SOLUTIONREACH®

GUIDE

6 Ways to Automate Insurance Eligibility

FOR DENTAL PRACTICES

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Guide Overview

One of the most critical yet also time-consuming and costly priorities for practices today is insurance eligibility verification. Not only is it crucial to confirm patients' insurance status and coverage before an appointment but it's also key to an efficient billing process and a more profitable revenue cycle. The degree to which your office's eligibility workflow is efficient and accurate determines how fast you'll get paid from both payers and patients.

Yet several aspects of eligibility verification have made the process more complex, labor-intensive, and expensive, creating extra challenges for providers. Only the most efficient and cost-effective insurance processes and tools can empower your practice to shrink costs and increase revenue.

In this guide, we'll look at how insurance eligibility currently works, point out key pain points and limitations of manual verification, and explore how a tech-based approach can deliver tremendous advantages and savings. You'll see how automated eligibility solutions and smarter workflows let you:

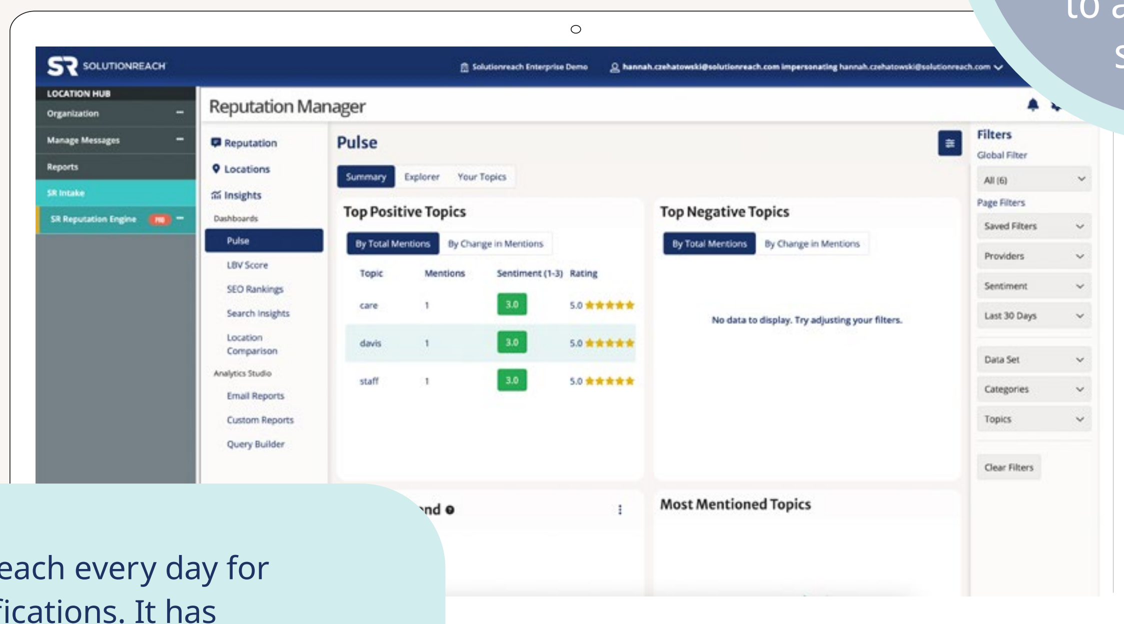
- **Instantly pull patients' current insurance statuses and coverages**
- **Confirm patient insurance eligibility and usage**
- **Save your staff precious administrative hours**
- **Streamline your insurance eligibility workflow**
- **Deliver a seamless care experience to patients**

Practice ROI Using Automated Insurance Tools

Healthcare providers who adopted automated insurance eligibility solutions 2021-2022, according to the CAQH Index:

$584 million

saved by switching to automated systems



I use Solutionreach every day for Insurance verifications. It has taken a task that would take me the majority of my day to

30 minutes in the morning.

*- **Bailey D.***
Patient Concierge/Altman Dentistry

The Current State of Insurance Eligibility

Most healthcare providers rely on a series of manual or partially electronic verification and eligibility steps to collect patients' plan coverage and benefits eligibility. Time sensitivity is front-loaded because insurance confirmation must happen well before the patient arrives for their appointment.

The steps of the insurance eligibility process

Patient Information Gathering

Current eligibility verification processes start with collecting a patient's basics (payer company, patient ID number, group number, etc.). This involves phoning individual payer representatives and/or logging on to payer portals for each verification transaction to verify status and coverage and confirm eligibility.

Since this often takes place via phone or fax, it can result in manual errors and/or require follow-up calls and rechecks. This process consumes a lot of your staff's time and requires them to decipher non-standardized data and code information. Finally, your admin team must ensure all insurance data collected is accurately reentered into your practice management (PM) system or EHR.

