face, your team may spend excessive time attempting to contact patients later on to explain the process.

To simplify this practice, your organization should employ an easy-to-use patient portal. Such a portal creates a simple way to interact with your patients streamlining the procedure while reducing the time that your staff needs to spend tracking down the data. A direct line of communication can help speed up the process for your staff and improve completion rates, increasing your level of success with billing claims. This also helps to improve the patient experience at your healthcare organization. When communications are improved, you have a better

likelihood of getting the data you need. This in turn speeds up the process and eliminates confusion, helping patients to feel more secure and satisfied with their experience at your hospital.

Leveraging data capture and outsourcing in specialized claims

Among the specialized claims that frequently cause problems for the average RCM department are those associated with workers' compensation claims. When an employee is injured on the job and seeks treatment at your organization, there can be confusion over who is the primary payer of the bill.

Another variety of claims that can pose a similar challenge are motor vehicle accidents (MVA). As with workers' compensation, the complexity of MVA claims require a high-level of skill to coordinate the process in order to maximize revenue reimbursement. The average hospital typically lacks the experienced staff required to handle the complexity of coordinating no-fault, med-pay and health billing. Because of complications arising from cross-state regulations, redaction and other unusual requirements in these types of claims, your staff may struggle to complete the process in a timely manner, missing deadlines and reducing your revenue.

Obtaining the appropriate data at point of registration is particularly critical in these situations, but the challenge is that oftentimes patients themselves do not always know the necessary information, such as their carrier, much less the insurance of other parties involved. This adds another layer of work for your staff that consumes valuable time.

Though these claims are solvable, the problem is that most healthcare organizations are dealing with limited resources. And even when a department has the structure in place to complete the necessary billing processes, the high turnover rates of healthcare organizations creates an additional challenge.

According to the CompData's 2016 BenchmarkPro Survey, the turnover rate for the healthcare industry in 2016 was 19.9 percent, the third-highest rate across industries and two points above the nationwide average of 17.8 percent. The registration department also often has the most turnover - which means that your team will likely require constant retraining to make sure everyone is up-to-speed. As such, even once your team is equipped to deal with these specialized claims, you'll have to invest the time and resources to properly train their replacements, with the cycle regularly repeating itself, costing your organization additional dollars.

Outsourcing claims such as these allows your internal staff to focus their energy and resources on more common billing responsibilities. First, you need to find an RCM company that you can trust to be a true partner.

Finding the right RCM partner

To navigate the claim process as efficiently and effectively as possible, partnering with an RCM company

PROMEDICAL's user-friendly patient portal streamlines the data collection process, driving clean claims and faster resolutions.

may be the right choice for your organization.

RCM partners have resources available that help them to handle specialized claims quickly and efficiently, including in-house tools, insurance libraries and in-house attorneys, to name a few.

The partner that you choose to work with should have the expertise to:

- ➔ Know who will be responsible for paying claims.
- ➔ Educate hospital staff on data capture.
- ➔ Process specialized claims efficiently and correctly.
- ➔ Provide a portal to improve the overall patient experience.

With this type of partnership, your internal RCM department will be able to focus its resources on completing more traditional claims, helping your organization to run more efficiently and maximize your reimbursements.

PROMEDICAL: Your partner in claims resolution

PROMEDICAL is a national healthcare revenue cycle management company that has provided the healthcare community with a technology-driven, client- focused revenue cycle partner since 1995.

Through our third-party liability solutions, your workers' compensation and motor vehicle accident billing

will be completed by knowledgeable professionals who are experienced with the specialized needs of these claims. PROMEDICAL's user-friendly patient portal streamlines the data collection process, driving clean claims and faster resolutions.

At PROMEDICAL, we leverage our longstanding relationships in the payer community to manage your claims from the point of inception to resolution.

By working with PROMEDICAL, you'll benefit from our:

- ➔ **Partnership:** With PROMEDICAL, you have a full partner in the RCM process, from start to finish.
- ➔ **Expertise:** You'll have full access to our attorneys and staff, who are fluent in state laws and healthcare regulations.
- ➔ **Technology:** Our secure client portal gives you access to the information you need with the click of a button.

With PROMEDICAL, you can expand your healthcare business office and ultimately maximize your reimbursements. When you partner with us, we help ensure that your organization receives proper reimbursement, timely resolutions and increased cash.

Contact us today to learn more about how a partnership with PROMEDICAL would improve the speed of your hospital claim resolutions through registration data capture.

PROMEDICAL is a national healthcare revenue cycle management company. Since 1995, we have provided the healthcare community with a client- focused, technology driven, revenue cycle partner. Our third party liability solutions include workers' compensation and motor vehicle accident billing. A partnership with PROMEDICAL ensures proper reimbursement, timely resolutions and increased cash.

PROMEDICAL

1 Militia Dr.
Lexington, MA 02421

www.promedllc.com

To learn more, contact
PROMEDICAL at (800) 722-1555

Connect with us:

info@promedllc.com
twitter.com/promedical_llc

Sources:

- <http://www.aha.org/content/16/uncompensatedcarefactsheet.pdf>
- <http://www.compensationforce.com/2017/04/2016-turnover-rates-by-industry.html>
- <https://med.stanford.edu/content/dam/sm/sm-news/documents/StanfordMedicineHealthTrendsWhitePaper2017.pdf>
- <https://www.emc.com/leadership/digital-universe/2014iview/index.htm>