📞 1-844-666-4631 | ✉ sales@omnimd.com | 🌐 www.omnimd.com

HOW
BILLING IMPACTS
PATIENT SATISFACTION

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IMPACTS PATIENT SATISFACTION

For healthcare providers, the number one concern always relates to improved patient outcomes. Physicians and other healthcare workers strive to find ways to help patients by staying up to date with standards of care, focusing on patient safety, and improving the patient experience.

However, one area that is often overlooked when it comes to patient outcomes is billing. For most providers, billing is far from the reason they got into the healthcare industry. Instead, billing is mainly viewed as something that they need to do to keep their practices afloat. Payments for care provided keep the lights on, the doors open, and staff members employed.

When it comes to getting paid, billing can become even more complicated. Each insurance company moves at its own pace for things like claim review and submission of payment. Some major insurance companies like Aetna and Cigna can move relatively rapidly, while other payers move much more slowly, especially government groups like Medicare and Medicaid. When looking at your practice model, you may already feel like you're spending too much time on things that aren't patient care. That's why you need tools that can help you speed up and simplify the billing process.

Increasing patient financial responsibility and lack of transparency in the billing process are two major causes of patient dissatisfaction. Here are a few more to add to the list of things to fix with your billing process:

- Patients don't always understand what their financial responsibility will be before agreeing to services. Informing patients about their responsibility and collecting a portion upfront can improve billing revenue.

- Complicated bills with medical jargon and multiple payment requests can boggle the mind of anyone outside the industry. Conversely, developing intuitive, easy-to-understand bills makes it easy for patients to understand what they have to pay.

- Incorrect bills also diminished the patient experience. Hard-to-understand or incorrect information on the bill can quickly send patients to another practice.

- Patients also become frustrated when they expect their insurance to pay for a service but get a bill much later. Verifying coverage before performing service can prevent this frustrating and unexpected burden for the patient.

- By the time they get the bill, the patient might not even remember what the service was. Using snail mail to send billing statements can delay the payment process. Emails and electronic patient portals make it easy for your patient to pay their bill, meaning your practice gets the revenue faster too.

WITH OUR BILLING SERVICE, YOU WON'T JUST SEE IMPROVEMENTS IN YOUR PRACTICE MANAGEMENT - **YOU'LL ALSO SEE AN IMPROVEMENT IN THE PATIENT EXPERIENCE.**

HOW THE
BILLING PROCESS IMPACTS THE PATIENT EXPERIENCE

Because patient satisfaction is a vital part of improving health outcomes, it's worth considering how your billing process fits into the patient experience.

From the moment a patient schedules an appointment through the end of the billing cycle, there is a direct correlation between the ease of the billing process and overall patient satisfaction. Let's look at how each step in the process affects patients.

SCHEDULING

The patient experience begins the moment they contact you to schedule an appointment. With electronic scheduling, it's easier than ever before for patients to schedule their next visit. And thanks to **eReminders,** you'll reduce the number of canceled appointments and no-shows, which can keep you from losing revenue.

Unlike traditional methods in which patients fill out a clipboard in the waiting room, patients can complete this process before their visit, saving them time and allowing you to add more patients to your schedule.

This process also offers you ample time to collect insurance information and ensures that the patient's required services will be covered by insurance but also gives you a chance to jumpstart the claims process.

Best of all, by streamlining the data collection process, you'll require less staffing, as staff members would otherwise need to collect and enter patient information themselves.

DURING
THE VISIT

Once the patient arrives, they should be made aware of any required co-pays and educated on any services their insurance will not cover, so they understand that they will be responsible for those charges.

An integrated EHR system makes it easy for providers to enter information from each visit directly into the system, creating a real-time record of the treatments and services provided.

At the end of the visit, patients should receive a clear, straightforward bill that reflects what they are being billed for, as well as what charges they are responsible for paying. You should also take this opportunity to ensure that patients understand the practice's payment policy, especially if you allow online payments through their patient portal.

POST
VISIT

Once the visit is complete, your patient will be able to see which charges are their responsibility and the responsibility of their insurance company. They'll also receive insight into the way these figures were determined.

Superbills document the charges for proposed services. They include the procedure name and description and relevant diagnosis codes assigned for the patient's visit. Additionally, the ideal bill will consist of supporting information such as modifier codes and straightforward explanations for the patient to understand.

One of the most common frustrations that patients express is the difficulty in understanding the medical billing process. By educating patients on their payment responsibility, you can avoid the confusion and hassle that often comes with medical bills.

HERE ARE A FEW IDEAS
TO IMPROVE PATIENT EDUCATION AND UNDERSTANDING:

- We talked about the importance of payment reminders, but there are other ways that you can use the patient portal to communicate more effectively with patients. For example, you can include an FAQ section on billing questions and a glossary describing procedures and codes found on their bill.

- By adding a chat feature to the portal, you can make it easier for patients to ask questions and receive real-time assistance. Additionally, you can automate most Q&As to limit the number of inquiries received by your billing team.

- Train your billing team to answer questions in an informative, concise, and polite manner.

- Most patients will have more questions about billing than they will about the procedure. Therefore, it's crucial to maintain consistent pricing for all levels of care which allows you to quickly educate the patient while they're still in the office or call in with questions.

- Whenever possible, openly discuss billing with the patient.

A good step towards limiting patient frustration is instituting an online payment system. While patients can make some payments via credit card in the office, providing patients with a secure method for making payments through the patient portal can eliminate one particular stress point—for both patients and providers.

