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From setbacks to success: Transforming front-end RCM to minimize claim errors



Nearly half of claim errors are due to issues in patient intake in the front end of the revenue cycle.[1] Various reasons lead to these errors, including incorrect patient information, inaccurate insurance verification and incomplete documentation.



– Sunay Shah
Executive Director of Product and Strategy, Optum

Clearly, this area of the revenue cycle is ripe for improvement. A blend of targeted revenue cycle management (RCM) technology and managed RCM services can help providers avoid front-end errors that typically plague their systems, by focusing on accurate collection of information. This also improves patient experiences across registration, eligibility, prior authorization and cost estimation functions. These efforts can improve patient satisfaction, help support accurate payments, and help minimize claim errors.

Workflow best practices and technology automation with AI-powered insights can yield fewer claim errors by collecting accurate data, streamlining manual processes and supporting timely decisions. By pairing advanced technology solutions and expert-driven RCM services, health systems can reach higher levels of efficiency and performance. This ultimately gives them the ability to reach the higher aim of placing patients' needs and experiences first.

Below, we highlight 3 front-end functions of the revenue cycle where technology and expert services can reinvigorate your business and help support a financially sustainable future for your organization.

1. Patient eligibility

Revenue can be impacted by insufficient information and errors in verifying patient eligibility, resulting in patient attrition. Moreover, uncompensated care from uninsured and underinsured patients further diminishes revenue.

Verifying eligibility prior to a patient's visit is crucial to avoiding dissatisfaction and potential reschedules or cancellations, which can impact cash flow. Automatic auditing of eligibility data can help providers avoid rework and yield fewer claim errors, and can:



Analyze eligibility data based on payer rules and historical claim error patterns



Provide intelligent alerts to staff, including instructions on how to correct issues such as incorrect payer information or coverage limitations



Offer notices and reports to supervisors for added accountability, identification of training opportunities and prompt issue resolution



Confirm service-level benefit coverage



Detect available coverage to support appropriate payment for services

Integrating automation with a team of experts can streamline workflows and systems to alert patients to their coverage and financial responsibility and help support accurate reimbursement. Expert eligibility and enrollment services can help secure payment sources for uninsured and underinsured patients. These experts can find existing coverage or assist with applications and enrollment for Medicaid or other financial assistance options.

2. Patient registration

Patient registration requires accurate collection of patient demographic information and finalization of eligibility and coverage checks at the point of care. But complicated forms and related processes can be time-consuming, inefficient and prone to errors.

Digital patient registration systems with automation features can be game-changers and offer benefits like:

- **Less administrative waste.** Digital self-service tools make scheduling and registering for care easier for patients, so staff can spend less time manually collecting and entering patient information.
- **Improved data intake.** Digital patient scheduling and registration tools integrate into EHR systems, so information appears in commonly used interfaces without the need to transfer patient data or toggle between systems.
- **Reduced patient wait times.** Preregistration online or through a mobile app lets patients provide personal and insurance information beforehand, reducing in-office wait time. These features offer convenience and improve patient satisfaction.

Digital patient registration tools allow teams to receive prepopulated patient information, effortlessly collect data, confirm eligibility and collect payments. The technology can be augmented with patient access services where trained agents assist when human interaction is needed. This comprehensive approach helps support accurate registration intake and minimize the risk of claim errors.



Nearly one-third of health care systems plan automation of 2 or more RCM or finance functions in 2024, with a top focus being accounts receivable,[2] while 39% of CFOs anticipate increased digital investment in revenue cycle optimization.[3]

3. Authorization

The average physician practice spends 13 hours per week securing prior authorizations (PA), costing between $35 and $100 per hour.[4] And unfortunately, PA claim errors have increased in recent years, escalating challenges that cause delays for patients and keeping them from getting needed care.

