

CASE STUDY

## Rural Midwest Hospital Improves Revenue And Patient Satisfaction With End-To-End Patient Access Solution

Staffing Shortage Weakens Hospital Resources

Frustrations Grew As Patients Can't Get The Care They Need

Prior Authorization Improvements Seen Immediately

1200+ Prior Authorization Backlog Cleared In 21 Days

Hospital Expands Our Responsibilities

Efficient Scheduling With A Greatly Expanded Team

Major Improvements In Revenue, Patient

The COVID pandemic was particularly tough on rural hospitals. Already drawing from a limited employment pool, these facilities struggled to retain enough staff to serve their population. COVID infections, mandatory lockdowns, and school closures resulted in many parents needing to stay home. This drastically reduced nurse and doctor numbers, and emptied critical front and back offices as well. Some of the staff lost to the pandemic never came back.

While Federal COVID relief has now helped to stabilize rural hospitals, persistent staffing issues continue to drastically interrupt scheduling, intake, patient care, and billing. One Midwest multi-specialty hospital had an administrative staff stretched so thin, it could barely serve the local community.

The region's only medical center, this hospital offers 32 medical specialties provided by 28 physician clinics, nearly 300 providers, and 2,000 staff members. It provides comprehensive and innovative healthcare services for its local community, and patients from neighboring states. When staffing was stretched to the breaking point, the medical center's revenue diminished drastically and the community was at risk.

### Staffing Shortage Weakens Hospital Resources

It got worse. When COVID hit, sick patients flooded this hospital during a time when staff had to call in sick or stay home with sick loved ones.

Critical revenue cycle processes broke down entirely. Staff could no longer keep up with the demand of eligibility and benefit checks and patient pay estimates, and no longer collected patient co-pays at the time of service. Patients sometimes went into appointments before insurance verifications and prior authorizations were obtained. As the authorization backlog grew to 1200+, fewer patients were scheduled, and revenue diminished.

### Frustrations Grew As Patients Can't Get The Care They Need

When patients had to wait weeks for prior authorization approval before they could see a doctor, they grew increasingly frustrated. Patients calling the hospital couldn't reach schedulers, clinics, or physicians. Every day, 80+ voicemails went unanswered, and call abandonment rates grew.

### Prior Authorization Improvements Seen Immediately

Once we implemented our solution, staff appreciated these efficiencies:

- Hospital physicians put their orders into the hospital's EMR.
- The orders move to the intake specialist work queue, where our specialists review them for accurate CPT codes.

The patient access team takes it from there.

- After researching payer requirements, each specialist ensures the prior authorization contains all patient demographic information, tests, and diagnostic documentation requested.
- Once these authorizations are initiated, our solution performs frequent, automated status checks with payers and can provide real-time determination.
- If a peer-to-peer review is required, our specialists alert the staff immediately for follow-up.

### 1200+ Prior Authorization Backlog Cleared In 21 Days

Within three weeks, we were able to complete the backlog of 1200+ prior authorizations and get the patients scheduled. Hospital administrators were impressed and patients were relieved to get the appointments they needed and had waited for. Hospital administration

relied to get the appointments they needed and had waited for. Hospital administration remarked on the overall improvement in patient experience achieved in such a short time.

## Hospital Expands Our Responsibilities

Pleased with our results, the hospital's administration moved quickly to expand our work. They engaged us to provide complete end-to-end patient access services in a "managed services" multi-year contract. Where other consultants recommend fixes and leave, our service model is to recommend fixes, deploy them, execute, and monitor them daily.

We deliver to the hospital comprehensive revenue management services, process efficiencies that expand staff productivity, access to the latest technology, and seasoned experts with extensive knowledge of industry best practices.

## Efficient Scheduling With A Greatly Expanded Team

For added efficiency and to relieve pressure on hospital patient access staff, the entire scheduling call center gets rolled over to our staff in Texas. Where once, the hospital had two and one-half schedulers, 12 of our full-time employees handle incoming calls for most modalities. Because surgery uses a different protocol, that service books its own cases.

To speed up revenue collection, we start pre-registrations, prior authorizations, and pay estimates during the scheduling process.

Having these steps completed before time of service fuels consistent revenue collection. We complete the patient access tasks, and put a workflow into place that dictates when each should occur.

We shore up revenue, and patient volume, even further by offering patients the option to pay their amount due during appointment reminder calls. It's well known that when patients pay for services ahead of time, they are far more likely to make appointments. With all of these changes, patient satisfaction has increased, stress is reduced, and the schedule has more stability.

## Major Improvements In Revenue, Patient Satisfaction And Employee Morale

Today, all of the hospital's prior authorizations are completed on time, increasing revenue. Gone are the days when the hospital experienced a 15% to 20% overall denial rate, which were mostly due to missing, incomplete, and inaccurate prior authorizations. Efficient prior authorization turnaround and the resulting efficient scheduling have also led to higher patient satisfaction.

And there are more measures of success:

- Currently, we process over 2200 prior authorizations, eligibility and benefit verifications, and patient pay estimates monthly.
- These tasks are completed prior to patient coming in for an appointment or test.
- Zero backlogs exist in any of these patient access functions.
- Prior authorization denial rates remain under .05%.

With prior authorizations completed efficiently, more patients get scheduled.

## Prior Authorization Efficiency Fuels Patient Volume And Revenue

The hospital is thrilled with the increases in patient satisfaction and increased volume and revenue.

- On average we field 600 to 800 phone calls and schedule 200 to 300 patients per day, depending on the order volume from physicians.
- Any voicemails left are returned within less than 4 hours.
- By end of the day, scheduling queue only has less than 10 patients unscheduled.
- We also created scheduling training manuals for the team so that new schedulers are able to onboard quickly.

## Monthly Point Of Service Revenue Soars From \$0 To \$95,000

We also reinstated point-of-service payments after it had been suspended at the beginning of the pandemic. With our new system, point-of-service payments in 2022 reached \$95,000+ a month in additional uncollected revenue. Pandemic years 2020 and 2021's POS payments were zero, or close to it.

## Staff And Patients Trust The Hospital Again

Staff has come to appreciate an efficient, streamlined patient access operation. Process improvements and documented workflows, including how physicians and staff communicate internally, have improved employee morale. Patient access staff turnover has declined and the hospital has not had to add any new team employees.

Best of all, our efficient patient access operations have improved the entire patient experience. The hospital has reinstated the practice of patient letter and email notifications to back up phone outreach. The team promptly answers calls, and all messages left are returned within 24 hours. Call abandonment rates and patient voicemails have decreased. The local community appreciates that every call is answered and their procedures are scheduled as soon as possible. Patient complaints have diminished, and the hospital's reputation is improving steadily.

If you are looking to achieve similar results at your organization, contact us at [www.infinx.com/request-a-demo](http://www.infinx.com/request-a-demo).

Do staffing challenges at your rural hospital lead to low point-of-service payments, prior authorization backlogs, and inefficient, revenue-depleting scheduling? See how one rural hospital cleared a 1200+ prior authorizations, got scheduling back on track, and filled their schedule efficiently with an end-to-end patient access solution.

You can sign up here for a pdf of our case study to be sent to your inbox or continue reading above.

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Book a time to meet with one of our solution experts to learn how our patient access, coding, revenue cycle solutions, full service RCM and custom automation platform build services to help increase revenue for your organization.

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#### Office Hours

Join us in a weekly virtual session with our executives to discuss the latest healthcare revenue cycle challenges and developments and answer any questions.

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