

Insurance Discovery Project Page (2)

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Problem To Solve

For patients with health insurance, Providers contract with Payers to provide health care services. This process allows Providers to get fully paid for the services they offer, while at the same time decrease the cost for said services on the patient. However, patients without any coverage—i.e. self-pay patients—are billed with the entire medical cost that they must pay out-of-pocket. This results in lower/slower revenue for the providers and an increase of financial burden on the patient.

One major barrier providers are facing is uncompensated care. Uncompensated care could be under billed procedures or services that have not been paid. Coverage discovery can assist providers with the latter. In many cases, a provider may not have a patient's insurance information on file and cannot contact the patient. Coverage discovery can help providers get paid in this situation, because if Phreesia can provide the correct insurance information than that provider can send a claim to the payor. Another need for coverage discovery would be searching the patient against state Medicaid because a health system (E.g. a Hospital) could have enrolled the member in Medicaid without the patients knowledge. Lastly, if a provider has an extended business office, the EBO, can leverage coverage discovery to see if a member has coverage before sending the patient to collections.

x% of our Phreesia's patient mix are self-pay (*we have this data*)

- By Payor
- Steph

statistically that is x% higher than the rate of uninsured(?) **general industry stats**

- Uninsured rate: 7.9% of U.S. population/26 million (as of 2022; [link](#))

x% of patients presenting with self-pay actually have coverage **general industry stats**

- "Gain an overall average insurance identification hit rate of **40.79%** on uninsured accounts across all care settings." ([link](#))
- "**34%** of patients presenting as self-pay actually had active coverage found by Waystar" ([link](#))
- "Coverage Discovery tracked down previously unknown billable coverage in **32.1%** of patient accounts" ([link](#))
- "Implementing Insurance Discovery pre-registration can help providers identify coverage options for up to **25%** of self-pay patients" ([link](#))
- "Between **20%-40%** of presumed self-pay patients have some form of insurance coverage." ([link](#))

with standard eligibility checks, Phreesia is only able to capture an active eligibility status if all patient information is provided and accurate.

x% of AAA errors could be avoided with a expanded demographic search through the payer. **Ask John if we can tell what errors for incorrect member ID, and can we then auto fix that with a demographic search? any other errors we can resolve with a demographic search?**

- Volume (incorrect responses) by Payor - then talk to John
- Steph

Our largest competitor Clearwave offers a check against Medicaid on Self-Pay

Feedback from clients is fair, with x (*add up feedback cases*) cases in the last 4 years. Although upon discussion with 2 clients recently, we are unsure clients realize this is a problem that can be solved.

Proposed Solution

Running a demographic search to hunt for patient insurance is a method commonly referred to as Insurance Discovery. Phreesia's insurance discovery can solve for the following use cases:

- Patients that present as self-pay patients yet have eligible, active insurance without knowing—these include: commercial, government, or exchange plan coverage.
- Patients that are aware they have insurance but are unable to provide an insurance card or member ID.
- Patients that are aware of their primary insurance but unaware of their supplemental or secondary coverage.

- Patients is unable to provide their insurance prior to their appointment.
- Patients submit incorrect insurance information.

Phreesia's ID can be utilized during scheduling and registration or utilized during pre-billing in batch submissions or individual real-time queries.

Value

Phreesia is a leader in patient intake solutions that focuses on engaging the patient to help them manage their own health and healthcare. As managing healthcare becomes increasingly more complex, patient's don't have all the answers, and we shouldn't expect them to. As experts in verifying coverage, let's take the first step in identifying coverage to make sure covered patients are truly covered.

- Insurance Discovery can automatically correct coverage for instances where patients submit incorrect insurance information. x instances **Comes from above where we ask john how many AAA errors we can resolve with this.**
 - How many of the payors where incorrect memberID returned. support demographic searches (this is what I would do with John, after getting data from Steph)
- Run ID to reduce number of hours spent contacting the patient and manually searching portals for insurance information. x fte savings **estimate from john on how long it takes to find insurance on a portal and then mult by number of self-pay per day 2-5 per day**
 - Get the total number of self-pay patients per payor.
- Increase payment assurance and cash flow by x% **might be able to find from competitors**
 - "AI-driven workflows accelerate the revenue cycle by **15% to 20%**" ([link](#))
 - "Implementing front-end Insurance Discovery can cut administrative costs by **20% to 30%**." ([link](#))
 - "Sterling Health Care saw: A **2%** net revenue increase" ([link](#))
 - "One Waystar client, Aultman, discovered coverage for 34% of patients who presented as self-pay, leading to a \$414K boost in cash flow in just 16 months." ([link](#))
 - "Accelerate Cash Flow by **65%**" ([link](#))
- Reduce charity care and bad debt by x% **might be able to find from competitors**
- Increase patient satisfaction

Adoption:

interested clients - survey numbers

(6,862 total live accounts per salesforce)

eye clinics (#) **stephanie or john, or take a look in salesforce**

- Steph:
 - 382 clients contained "Ophthalmology" (Based on Salesforce database in the Primary specialty field).