Through technology and process improvements that streamline prior authorization, providers can reduce costs and claim errors and enhance the patient-provider experience. Benefits include:

- **Connecting payer and provider data.** By integrating electronic health records (EHRs) with patient scheduling data, systems can automatically identify whether an ordered service meets prior-authorization requirements.
- **Reducing administrative burden.** AI-enabled prior authorization can automate 50%–75% of tasks,[4] freeing time for staff to focus on delivering high-quality care.
- **Reducing wait times.** Automation can speed up prior-authorization processes, reducing decision-making time from days or weeks to just hours. This improves the patient experience by providing timely access to necessary services and treatments.

Many providers have already begun implementing electronic prior authorization (ePA), which integrates with hospital systems' EMRs and utilizes data to assist in diagnosing patients, making admission decisions and suggesting appropriate procedures.

Automation is an important part of streamlining prior authorization. Yet a comprehensive strategy is vital to success. In more complex cases where technology can't secure authorization, providers should engage expert staff to work with payers on authorization determination. This will set providers up for success, resulting in fewer claim errors, improved efficiency and better patient experiences.

The growing role and significance of the AI-powered contact center

The health care contact center is the first point of contact for patients and plays a vital role in helping patients receive the care they need. Contact centers combine multiple front-end RCM capabilities, and agents support patients by answering inquiries, scheduling appointments and directing patients to appropriate medical services.

Arming the patient contact center with advanced technology can help build and scale business operations and add value. As consumer expectations continue to grow, experts project double-digit growth for the call center AI market,[5] with leaders recognizing AI's ability to drive innovation.

AI can turbocharge the contact center, helping staff become more efficient, anticipatory and effective. It can help improve job satisfaction and reduce turnover by automating routine tasks and making it easier to get, share and use accurate information. For consumers, the technology offers seamless experiences through the ability to obtain and communicate accurate information, plus self-service options and expedited inquiry response.

> Industry leaders can do more to fully appreciate the transformative impact of AI on business. Often, AI is narrowly cast as just another facet of IT or business automation, overlooking its potential to revolutionize computing. It's not just a technical upgrade but a complete overhaul of our approach to problem-solving, continuous learning and innovation.



– Puneet Maheshawari
Chief AI Innovation, Software Network and Data, Optum

Examples of AI empowering the contact center include:

1. Conversational AI helps reduce time-consuming manual tasks like patient verifications, scheduling and HIPAA consent, without compromising patient satisfaction. Capabilities add accuracy to transactions and instill convenience and support through human-like voice interactions. Callers use a keypad to self-route to the right destination. Or, for a more natural call experience, they can speak directly to AI-powered systems that will recognize spoken instructions and understand where to route the call.

2. Connected data layers centralize relevant, timely information into an intuitive, smart and responsive agent console. Agents interact with many tools like telephony platforms, call scripts, EMRs, CRM and chat windows. The agent console efficiently organizes use of these tools, presents a consolidated view and provides an interface that drives agent proficiency and satisfaction.

3. Cloud-based telephony technology is advancing and enabling new features like voice analytics and caller sentiment analysis. Analytics transcribe audio and online data so that algorithms can interpret and identify valuable insights to deliver real-time agent coaching and next best actions. This supports more personalized interactions and improves performance in real time. Aggregate analysis can address potential issues and prevent customer churn. Along with AI-based call note entry automation, these AI-based features can drastically improve agent efficiency and patient satisfaction while driving down the cost of contact center operations.

The health care industry is embracing contact center AI solutions to transform how they operate and facilitate new ways of working. Used correctly, these solutions drive greater value and deliver superior patient and employee experiences through the collection and transmission of accurate data and information, leading to less rework and claim errors and lower costs.

Hospital leaders can greatly improve front-end RCM processes through automation and expert-led services and resources that deliver on best practices. The combination of people and technology helps streamline crucial tasks, allocate resources more strategically, and ultimately help create financial sustainability and improve experiences.

> Patients want and deserve top-notch care that puts them first. AI-powered contact centers let health care providers deliver personalized service and consistent experiences with seamless transitions, fewer hand-offs and virtually no wait time. AI is critical as health care modernizes, and as the industry works toward other ambitious goals.
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> **– Sunay Shah**

To learn how you can minimize claim errors and streamline your processes, contact us today:

optum.com/contactus

Sources

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