

eEligibility



No one has time for denials.

Get all the patient information you need in one accurate, automated workflow

Reduce Cost; Increase Insurance Verification Accuracy

In insurance verification, accuracy is essential. Accurately verified insurance improves the revenue cycle and is a key performance indicator. Billing the incorrect insurance company can cause payment delays, denials, and patient confusion and dissatisfaction. It also puts patients at risk for untimely or unnecessary bills and inaccurate patient liability identification. Manual insurance verification is expensive and time consuming, with a high level of human error potential.

Proper eligibility and benefit verification prevents countless downstream problems, reduces rejected claims, accelerates cash flow, saves staff time, and improves patient relationships.

eEligibility Delivers Significant Benefits

eEligibility solves insurance verification issues by providing the most current and complete insurance benefit information for each individual patient. Additionally, the patient benefit status is available pre-arrival and includes progress to deductible, co-pay amounts, and co-insurance percentages. This enables accurate identification of patient balances due and over-all clarity in billing and insurance information.

- Accelerates cash flow
- Reduces re-bills and re-work
- Reduces denials
- Increases staff efficiency and productivity
- Improves accuracy in benefits verification
- Increases overall patient experience

Workflow Features

eEligibility's "No-Touch" processing system dramatically impacts verification outcomes and productivity by increasing verification throughput and drastically reducing the number of minutes required to book, register, and verify a patient's insurance information. eEligibility Workflow's automated insurance correction and entry facilities eliminate manual errors.

Work smarter and more efficiently

- Improves staff efficiency and speed by displaying the information required at each stage of processing
- Eliminates the need to read the 271 response

Real-time integration

- Electronically queries payer systems to retrieve insurance benefit information
- Interrogates retrieved benefit information and compares it to the current benefit information in the patient accounting system

Improved workflow for insurance verification

- Interrogates benefit information to ensure that all relevant information is present and accurate
- Exception-based work lists ensure that staff time is not spent erroneously following up on eligible patients
- Prioritizes accounts for verification based on customized criteria and automatically routes individual staff work queues.

Managing made easy

- 100% accuracy and quality check on all registrars and pre-arrival staff
- Exception-based work queue when manual intervention is required
- Work flows automatically through a "No-Touch" system when accounts do not require manual intervention
- Provides robust reporting mechanism to track trends and create full visibility to areas of concern within the registration process.

Transaction Services

Ovation eEligibility transactions combine 270/271 EDI transactions with patient insurance and benefit data obtained directly from payer websites to create a richer, more actionable data set. These transactions enable an exception-based workflow that ensures accurate and complete patient insurance and benefit information while circumventing downstream insurance denials.

Find out more: Visit www.ovationrcs.com or call **412-432-5697** or contact JBurnett@ovationrcs.com