

MD Clarity Helps a Women's Health Physician Group Save \$172,000 to \$344,000 by Automating Patient Cost Estimation

Summary

The Situation: An organization on a mission

The Challenge: Manual access tasks for insured patients weigh down staff

The Solution: Reproductive health organization chooses Clarity Flow

Results: Organization saves \$172,000 to \$344,000 by avoiding new hires

Summary

Challenge

To remain compliant with 2022's No Surprises Act, this reproductive healthcare organization needed to send out good faith estimates to 445 patients daily. Current staff did not have the capacity to take on these tasks, and the organization couldn't spend hundreds of thousands hiring 4 to 8 new employees to get the work done.

Solution

The organization turned to MD Clarity's Clarity Flow to automate these and other patient estimates so that patients received estimates according to NoSA restrictions. Estimate creation and sending required no intervention from staff.

Results

- Avoided FTE expense: \$172,000 to \$344,000 yearly
- 445 good faith and patient estimates created each day
- 99% of estimates sent automatically without staff intervention
- Staff time dedicated to manually completing pre-verifications (which include automated pre-service estimates) for insured patients is cut in half

The Situation: An organization on a mission

This reproductive healthcare organization has 35 locations in 6 states in the Midwest and the West Coast, as well as Alaska, and Hawai'i. Every year, their 946 healthcare providers see tens of thousands of patients. The organization is dedicated to the principle that all people deserve high-quality, affordable healthcare. As such, they empower people with education and information to make their own health decisions. The organization accepts many health insurance plans.

2022 No Surprises Act compliance means additional work

Starting in January 2022, the No Surprises Act (NoSA) required all providers to deliver good faith estimates to all patients scheduling a cash-pay or uninsured service at least three business days before the appointment. That provider must deliver the GFE one business day after scheduling.

This organization needed an effective and accurate GFE workflow for an important reason. Its patients are often seeking privacy for their reproductive health procedures, and self-pay is the most secure way to achieve that privacy. Therefore, the organization had a higher volume of self-pay patients than most providers.

To begin the trek to GFE compliance, the organization relied on one of its vendors and its own legal counsel to closely examine the ruling. The perspectives and guidance from these stakeholders readied them to deliver GFEs for their self-pay patients.

The Challenge: Manual access tasks for insured patients weigh down staff

Starting a brand new GFE process also set this organization on a path to addressing another patient administrative issue: pre-verifications (which include automated pre-service estimates).

This organization had been in the habit of providing pre-verifications to insured patients whose financial responsibility would amount to more than \$200. As a portion of the system's procedures involve surgery and anesthesia, costs can climb.

While patients appreciated this accommodation, the pre-verifications required staff to establish eligibility and benefits, determine prices, and compile this information into a document. More, contacting the patient to let them know their costs proved to be time-consuming as initial calls often went unanswered. Because the organization's EHR did not have the features to handle any of these tasks, staff was completing them manually.

The patient access center team also got bogged down by having to manually go through all the appointments to find all insured patients and determine eligibility. Once identified, patient access had to send these over to the pre-verification team for manual eligibility determination.

"MD Clarity has made our process more streamlined because we removed all of the gaps that were in our manual process." - Director of Revenue Cycle Management, women's health physician group

Manual insurance and benefits verification even hampered patient volume. Reproductive health issues can come up quickly, and patients need them resolved as soon as possible. When staff was unable to verify "Fast Track" patients quickly enough to get them in within 48 hours, patients and providers both became frustrated. These challenges reduced staff productivity.

The Solution: Reproductive health organization chooses Clarity Flow

Given the volume of their GFEs and the complexity of their services, this reproductive healthcare organization knew they would need a GFE solution that was flexible, adaptable, and scalable. Most of all, they needed a solution that could automate the compilation and sending of the estimates. They evaluated several solutions.

MD Clarity assured the IT and RCM teams that they could get out all the GFEs automatically within one day of scheduling so that all No Surprises Act compliance stipulations were followed precisely.

