



GAINING A BETTER LINE OF SIGHT:

How automation improves patient access efficiency

2023 Fall member retreat

Justin Roepe, Expert, Solution Strategist



Let's get to know each other

TODAY'S SPEAKER



Justin Roepe
Solution Strategist and
Revenue Cycle Expert

Waystar

With nearly 21 years of healthcare experience, Justin has spent most of his time in revenue cycle.

As a subject matter expert for front and back-end solutions that are part of the Waystar unified platform, Justin has extensive experience on solutions that leverage Artificial Intelligence, Robotic Process Automation, Crowd Sourcing and Rules Engine technologies that generate increased productivity, accuracy and cost reductions.

Prior to Waystar, Mr. Roepe worked for a premier healthcare consulting firm with an emphasis on data intelligence, analytics, revenue cycle, performance improvement and RCM optimization.

Justin is an active member of the Georgia HFMA chapter and has served in various roles for more than 17 years along with being a board member for two local non-profits.

He holds a bachelor's and master's degree in Healthcare Administration and is a graduate of Harvard Business Analytics Program, part of Harvard Business School.

Learning objectives

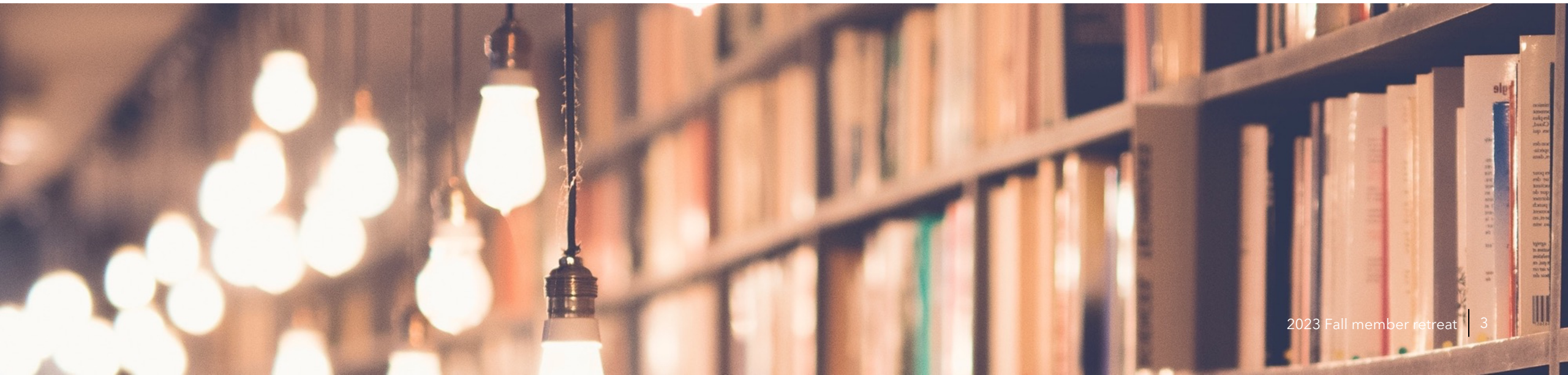
Gaining a better line of sight: how automation improves patient access efficiency

Clear away the haze to identify key strategies for reducing risk, building up lead time and improving information visibility including by:

Optimizing processes that reduce error risk and allow your teams to collect more upfront

Improving the patient experience while boosting the top line

Ensuring staff have plenty of time to correct errors before they have a negative impact—all of which ultimately make staff more proactive, productive and satisfied



A "perfect" vacation to the **Grand Tetons** ...



Source: seejh.com



HOW DO WE DRIVE EFFICIENCY

Focus on improving conditions

+

Inefficiency =

- + **MORE** people
- + **COMPLEX** process
- + **LACK OF** technology

+

Efficiency =

- + **FEWER** people
- + **EFFECTIVE** process
- + **INTELLIGENT** technology

PROBLEMS WORTH SOLVING

The impact of patient access

for patients and providers

Patient outcomes + financial health

93%

of physicians report that
prior authorization
**delays access to
necessary patient care**

30%

of U.S. adults report that
they **wouldn't have
access to affordable care**
if they needed it today

Provider + health system performance

50%

over half of patient
access functions
remain **highly manual**

41%

of denials result
from **front-end /
registration errors**

Administrative burden by the numbers

	Time spent per transaction (on average)		
	MANUAL		ELECTRONIC
Authorization	20 minutes	vs	9 minutes
Eligibility	16 minutes	vs	2 minutes
			11 mins
			14 mins

Source: CAQH Index, 2022

Efficiency has never been more pressing for providers

Costs are high, and continue to climb

55%

The average cost per **revenue cycle transaction** is up 55% since 2018¹

Talented staff are in extremely short supply

25%

of revenue cycle leaders need to **hire 20+ employees** to fully staff their department²

Increasing volume will strain already burdened RCM operations

96%

of healthcare CFOs and RCM VPs **strongly agree** that there is, or will be, **additional strain** on RCM operations as more patients return for **elective health appointments**³



3 TACTICS FOR HIGHER EFFICIENCY

1. Automating at the point of registration/scheduling
2. Optimizing prior authorization
3. Focusing on exception-based workflows

