EngageCare® Provider | Patient Access Solutions

Prevent Denials and Rework. Increase Net Patient Revenue and POS Collections.

Correct errors on the revenue cycle front-end, where it costs the least.

Many hospitals and health systems are shocked to find they're leaving money on the table with their current patient access vendors. It's not uncommon for outdated processes and technology to leave your revenue cycle susceptible to errors that often are unresolved and repeated prior to billing, costing you time and money.

From denials and rework to back-end collections, these unnecessary costs prevent your hospital from maximizing net patient revenue. It's time to think different about patient access—it's time to focus on front-end optimization versus back-end cleanup.

Improve efficiency, reduce costs and increase revenue with front-end RCM solutions.

Our full suite of front-end revenue cycle management solutions gives patient access teams the tools to ensure the data integrity needed to submit clean claims the first time, collect more POS cash and reduce bad debt and write-offs, resulting in reduced costs and increased revenue.

EngageCare Provider:

- Automatically audits 100 percent of patient registrations for errors
- Verifies service-level benefit coverage to reduce eligibility denials
- Identifies need, facilitates submission and retrieves response for all payers and all service lines
- Generates accurate out-of-pocket cost estimates for patients and staff

At the core of the EngageCare platform is a sophisticated rules engine that is continuously updated and tailored specifically for each customer. It uses automation and artificial intelligence, including robotic process automation (RPA), predictive analytics and machine learning, to identify and prevent issues and errors that cause rework, inefficiency and denials. By doing this at the front of the revenue cycle, problems that increase costs, collections and write-offs are eliminated. At the same time, EngageCare automatically audits 100 percent of patient accounts, checks demographic data, propensity to pay and validates benefit coverage specific to patients' scheduled appointments.

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Modules

- Registration Quality Assurance
- Eligibility Verification
- Price Estimation and Payments
- Authorization Management
- Price Transparency
- Identity Verification
- Medical Necessity
- Financial Assistance Screening

Outcomes

- Increase Net Patient Revenue
- Prevent Denial-Causing Errors
- Reduce Bad Debt and Rework
- Increase Pre-Service Revenue
- Decrease Costs and Lost Revenue
- Reduce Avoidable Write-Offs
- Increase Clean Claim Rates
- Improve Consistency, Quality, Accuracy and Speed of Registration
- Improve Patient Satisfaction
- Improve Staff Efficiency and Effectiveness
- Generate Accurate Out-of-Pocket Cost Estimates
- Exceed Industry Standards in Patient Access
- Measure Staff Performance
- Reduce Patient Financial Anxiety
- Enhance Brand Reputation and Competitive Advantage

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