MD Clarity Helps Radiology Practice Improve Collections And Patient Experience

CASE STUDY

THE SITUATION

High deductible plans and complex payer networks have put an increased strain on clinical operations, revenue cycle workflows, and the patient experience at a growing Radiology practice in the Pacific Northwest. With an average volume of over 200 patients a day, staff simply cannot keep up with manual processes related to checking benefits and providing cost estimates to patients.

Patients get frustrated not preemptively knowing the cost of service, and the practice has found it challenging to quickly and accurately provide this information. This makes it difficult to collect patient fees up front, leading to a back-end revenue cycle that is complicated and lengthy.

"High deductible plans and complex payer networks have put an increased strain on clinical operations, revenue cycle workflows, and the patient experience"
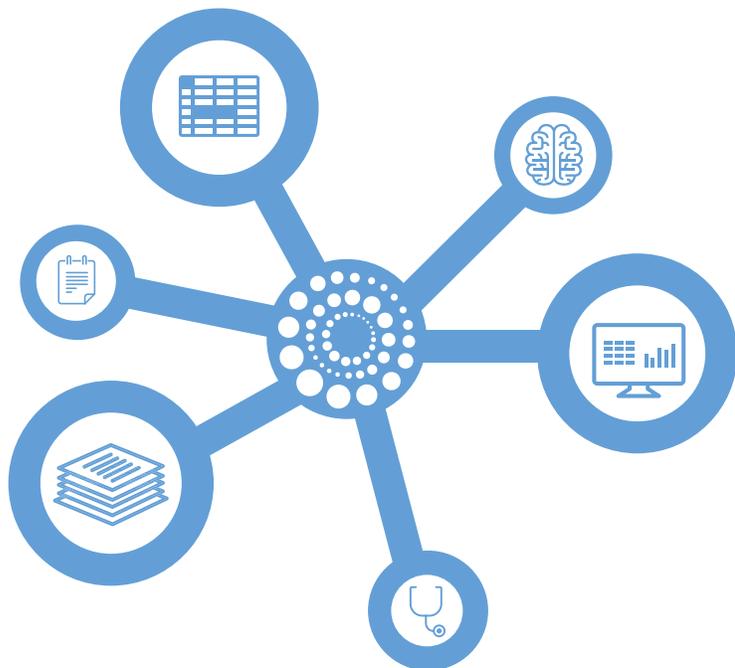
THE CHALLENGE

With a heavy patient volume, and no process in place to accurately collect payment at the point of service, the practice knew they had patient experience and collections issues to resolve but struggled to find a solution. Patients were unsure of their financial responsibilities prior to service, leading to angry calls from confused patients after the fact. "I would go in and give someone a cost estimate if they asked for one, but it was a lengthy, manual process," said the Patient Accounts Manager. "It's not something I could do for every patient." This often caused a delay in payments increasing the practices days outstanding.

"We knew where the problem was but we needed a system to catch it on the front-end"

Staff did not have a process in place for up-front benefits verification and had to rely directly on patients to understand complicated insurance plans. This led to a lot of errors with prior authorizations, collecting payment from patients, denials, and delayed reimbursements. They needed a solution to automatically detect key benefits information from patients prior to service so they could provide price transparency to patients and improve their collections. "We knew where the problem was, but we needed a system to catch it on the front-end which had never been implemented here" said the Patient Accounts Manager.
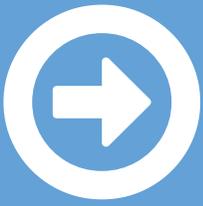
"Other companies work off of past claim data and not actual contracts, so they just gave us a ballpark, but that's not what we wanted. We wanted something that was extremely accurate and really MD Clarity was the only software that we found on the market that could provide the level of accuracy we were looking for."

-Patient Accounts Manager

THE SOLUTION

In mid 2015, the practice began searching for a solution that could provide extremely accurate estimates to patients, prior to their procedures. Ultimately MD Clarity's solution best met their needs.

- Today, each patient is provided an accurate estimate of their financial responsibility before a procedure is performed. Armed with MD Clarity's proprietary pricing engine, the practice's insurance specialists are able to automatically determine allowed amounts in real time, accounting for CMS and payer rules, facility structure, and complex adjustments.

- The ClarityFlow module has been implemented to capture key patient benefit information on the front-end, allowing the practice to find errors that could lead to delayed reimbursement or denials before they happen.

- MD Clarity's workflow by exception was implemented, which automates the majority of the verification process and only flags patients with insurance issues for staff follow-up. Today, over 85% of patient's verifications are automated.

- The combination of MD Clarity's pricing engine, ClarityFlow module, and reporting features gives managers access to the data they need to make better decisions for the practice, and ensure the practice gets paid faster.

THE RESULTS

The implementation of MD Clarity's solutions has been a huge success. Patients love having a clear picture of their financial responsibility. Staff enjoy the increased automation, reducing their manual tasks by 85%. The practice has seen a dramatic reduction in bad debt and an increase in patient collections.