Plan Coverage Detail and Eligibility Confirmation

Since patient insurance plans frequently change, their on-file insurance details are often outdated and incomplete. That means your eligibility verification can easily get bogged down in a continual loop of checks and rechecks for every appointment. This adds to the sheer volume of eligibility transactions your staff must perform.

Challenges and Impacts of Manual Eligibility Verification

Next, let's take a deeper dive into some of the specific challenges and pain points of manual verification and look at how they're impacting your dental practice.

Time-Consuming Inefficiencies

Since your staff must phone payer reps, visit payer portals, and essentially engage in a lot of back-and-forth follow-ups, it's a process that quickly consumes your staff's time.

Research shows that *each manual dental eligibility verification takes a minimum of 12 minutes.*[1] Throw in time to clear up any follow-up claim issues and you're now looking at 24 minutes per patient verification transaction. Multiply that over a full week's schedule, and suddenly your staff is spending as much as 40 hours on verification alone.

Claim Denials

Manual eligibility verification also makes it more likely for data errors to be inputted into your PM or EHR, leading to costly claim denials and resubmissions. *11% of all dental claims were denied in 2022, an increase from 10.2% in 2021.*[2] By comparison, automated eligibility verification minimizes clerical errors in claims, reduces denials, and shrinks costly claim appeals.

Staff Burnout

The frequency and number of eligibility verification transactions your staff must manually perform each week can be overwhelming, interrupting other priority tasks. This heavy workload contributes to staff fatigue and burnout, which causes errors to snowball. *86% of mistakes made in healthcare are administrative.*[3] This directly impacts your ability to run an efficient and productive office.

High Costs

The expenses incurred through manual eligibility verification tasks and processes are becoming exorbitant. Dental offices' volume of administrative transactions *increased nearly 10% in 2022 while manual verification spending increased 23%.*[4] *Despite the escalating costs of manual eligibility verification methods, more than 25% of dental providers continue to use it.*

Negative Patient Experience

And don't forget the impact a poor eligibility verification process can have on the patient experience. If your patients arrive for appointments only to hear unexpected news about their plan coverage or remaining eligibility, you risk poor online reviews and losing them as patients.

Incompatible Data

Providers also frequently encounter problems with the quality, quantity, and accuracy of patient insurance information they get from payers and clearinghouses. Many payers only report minimal or outdated details, which requires you to devote extra time to collect each data piece critical to eligibility verification. Similarly, payer data offered isn't in a standardized format, increasing the time and complexity involved with each transaction.

How to Automate and Streamline the Eligibility Verification Process

Automated tools and workflows give you the power of the latest technology to simplify and expedite each step in the insurance eligibility workflow. It also equips you to offer patients a more satisfying appointment experience. Get more tasks done more efficiently while saving your staff time and increasing productivity.

1. Expedite Patient Insurance Requests with Two-Way Texting

Instead of wasting staff hours leaving voicemails and playing phone tag, which ties up your office's landlines, adopt real-time, two-way texting to request that patients complete or update their insurance. Since texting is simple and convenient, it's easy to send insurance request texts to patients. Patients can also take a photo of their insurance card, attach it to the text request, and hit reply. Several patient messaging platforms also allow you to send out insurance information requests prior to scheduled visits, minimizing staff outbound calls. Two-way texting also reduces manual input errors when patients share insurance details over the phone.

2. Utilize Digital Intake Forms to Collect Patient Insurance

Streamline the insurance request and registration process even further with intake form automation. Instead of collecting patient demographics and insurance details on paper forms or practice portals, you can automatically send patients intake request messages before the appointment. Patients can fill out a secure form anywhere and at their leisure. Their intake details are stored in their individual patient record, and synched with your PM or EHR, minimizing manual data time and costly errors.

3. Adopt Insurance Eligibility Verification Technology

Insurance eligibility technology is software which automates and simplifies the tasks of verifying patients' insurance coverage details and benefits eligibility. Many insurance solutions automatically access and cross-reference insurance data through online payer portals and third-party clearinghouses using advanced algorithms. This eliminates countless staff hours spent phoning payer reps to complete each insurance transaction, minimizing claim denials from outdated information stored on file. You're able to know quickly if a patient's insurance details are active, what's covered, and how much remaining plan eligibility they have.

4. Invest in a Solution That Normalizes Insurance Data

When evaluating insurance eligibility technology, it's also important to choose a solution that can normalize and standardize data into a user-friendly format. Payers and sources lack a standardized format for insurance data, so you'll want software that is able to adapt the information from various databases into a single, consistent format. A clear, easy-to-understand breakdown of coverage and eligibility details streamlines each patient insurance transaction so that your staff can assist patients in getting needed treatments and understanding their financial responsibility.