FQHC (#) **stephanie or john, or take a look in salesforce**

- Steph:
 - 176 clients contained "FQHC" (Based on Salesforce database in the Primary specialty field). - ?
 - ran report on primary specialty FQHC in salesforce with est annual visits under 30,000 and there are 84 accounts within this range
 - FQHC in general there are 175

large self pay and CMS payer mix facilities **stephanie or john**

- Steph

states with the highest Medicaid enrollment **general states**

State	Medicaid Enrolled	Number of Accounts
California	12,668,401	361
New York	6,789,092	217
Texas	5,374,020	800
Florida	4,752,201	515
Illinois	3,504,288	163
Pennsylvania	3,393,728	115
Ohio	3,095,655	119
Michigan	2,884,050	256
Georgia	2,140,554	375
Arizona	2,140,101	138

- [Link](#)

clients that find coverage post appointment (**can we determine this?**)

Adoption Assumptions so far (7/17)

- Not Candidates:
 - FQHC that have under 30k visits annually will not be interested (84 accounts)
 - "we know all our patients, if they are self-pay it is because they are truly self-pay" - Pendleton
 - Providers that do not take insurance or take limited insurance (>80% self-pay) (300 accounts)
- Candidates:
 - Large FQHC (>30k visits) (92)
 - Eye clinics (382)
 - Emergency Departments (2)
 - Dental (25)
 - Urgent Care (55)
 - Large Medicaid Mix
 - Large Self-Pay Mix

Financial Analysis:

Dev work:

Transaction fees:

expected adoption rate:

proposed pricing:

Product Scope:

Objective 1 - MUST HAVE: Meet parity with largest competitor, Clearwave who can run self-pay patients against Medicaid.

Solution Specifics:

11 States are free demographic queries to cover x% of our clients

35 states will incur a fee of ~.017 per transaction - this will cover X% of our clients

Requirements:

- Mapping of practice states to region-specific Medicaid
- Identify the state of the practice and based on region-specific Medicaid auto search for patients that do not have insurance x days prior to the appointment date
- Batch UI to allow users to run self-pay patients against Medicaid anytime
- Cascade to eligibility and auto-assign to the patient
- Allow an instant request per patient

Dev spend:

Objective 2 MUST HAVE: Increase our coverage detection to meet parity with other competitors such as Waystar, ~20-30%

Solutions Specifics:

137 payers allow free demographic queries to cover 22% of our transactions

Requirements:

- Configuration to identify the top 5-10 payers to check for each practice (allow self-selection)
- Utilize the batch UI to run self-pay patients for a specific date of service against the practice's top 5-10 payers
- Cascade to eligibility and auto-assign to patient
- Allow an instant request per patient

Dev Spend:

Objective 3 UNSURE OF PRIORITY: Expand our coverage detection to Medicare to assist clients that have a large Medicare patient population

Solution Specifics:

Query eServices tool with required data to pull MBI using RPA. Then query the Medicare web site using the MBI

Requirements:

- Arch work to support RPA/build bot.
- Cascade/use the MBI to call Medicare for e&b
- Configuration needed or rules needed to only call patients >65 and make state-specific to only query 1 MCR

If utilize an API from Experian or TU, would incur .09 fee per transaction (~9% of our transactions)

Dev Spend:

Out of Scope:

- Batch 270 checks to remaining payers we have access to that have fees associated.
- RPA to query other payers

Impact

Effects on Phreesia

- Increase volume of transactions to our payers.
- Potential increase in cost (as number of transactions increases).
- Potential increase in rebates from payers.

Dashboard

Clients want to find applicable insurance on behalf of a patient because:

- they need to know if a self-pay patient actually has coverage.
- they can verify if a patient provided accurate insurance information.
- they can reduce billing errors.

Return on Investment

- can we sell this?
- revenue, retention, competitive advantage.

Benefits to the Personas + Benefits to the Stakeholder (Phreesia):

let's look at the impact to the different personas.

- impact to provider's business (\$)
 - Uncompensated care is a \$50 Billion dollar challenge facing healthcare; this covers underpayment, insurance discovery, and incorrect coding.
 - Phreesia can help tackle insurance discovery leading to more timely claim filing, increased cash flows, and better workflow for employees.
- impact to the front-desk registrar/insurance specialist - time
 - By using Phreesia for ID, front-office need not call payors.
- impact to the patient (less canceled appts, and less \$ required of them)
 - Patient is less likely to go to collections if a provider knows which payor is covering the patient.
- impact to phreesia (potential revenue, rebates from trx volume, client satisfaction, sales benefit)
 - Coverage Discovery is creating a need for an office.
 - Phreesia's volume will increase which could lead to rebates.
 - Increased patient satisfaction.
 - Help providers know what the patient's responsibility is before sending to collections (E.g. patient has medicaid and cannot be balanced billed).