MD Clarity proved it could automate the pre-verifications for insured patients. It also reassured the organization that they could turn around "Fast Track" verification in under 48 hours so those patients could be seen quickly.

"We have increased the number of appointments scheduled within 48 hours as we can better accommodate these. All in all it is going quite well." - Director of Revenue Cycle Management, women's health physician group

Because the organization operates in 6 different states and each state has its own healthcare legislation, MD Clarity prepared to create over a dozen different letter templates. One simple letter containing the estimates and any other information would not get every patient the accurate, tailored information they needed.

Even more challenging, because of different location acquisitions, the organization used two separate instances of the EHR: east and west. Until MD Clarity arrived, data influx and format had never been standardized. Any solution provider would need to bring in the data and homogenize it so the organization's entire patient population appeared in one system. MD Clarity worked closely with the client to accurately consolidate this data.

With extensive experience standardizing the unique locations involved with enterprise organizations, MD Clarity also assured the provider that the staff at their 35 locations would all be working in the same format through the same interfaces when processing GFEs and patient pre-verifications.

Of all the solution providers this organization interviewed, MD Clarity was the only one with proven success not only automating the compilation of good faith and other patient estimates, but the sending as well. Other vendors offered to create the estimates, but did not have the ability to send them automatically. This organization needed complete service for their estimates. They got it with MD Clarity.

Onboarding rolls out

Implementation began quickly. The MD Clarity integration team pulled in all raw data from NextGen and loaded it into the MD Clarity tables. Because we've integrated with NextGen often in the past, our team knows how to handle integrating with this EHR. We trained all users on how to access the website created for their organization and how to use the software.

MD Clarity provided the client with a variety of good faith estimate templates. The client modified these letters according to the patient and procedure type, designating which would go to which client based on health challenges and the treatment prescribed. In all, the client created over a dozen letters and labeled them. Each estimate includes not only the procedures and pricing, but information about financing solutions and financial counseling should the patient need it. Given the variety of states, counties, and procedures involved, the client ended up creating over a dozen GFE letters.

For the pre-verification tasks, Clarity Flow would need access to all contracts the client held with payers. While MD Clarity can parse and digitize original contracts, this client decided to compile precalculated fee schedules on their end. MD Clarity loaded these into the Clarity Flow system. With this information, we could accurately automate all patient out-of-pocket estimates and verify insurance benefits pre-service.

"MD Clarity partnered closely with us to really help us use the product to support our business needs. When we needed complex fee schedules loaded and many changes to our letter templates, they accommodated every change we requested. More, they helped us develop our workflows so that we could operate efficiently." - Director of Revenue Cycle Management, women's health physician group

For both the good faith estimates for self-pay patients and the pre-verifications (that include automated pre-service estimates) for insured patients, Clarity Flow gathers all upcoming appointment information. It determines each patient's financial responsibility and then selects the appropriate template, and modifies each according to individual patient details. It automatically generates and sends letters informing them of their financial responsibility, completely free of staff involvement.

Daily, the Clarity Flow system runs automatically, generating and sending estimates hands-free for 99% of all patients. Patients arrive at their appointments fully informed of their financial responsibility, front desk staff can simply refer to the estimate letter rather than going through the details.

Of the client's 445 appointments that get scheduled daily, a few do not generate letters, due to typical staff error or omission – often a missing email. When this happens, Clarity Flow sends the estimate to a "letter not sent" queue. The client checks this queue every day to rectify the error and trigger the send. It takes each team member under one minute and a few clicks to fix these rare issues so that the system can generate and send the appropriate letter immediately.

Clarity Flow keeps the organization compliant by generating and sending GFEs according to the dates stipulated by the No Surprises Act. Triggers like these are built in the Clarity Flow background during implementation.

Results: Organization saves \$172,000 to \$344,000 by avoiding new hires

The organization's leadership knew it did not have the budget to add four to eight new employees to create and send good faith estimates. They are pleased with the value provided by MD Clarity.