TACTIC 1

**Efficient automation at the point
of registration + scheduling**

Checklist for efficient eligibility + benefits automation

- Is **plan and benefit** information readily available?
- Are responses **easy for staff to interpret**?
- Is a **single response** presented **in staffs' standard workflow**?
- Are alerts maximized to help staff **easily avoid mistakes**?
- Is your processing optimized with **fail-over and batch** capabilities?
- Evaluate **centralized options**

Seek better, more complete, eligibility + benefit information

22% of denials are due to registration/eligibility errors – the leading cause¹

QUESTIONS TO CONSIDER:

- + Is your front-end staff spending **too much time** researching eligibility?
- + What percentage of denials are a result of **inaccurate insurance** eligibility or **missing benefit plan information**?



Identify more coverage to reduce bad debt

20-40% of presumed self-pay patients have insurance coverage — commercial, governmental, or a combination¹

QUESTIONS TO CONSIDER:

- + Is your bad debt climbing, or **higher than industry** peers?
- + Do staff search for **missing coverage** manually?
- + Are coverage search **results limited** to a few top payers?

18%

increase in
uncompensated care
from 2015 to 2020,
*AHA Uncompensated
Hospital Care Cost
Fact Sheet, 2022²*

\$42.7B

annual cost of
uncompensated
hospital care in the
United States²

1. ZOLL Systems Data Analysis, 2021

2. AHA Uncompensated Hospital Care Cost Fact Sheet, 2022²

See tangible improvements + results across your workflow

Decrease self-pay receivables by identifying active coverage

Increase profit margin by reducing self-pay bad debt

Optimize staff productivity by reducing labor-intensive patient follow-up processes

Faster eligibility processing by saving staff time searching for benefit details and automating on-off checks and batch

Eliminate the need for outsourced collections on self-pay accounts and reduce cost

Strengthen customer satisfaction by teaching patients about active coverage and not hassling for information

Increase cash flow by identifying active coverage faster and collecting owed revenue

Maximize opportunity to **capture revenue from the insured** population created by the ACA

Reduce rejections and denials by identifying accurate and complete eligibility and coverage details pre-service

TACTIC 2

Optimizing prior authorization

Optimize prior auth for efficient access + fewer care delays

82% of physicians report that prior authorization sometimes, often or always leads to treatment abandonment¹

QUESTIONS TO CONSIDER:

- + How **much time** does it take your staff to **manually process authorizations**?
- + How are authorization **rules maintained**? Who is updating?
- + **What percentage of denials** are due to authorization-related issues?
- + How many appointments are **rescheduled or abandoned** due to authorizations?

43%

of providers wait 8+ days to obtain prior authorizations after all required documentation has been submitted²

45

prior authorizations, per provider, are completed each week (on average)³

1. AMA prior authorization (PA) physician survey, 2021
2. RRC Prior Authorization Survey, 2019
3. AMA Prior Authorization Physician Survey, 2022

Optimal prior authorization check-list:

- Leverage an automated, **continuously updating** rules engine
- Use a tool with payer connections at the national and regional level – **beyond the top 5 payers**
- Seek a tool that supports your organization **across specialties + procedure types**

EXPECTED RESULTS...

- + Fewer reschedules
- + Fewer cancellations/open slots
- + Better revenue capture
- + Fewer authorization related denials
- + Happier patients
- + Better patient outcomes



UCHealth transformed its processes for financial clearance and prior authorization in preparation for its next phase of growth

ABOUT UCHEALTH

Operates 15 hospitals, 2,008 beds, and almost four million patient visits per year across three states with an estimated \$5.4B in NPR



60%
of authorizations
automated

340%
faster
authorizations

9-day
authorization
lead time
(auth on file prior to
service)

46%
decrease in
authorization-
related denials

Results: UCHealth was been able to reallocate 13-15 FTEs to activities that support health system growth, saving an estimated \$624,000-\$720,000 in projected new FTE salary costs *in the first fiscal year alone.*

As a result, Rikhoff says "UCHealth has onboarded 11 primary clinics, 67 specialty clinics, two hospitals and one surgery center without adding any new FTEs."

TACTIC 3

Strategies for exception-based workflows

Efficiently use staff resources by prioritizing accounts



QUESTIONS TO CONSIDER:

- + Are worklists bloated with items that **don't require action**?
- + Can staff **easily identify** which accounts need attention – and for what **information or errors**?
- + Do complex tasks **go unaddressed**?
- + Is there **important work** your staff never seem to have time for?

50%+
patient access functions
remain highly manual¹

1. Patient Access Technology Study: Eliciting Insights, 2019

Efficient prioritization check-list:

- Use a rules engine to **identify and remove the bulk of tasks** that don't require action
- Leverage alerts to **focus staff attention** where it's most needed
- Evaluate centralization for **stronger FTE utilization** and **easier automation adoption** and roll-out

EXPECTED RESULTS...

- + Smaller work queues
- + More meaningful account touches
- + Ability to focus on complex tasks
- + Fewer authorization-related denials

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Thank you

Questions?

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