"From day one, it went much easier than staff anticipated," said the Patient Accounts Manager "Patients really appreciated knowing what they owed before going into the service"
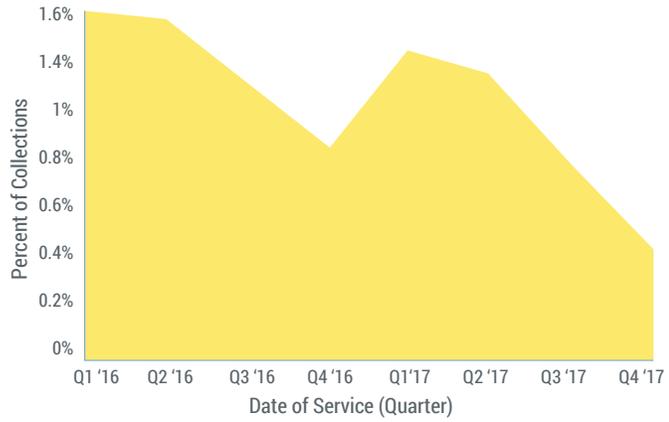
THE METRICS

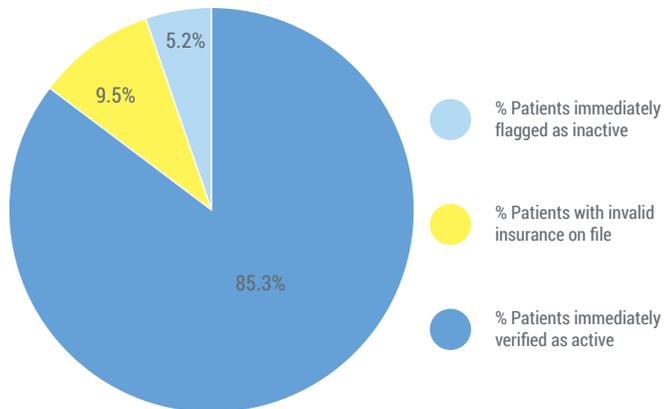Bad debt has been reduced by 45%

Denials have been reduced by 50%

Patient collections have risen to 42%
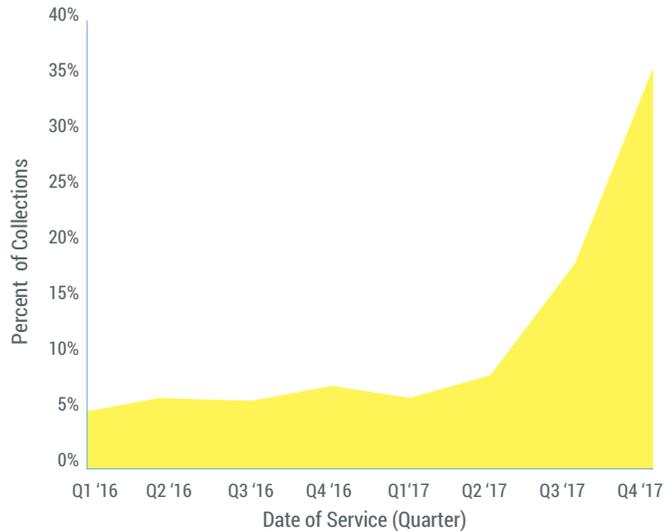
Benefit verification has been automated by 85%

BAD DEBT REDUCTION

Percent of Collections

1.6%
1.4%
1%
0.8%
0.6%
0.4%
0.2%
0%

Q1 '16 Q2 '16 Q3 '16 Q4 '16 Q1'17 Q2 '17 Q3 '17 Q4 '17

Date of Service (Quarter)

AUTOMATED VERIFICATION PROCESS

5.2%
9.5%
85.3%

● % Patients immediately flagged as inactive

● % Patients with invalid insurance on file

● % Patients immediately verified as active

PATIENT COLLECTIONS INCREASE

Percent of Collections

40%
35%
30%
25%
20%
15%
10%
5%
0%

Q1 '16 Q2 '16 Q3 '16 Q4 '16 Q1'17 Q2 '17 Q3 '17 Q4 '17

Date of Service (Quarter)

ABOUT MD CLARITY

MD Clarity provides large healthcare practices with a module based software platform that helps drive operational efficiencies throughout the organization.

On the front end, we utilize workflow automation to reduce the time it takes to run benefits checks and provide accurate out of pocket estimates to patients by 85%. This helps lower practice costs and increases the likelihood of timely patient collections.

On the back end, we integrate clinical data from across the practice into a single platform. This makes it easier to analyze contract and payer performance so you can make better financial decisions and drive increased revenue to the practice.

MD Clarity is headquartered in Seattle, Washington with a second location in Atlanta, Georgia.

We believe in making the healthcare
payments experience easier
and more transparent for everyone