

Patient Access Solutions

Re-engineer patient access processes to drive performance

Deploy a sound foundation to automate patient financial processing and deliver best practices for point-of-service collections with nThrive technology and services.

Key features

- Real-time import of patient admission, discharge and transfer (ADT) data to provide a consolidated and comprehensive view of visit detail
- Automatically assigns financial clearance activities and generates work lists based on account attributes and facility specific parameters to assure timely financial clearance
- User friendly graphic workflow display tracks and provides the status of financial clearance activities to expedite processing and prevent redundant work
- Automatically generate CarePricer® estimates and assign work lists by patient liability
- Automatically posts relevant information back into host patient accounting system, including real-time insurance verification, eliminating need to toggle between multiple systems
- Flags accounts requiring pre-authorization and tracks the status of obtaining that authorization
- Identifies discrepancies between the patient registration and payer data
- Direct integration of Eligibility and Benefits Verification information with nThrive's leading bill estimation product, CarePricer, streamlines creation of timely and accurate out-of-pocket estimates prior to service or at the point of service
- Eliminates time consuming, manual registration audits
- Provides management reporting, including:
 - Dashboard Reports
 - Worker Productivity and Efficiency
 - Point of Service Collections
 - Risk Management Reports

nThrive Patient Access Solutions

Patient Access Management Automation and Financial Clearance Services



ABN
Management



Medical
Necessity
Research



Address & ID
Validation
Management



Eligibility &
Benefits
Management



Patient Bill
Estimation



Point of Service
Collections
Management



Propensity
to Pay
Management



Registration
Quality
Management



Financial
Clearance
Center Services

PRE-REGISTRATION >> REGISTRATION >> FINANCIAL CLEARANCE >> PRODUCTIVITY >> COMPLIANCE >> COLLECTION

Patient Access Management

This tool supplies the intelligent workflow and work queuing platform that powers nThrive Patient Access Solutions.

This robust, Web-based tool is designed to manage the multiple disparate pre-registration and registration functions so that your patient access staff can distribute, prioritize, assign and track all pre-registration activities necessary for financial clearance.

ABN Management

This tool supports your efforts to fully comply with all CMS Medical Necessity rules and helps fulfill your ongoing commitment to achieving accurate and proper Advanced Beneficiary Notification (ABN) documentation. ABN Management provides the information you need to receive full and proper reimbursement for service while reducing the risk of potential fines for billing non-covered services to Medicare.

Medical Necessity Research

KnowledgeSource is an enterprise application that provides regulatory and compliance intelligence. It complements ABN Management by allowing your staff to research proprietary policy edits to support Medicare medical necessity requirements.

Address & ID Validation Management

This solution enables you to confirm patient identity is matched to the appropriate address, in real-time, as part of your registration process. It verifies patient name, address, social security number and date of birth. It provides a risk indicator and identifies any potential red flags. This proven solution helps protect against identity theft and improve revenue recovery. It also provides for accurate addresses for patient collection after service.

Eligibility and Benefits Verification

This tool provides verification of patient coverage and benefits both in real time and batch processing from more than 800 payers. Coverage responses are delivered in an easy-to-read, normalized view, enhancing staff abilities to provide accurate information to patients prior to service as well as retrieve results for future use. Eligibility and Benefits Management helps to decrease eligibility-related denials, improve net revenue and increase cash flow.

Patient Bill Estimation

CarePricer calculates patient out-of-pocket responsibility by combining information from payer contracts, historic charges and patient benefits enabling staff to provide accurate estimates prior to registration, at registration or for phone shoppers. Your staff is stepped through a simple process to capture necessary information from the patient. This system generates patient liability information needed to increase up-front cash collections, improve patient satisfaction and reduce self-pay bad debt.

Point of Service Collections Management

Improve the ability to collect patient balances before discharge with an electronic payment solution which provides online payment processing for health system staff to accept payment at the time of service, establish payment plans or let patients make payments online via a web portal accessed from the health system's website.

Point of Service Collection Improvement

nThrive consulting and services engagements identify opportunities to increase cash performance, productivity, quality and efficiency. Our experts provide recommendations that span workflow processes, staffing and the technology required for the organization to achieve optimal results. In addition, These services can provide focused assessment, training and implementation of a standardized point-of-service collection program for all patient access intake areas.

Propensity to Pay Management

This tool enables you to determine the patient's financial condition and their probability of receiving financial aid in real-time. It reports the patient's available credit, household income, estimated household size, debt to income ratio, percent of Federal poverty level and residual income. It allows your employees to confidently request payment and engage financial counselors, when needed, to support payment plans and charity care.

Registration Quality Management

This tool is a powerful, rules-based registration audit and reporting solution that enables patient access staff to correct errors in real-time or batch and audit the information prior to billing. Registration Quality Management enables your health system to avoid the burden and cost of manual QA reviews, back-office rework and registration-caused denials.

Financial Clearance Center Services

Central financial clearance functions to help promote timely financial approval and clearance and an optimized patient point-of-service experience. Leveraging a combination of patient access experts and nThrive Patient Access Solutions, the service provides supplemental or replacement staffing for insurance verification, verification of pre-certification/authorization/referral, pre-registration, patient liability calculation/notification and up-front collections.