This organization pays their beginning patient access representative \$33,000 annually. Another \$10,000 in benefits brings their full FTE costs to \$43,000. This employee can complete 50-100 estimates per day if they're working at the blazing pace of one estimate every 5-10 minutes for the entire day.

To complete its 445 good faith and other patient estimates daily, the organization would need from four to eight additional employees. With an average cost per medical billing specialist of \$43,000, the organization was looking at adding \$172,000 to \$344,000 in costs per year. Clarity Flow made hiring new staff unnecessary.

Flexibility and accuracy enhance workflows and patient satisfaction

With Clarity Flow handling good faith estimates, this organization has successfully remained in compliance with the No Surprises Act. It did it without hiring staff or over-burdening current staff during a time when high-pressure work conditions have prompted many healthcare employees to leave for less stressful industries.

The client mentioned that they had witnessed a fellow reproductive healthcare service provider try to meet the NoSA's good faith estimate requirements by hiring five new staff members. Apparently, not only did this approach make for burdensome labor costs, but since the new staff were not good faith estimate experts, ramp-up and errors proved frustrating. Using Clarity Flow, our client had access to MD Clarity's good faith estimate expertise executed via the software. After onboarding, our system began creating hundreds of estimates daily.

With good faith estimates for self-pay patients and pre- verifications for insured patients created and sent hands-free, front office staff can focus on the needs of the patients in the waiting room. They can also answer patient calls, rectifying issues before check-in so that appointments run smoothly.

Clarity Flow's flexibility sets it apart

Clarity Flow's flexibility helps this client meet its unique patient needs. For instance, given patient privacy requirements, two-factor verification for the patient portal was critical. Clarity Flow's default two-factor authentication involved an email and a text.

While those details typically suffice for most providers, not all of this organization's patients had both email and text capabilities. The IT director asked us if we could tweak the verification process so that two-factor involved the patient's birthdate instead. We re-configured the system so that the birthdate got the patient quick access to their account in the portal.

"There were times at the beginning when we'd bring up functionality that we wanted. Within a month or so, it would happen. I was impressed. MD Clarity continues to deliver like that over and over again. MD Clarity's turnaround time on these functionality upgrades is unmatched in the vendor world." - Director of IT, women's health physician group

Customer service = customer success

To ensure that the organization derives all benefits from Clarity Flow, MD Clarity initiates monthly calls – check-ins where the organization can bring up any issues or questions. Staying current with the client's use of the product helps to keep problems to a minimum and heads off bigger problems downstream.

For instance, during one MD Clarity monthly meeting, the organization explained that they'd had an issue where two people on the team were working on the same estimate at the same time. Duplicate efforts like this cause confusion and waste valuable staff time. The customer success manager explained that Clarity Flow's work queue functionality would assign each estimate to the most appropriate team member. With that estimate assigned, other staff couldn't access it until it was complete. Managers need only set up work queue parameters once to route estimates to certain teams and staff in perpetuity.

"Michelle's monthly meetings help us with our workflows and with leveraging our product - not just issues we run across. She helps us learn about functionality that we aren't already using so we can better utilize the product. - Director of Revenue Cycle Management, women's health physician group

We also conduct more formal periodic business reviews where we carry out a system health check and discuss upcoming product enhancements. In this review, the client can raise current business needs or areas where they'd like to improve staff productivity. The customer success manager suggests

workflow tweaks and shares successes from other clients to help improve the organization's efficiencies.

Today, this reproductive healthcare organization gets patients in the door and fully informed of their financial responsibilities quickly with little effort on the part of the staff. They also have a partner to help them evaluate and adjust to any No Surprises Act updates and share patient access best practices. By leveraging MD Clarity's expertise inherent in the software, their patient access process ensures staff is free to focus on high-level tasks and patients are satisfied rather than frustrated.

If you would like to automate your good faith and patient estimates, as well as pre-verify your insured patients, contact us at <https://www.mdclarity.com/request-a-demo>.

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