Client Feedback

Account Name	TagJW	Subject	Account Owner	Product Category	Description	Case Number	Impact to Customers	Status
Arbor Family Medicine	insurance discovery	To check the Medicaid system for every patient and alert client	Taylor Dotson	Insurance & Eligibility	Client advised that they get a lots of patients with commercial insurance or who say they're self-pay but then they find out the patient is also having Medicaid. This creates a HUGE problem for them because they end up collecting money that they have to refund. Sometimes they find out later that some patients have a type of Medicaid that they don't accept or the wrong PCP. They said "" It would be great if Phreesia could check the Medicaid system for every patient and alert us if a patient has any active Medicaid plans. I know this could be complicated because we don't have the ID number, but in the Colorado system we can search by name and DOB, so maybe it would be possible? ""	1386042	Save a lots of time and avoid the refunds that they have to make	Accepted: Under Review

Tueller Counseling	insurance discovery	Verify Medicaid Insurance using fields other than last name	Madeline Escondo	Insurance & Eligibility	Client mentioned that using AdvancedMD to verify Medicaid insurance, they are able to get a response even if the patient has changed their last/legal name but with Phreesia it gets flagged or also for patients who are under their parents' insurance They would like to be able to run insurance eligibility in these situations before getting updated information from the patients	1297311	It would allow them to verify insurance prior to the patients coming in even when the information may be slightly skewed and increase their stickiness with Phreesia	Potential Future Consideration
PIH Health, Inc.	insurance discovery	Ability for users to search for patient insurance from Phreesia	Bryan Milling	Insurance & Eligibility	Most often patients are entering incorrect insurance name via SS, insurance information details are not bidirectional and are manually updated in PM and Phreesia does not always pick up the new insurance right away.	1519267	Need way to for staff to search for correct enter correct insurance by searching by claims address. Need insurance updates to be bidirectional.	Needs your feedback

Competitive Intel (How They Do It)

Waystar - Coverage Detection:

- Their "Business Intelligence Engine" handles requests through their platform to identify hidden coverage.
- Utilizes proprietary algorithms to identify coverage on patient accounts + pre-identified payers confirms active coverage exists.
- Their data is pulled from hospitals, health systems, physicians, specialty groups, ancillaries, payers, etc.
- [Source](#)
- [Excel Sheet](#) for more information on Public Data, Use Cases, and Company Partnerships/Customers.

Clearwave - Multi-Factor Eligibility™:

- Multi-Factor Eligibility runs automatically at multiple patient touchpoints (scheduling, pre-check, in-office registration etc.).
- Pulls insurance data from multiple clearing houses and more than 900 payers.
- Clearwave adds insurance checks with a real-time eligibility dashboard for provider staff.
- [Source](#)
- [Excel Sheet](#) for more information on Public Data, Use Cases, and Company Partnerships/Customers.

pVerify - Insurance Discovery:

- Offered in Instant, Batch, and API Modes + is a real-time API Solution.
- Proprietary data is utilized by their "ID logic" that's unique to each state of patient residence.
- Integrations automate patient extraction for a specific DOS to verify in advance + return benefits.
- [Source 1](#) & [Source 2](#)
- [Excel Sheet](#) for more information on Public Data, Use Cases, and Company Partnerships/Customers.

MaxRTE - Insurance Discovery:

- Provides batch processing via EHR integration and/or file transfer through SFTP to verify eligibility.
- Proprietary tech that identifies unknown commercial/exchange payer plans, workers compensation benefits, Third-party administrators (TPAs), and Cobra coverage.
- Also identifies unknown government coverage (includes Medicare and Medicaid).
- [Source](#)
- [Excel Sheet](#) for more information on Public Data, Use Cases, and Company Partnerships/Customers.

Inovalon - Insurance Discovery:

- Their algorithms search patient information against public and private payers.
- Finds active primary, secondary, and tertiary patient coverage + Medicare Beneficiary Identifier (MBI) and demographic details.
- [Source 1](#) & [Source 2](#)
- [Excel Sheet](#) for more information on Public Data, Use Cases, and Company Partnerships/Customers.

Office Ally - Insurance Discovery:

- Their "initial search" (data?) extends back 1 to 2 years.
- Seems like their Insurance Discovery tool leverages: search methods, algorithms, and machine learning; the combination searches historical data, public databases, and proprietary data sources.
- [Source 1](#) & [Source 2](#)
- [Excel Sheet](#) for more information on Public Data, Use Cases, and Company Partnerships/Customers.

ABB Optical Group - ABB Verify:

- ABB Verify Complete & ABB Verify On-Demand (two versions).
 - ABB Verify Complete: Draws in in-network benefits for scheduled appointments automatically + Reminds patients of unused benefits via email/text.
 - ABB Verify On-Demand: Utilizes a "benefits search engine" that confirms patient insurance within 30 seconds + Does not have to integrate with a practice's PM system.
 - [Source](#)
 - [Excel Sheet](#) for more information on Public Data, Use Cases, and Company Partnerships/Customers.
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Appendix