Level up the Healthcare Payer-Provider Engagement

Delivering a seamless payer-provider engagement using digital solutions.

Healthcare today is lacking when it comes to payer-provider engagement and is considered as one of the worst industries when it comes to customer service. Even though it is no secret that healthcare has improved with technological advances, the digital user experience still needs improvement. There is an immediate need for a seamless and digital consumer experience tailored to the consumers' healthcare needs.

The Centers for Medicare and Medicaid Services (CMS) has taken many initiatives to reduce the overall burden and improve patient access to health information. Their mission is to eliminate manual processes and replace them with automated systems to make information flow between the payer, provider, and patient seamless. The CMS has identified information sharing as one of the biggest challenges causing frustrations and losses for healthcare payers and providers. Manual processes like using Fax machines to share data have been identified as standard practice within the healthcare sector. These frustrations have, in turn, resulted in poor patient experiences.

For a successful payer-provider relationship and to avoid revenue losses due to billing disputes, it is vital that the two essential segments of the healthcare sector understand each other's goals and collaborates efficiently.

The HITECH Act (Health Information Technology for Economic and Clinical Health Act) was introduced during the Obama administration. This act made the healthcare organizations adopt digitization and hence increased the adoption of the EHR system. But what this act could not achieve is to standardize the way information is being shared within healthcare.

Inefficiencies and losses due to manual processes:

As a part of the prior authorization program, for CMS to pay for healthcare services, insurance companies require the healthcare providers (typically a physician or hospital) to gain permission to provide the service. Insurance companies use prior authorization as a way of keeping health care costs in check.

According to an American Medical Association survey that examined 1000 practicing patient care physicians' experiences, nearly 64 percent of participating physicians reported waiting for at least one business day for insurers' prior authorization decisions. Almost 30 percent said they wait three business days or longer. Due to the delay in prior authorization, 78% reported abandonment of treatment. The survey findings also showed crucial data that every week a medical practice completes 29.1 prior authorization requirements per physician, which takes an average of 14.6 hours to process, which is approximately equivalent to two business days. To keep up with the administrative burden, around 34 percent rely on organizational members who work exclusively on data entry and other manual tasks associated with prior authorization.

Using manual paper-based processes for the prior authorization programs has negatively impacted patient clinical outcomes. These manual processes between providers and health plans involve several phone calls, mainly to verify patient insurance coverage, mailing claim payments, faxing of authorization forms, patient records, and other necessary documentation. This increases the burden of paperwork for both payers and providers. Paper-based manual processes also result in errors

and back and forth communication if any information is missing or incorrect. Fax machines are still an integral part of communication within healthcare. The process of faxing a document is a very time consuming, very inefficient way to get approvals. Using fax machines are also not secure and can cause HIPAA violations.

Due to these challenges, CMS has been making efforts to eliminated fax and other manual paperwork processes to enforce collaboration between the payer and provider, using an automated electronic medium. They are also stressing on interoperability of systems. In an Office of the National Coordinator for Health IT (ONC) forum in Georgia, CMS administrator Seema Verma spoke about CMS's efforts to make the doctor's office a "Fax Free Zone" by 2020.

A modern digital solution to reduce the burden and execute agreements faster:

Medical insurance relies on many documents, primarily revolving around agreements, and the key here is to cut down the paper chase while executing these agreements. Healthcare organizations have adopted EHR, EMR, and healthcare document management systems due to healthcare reforms and CMS efforts. Most of these use PDF documents as a standard electronic document format. PDF editor software can easily integrate with document management systems to search, edit, and save documents to these systems.

Agreements are very different from other types of documents, and they are highly regulated. There can be regulations on how contracts are signed, recorded and also how they are saved. Unlike the tedious, time-consuming, and not so secure process of getting agreements signed using the ink signature counterparts, PDF editors that come with electronic and digital signatures with authentication built-in can verify the identity of the person who has signed the document with a timestamp that can quickly and securely execute the agreement.

Both healthcare payers and provider organizations need to have a standardized system to execute these contracts and agreements. There needs to be a process where these documents are going through a streamlined, secure digital process of creating the PDF document, signing it, acting upon the signatures to invoke other processes and manage the documents.

Foxit's PhantomPDF is a robust, secure, and powerful PDF editor that helps users easily capture information and signatures on electronic forms. Healthcare organizations can prepare, sign, and send documents and agreements within one environment without switching applications. Medical insurance organizations can scan existing paper insurance forms directly into a PDF document, then create PDF fillable forms or other existing PDF form files. Features such as automated form field recognition in PDF software like PhantomPDF automatically identifies likely form fields in insurance companies' PDF forms. Once all the heavy lifting is done, anyone creating the document can then touch up the resulting file to add, change, or remove fields.

With PhantomPDF and a little custom JavaScript (built-in), users can connect interactive forms to their database and insert, update, or delete database information. That means fewer error-prone, manual data entry, reducing time and cost, which is valuable for any industry, especially for the Healthcare Insurance industry.

PhantomPDF provides several secure and easy ways to sign documents. One of which is PhantomPDF's integration with DocuSign, a leading signature provider. This helps healthcare organizations cut down the hassle of printing, signing, and re-scanning documents. With just a few clicks and staying within the PhantomPDF application, users save time, money, and the hassle of printing, faxing, and shipping costs. Thus, making the entire transaction digital.

Having a system like this will reduce the turnaround time to just a few hours instead of days. Revenue cycle management (RCM) is one of the main focuses of the healthcare sector. When new providers are easily and quickly onboarded, this enables the RCM, accelerates the health network's growth rate, and improves patient outcomes. The risk of falling out of legal compliance is significantly reduced. Applying these digital solutions will also encourage collaboration within the organization and cooperation between care providers and health plans.

The healthcare employee experience is equally important as the patient experience. With the modern digital system, streamlining the agreements process reduces employee burn out with their daily documentation, resulting in increased employee satisfaction as valuable time is saved while increasing efficiency. The medical staff can then concentrate on the patients and spend more time providing them the care they need.

Productive and stress-free collaboration is the key to ensuring a successful payer-provider relationship to reduce costs, reduce claim denials, strengthen regulatory compliance, and significantly improve outcomes for patients, partners, and customers. Remove all the roadblocks to a more efficient partnership between payers and providers by getting to know more about Foxit's PhantomPDF and the various solutions and integrations provided by it.

To learn more about Foxit's PDF solution for Healthcare click here and to download a free trial click here.

References:

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