Omega Healthcare™

Improve Patient Access in These Three Areas to Positively Impact Revenue Cycle and Patient Experience

Patients are looking for the same convenient options in healthcare as they have in their retail experience. They want greater convenience, choice, quality, and engagement and want more digital access to providers in the areas of scheduling, registration, payments and more. Providers must enhance the patient experience while improving reimbursement, reducing costs, and increasing efficiencies.

1 Scheduling and Registration

- 93% of providers say improving the patient experience is a top priority.[1]
- Nearly 75% of medical practices said staffing was their greatest challenge for 2022.[2]
- Over 52% of practices spend at least 10 hours a week scheduling and confirming appointments and returning patient phone calls and emails.[3]

2 Eligibility and Verification

- Nearly a third of patients don't know if they have appropriate insurance coverage.[4]
- 50% of denials are due to registration and eligibility issues, and half of denials are caused by front-end revenue cycle issues (registration/eligibility, authorization, service not covered).[5]
- 86% of denials are potentially avoidable and 24% of which are not recoverable.[6]

3 Prior Authorization

- More than 50% of providers find it difficult to keep up with changing preauthorization requirements.[7]
- ~64% of physicians waited for at least one business day for a prior authorization decision and 30% waited 3 days or longer.[8]
- Working a pre-authorization request for surgery takes 4 – 17 hours.[9]
- Providers complete prior authorizations manually, primarily via fax or phone, more than 50% of the time.[10]
- 78 percent of clinicians reported that the authorization delays can result in patients abandoning a particular course of treatment, potentially putting their health or even lives at risk.[11]

Reasons to Outsource to Omega Healthcare Patient Access Solutions

1. Save time and reduce office staff workload.
2. Efficiently schedule patient appointment requests and determine necessary level of care and priority.
3. Accurately capture and validate demographic and/or insurance information.
4. Identify unknown patient insurance coverage and improve revenue cycle speed.
5. Securely deploy technology (eg., BOTs, APIs, etc.) and integrate direct connections into EMRs, scheduling and registration systems.
6. Improve cash flow, reduce bad debt, and improve quality measures.

Outsourcing partners can begin delivering a return on investment from day one through a reduction in data entry mistakes, faster claims processing, and improved patient experience.

Learn more in the white paper,
"Patient Access: The Key to a Healthy Revenue Cycle."

DOWNLOAD THE WHITEPAPER

Omega Healthcare's outsourced revenue cycle management solutions help providers reduce administrative burdens, improve efficiency, accelerate cash flow, and achieve their KPIs across all stages of the revenue cycle. Our proprietary technology, automation and analytics combined with our experienced team help streamline patient access functions including scheduling, registration, prior authorization, coding, billing, collections, and clinical communication processes for thousands of providers.

Learn more at www.omegahms.com

Sources
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