5. Consolidate Patient Insurance Management under a Single System

Expedite eligibility transactions and save staff time by consolidating those tasks under one comprehensive insurance eligibility tool. This enables your practice to seamlessly manage insurance transactions, track updates, and access patient information without your admin team needing to phone payers or access to individual clearinghouse or payer resources.

6. Automate Patient Eligibility Updates Year-Round

Insurance eligibility software automatically verifies a patient's current plan status (active or expired), coverage details, front-end payments due, and usage history every 30 days. This ensures each patient's insurance is accurate, complete, and up to date before scheduled appointments and reduces check-in delays.

Benefits of Insurance Eligibility Automation

Spend Less Money

Research shows that the average cost for *each manual verification is $7.11 compared to only $1.48 per automated transaction—a $5.63 difference.* The study also found that *providers could save $664M simply by automating eligibility and benefits verification.*

Optimize Staff Productivity and Reduce Burnout

Implementing automation into the insurance process has been shown to shorten each transaction by 10 minutes. Save up to 40 hours a week in your staff's insurance workload so your team can focus on booking appointments and assisting patients. Eliminating manual insurance verification and eligibility tasks also reduces the stress and fatigue on your staff that contribute to burnout while increasing their job satisfaction.

85% of claim denials are preventable

Get Paid Faster and Reduce Claim Denials and Resubmissions

Insurance eligibility automation gives your workflow the efficiency, speed, and accuracy to expedite claim submissions and shorten your A/R cycle for quicker payer reimbursement and patient payments. An automated insurance eligibility solution improves your cash flow and ensures you bring in the revenue needed to grow your practice. That's because patient insurance data issues are among the top reasons for claim denials. However, *85% of claim denials are preventable.*[5] Automating insurance eligibility eliminates most process errors and ensures costly claim denials and resubmissions become a thing of the past.

Improve Patient Satisfaction

Your patients will enjoy an elevated end-to-end care experience since insurance automation reduces errors that can cause surprises when patients arrive at your office or get their bill. You get happier, more satisfied patients, which boosts retention rates and helps you attract more new patients.

Provider Return on Investment from Automated Insurance Verification Tools

Healthcare providers who adopted automated insurance eligibility solutions 2021-2022, according to the CAQH Index:

- *Spent $592 million on insurance verification and eligibility software*
- *Would have spent $1.699 billion on manual insurance verification*
- *Saved $584 million by switching to automated systems*

Insurance Eligibility Automation from Solutionreach

1. Quick View

The ability to view a patient's insurance details and status – and know exactly when it was collected and that their plan is active. We normalize the data in a simple chart to remove any guesswork. That way, you know their plan's status, coverage, and usage, versus having to make calls and try to interpret clearinghouse and payer data.

2. Quick Requests

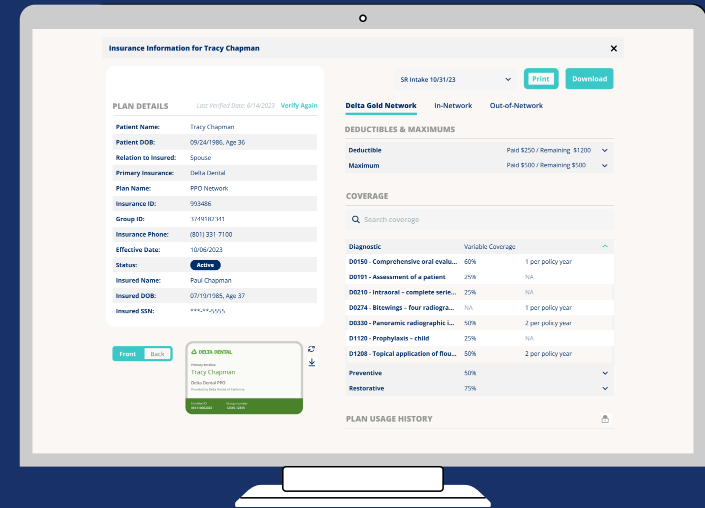
Easily request insurance for patients whose insurance information is lacking or incomplete by sending a quick patient insurance request via text or email.

3. Quick Status and Coverage Verification

Our system automatically verifies insurance status and coverage prior to appointments with the added ability to manually verify within seconds for same-day visits, as needed.

4. Quick Eligibility Confirmation

Our eligibility verification feature confirms plan usage so you can help them use up their remaining benefit to receive needed routine cleanings, x-rays, fluoride treatments, etc..



Ready to explore what Solutionreach's all-in-one insurance eligibility solution can do for your practice?can do for your practice?

SCHEDULE A DEMO

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