When you make it easier for patients to pay their bills, you'll almost always find that they make those payments faster than they would when using paper-based billing. Eliminating paper bills also saves you money and can reduce the number of hours you need to process payments. Not only are you saving money on staffing, but you'll reduce the burden on your administrative employees

ELIGIBILITY AND BENEFIT VERIFICATION

Many claims are denied because of errors in the insurance verification process. It's essential to take the time to review a patient's insurance before every appointment to avoid claim denials.

COMMON MISTAKES PRACTICES
MAKE THAT AFFECT PATIENT SATISFACTION

Because medical billing can be so complicated, it can be easy to make mistakes along the way. This can dramatically affect patient satisfaction. Here are some of the most common medical billing errors that practices make and how OmniMD can help you avoid them.

DUPLICATE **BILLING**

Billing can involve several complicated tests and procedures, and it can be challenging to keep everything straight at times. Even for relatively simple visits, it's possible to find yourself entering the same item more than once into the patient's EHR, resulting in the patient being billed multiple times for the same service.

CODING **ERRORS**

Unbundling, for example, refers to coding mistakes involving procedures that have been grouped. Whether intentionally or not, it's possible to code these procedures individually rather than as a group. When that happens, it typically increases the overall cost, which can defeat the purpose of bundling in the first place.

Unbundling isn't just a compliance concern; it can also create bookkeeping problems that extend far past the initial error. Insurance companies usually reject unbundled claims, and the entire claims process has to start over with the proper coding put in place. This also throws your accounting into disarray since you'll end up lowering your projected income.

Undercoding and upcoding are also common mistakes that can affect the patient experience. In undercoding, a provider fails to provide a code for a service performed, or they'll substitute a less expensive code. Whether it's done accidentally or to increase reimbursement, it can cause severe ramifications.

On the other hand, upcoding substitutes a code for a more expensive procedure in place of the one performed. Again, this could be done as a mistake, or it could occur because, by upcoding, the reimbursement rate is higher. In some cases, upcoding is considered a form of fraud and can have severe ramifications for your practice.

Poor coding doesn't just impact your business—it impacts the patient experience as well. Impropercoding can delay insurance approval, potentially delaying needed treatment and lowering health outcomes.

BILLING FOR THE **WRONG SERVICES**

Errors can come in many forms. Sometimes, you may end up charging a patient for a service they were not aware of or gave consent to. Other times, a patient may have been billed for a different procedure than they received, often resulting from a typo. In some cases, a patient may be billed for a scheduled procedure or service but later canceled. Regardless of how common or inadvertent these mistakes may be, they can open your practice up to severe financial and legal consequences. These issues can take time— and money—to resolve, and they can sink a practice if they happen often enough.

The most significant impact, though, is on patient experience. Patients who receive incorrect bills have to spend their time and energy to get charges corrected. It often leads to decreased patient satisfaction, no matter how quickly or easily your practice corrects the error.

INCOMPLETE OR INCORRECT
INSURANCE INFORMATION

One of the simplest—and most common—billing mistakes is not getting the correct insurance information from your patients.

Whether you're missing patient data or there's a simple typographical error, these mistakes can lead to your claims being rejected. Once this happens, you'll need to get the correct information entered before you restart the claims process.

HERE ARE FIVE CRUCIAL STEPS YOUR PATIENT REGISTRATION PROCESS MUST HAVE:

1 When collecting the patient's policy ID, group number, and exective date, carefully verify that the information is entered correctly

2 Verify that the policy is still active and that it covers the required services.

3 After verifying coverage, carefully enter the insurance information into your practice's electronic billing system. There could be more than one payer on the account, so you must get the right insurer.

4 Some insurers have multiple addresses, so, when in doubt, use the one on the insurance card.

5 Gather all information needed to process the billing claim, including information about the symptoms, when they began, and any known causes.

Taking the time to verify this information can prevent delays in claim approvals. If a claim is denied, your patient will receive a notification, leading to frustration and stress around paying the bill. After one or two scares like this, the patient is likely to look for another medical provider.

TIPS FOR CREATING
THE BEST PATIENT EXPERIENCE

There are many ways you can increase your patient satisfaction. Here are tips and best practices to start implementing in your practice.

ONLINE SCHEDULING

With online scheduling, your patients can use their access portal to quickly and easily set up their appointments, rather than trying to get a hold of someone during your office hours. This helps give patients quick, easy access to health services and allows you to provide care to a broader range of patients.

SHORTEN YOUR WAIT TIMES

People hate sitting in waiting rooms. While waiting, patients are often thinking about what they could be doing with that time. The shorter the time you make them wait, the higher your levels of patient satisfaction will be.

By making your once paperless, patients won't waste time on in-once paper-work. Providers will spend less time gathering patient records before meeting with patients. Patients can be called in faster, treated effciently, and sent on their way with ease.
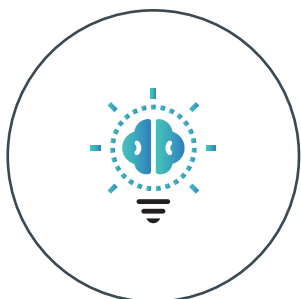
REMINDERS

With the hectic pace of modern life, it's incredibly easy to forget things. Forgotten appointments are frustrating for both the patient and the provider.

For patients, a missed appointment delays the care they need to look after their health. For providers, missed appointments take a double bite out of their profits. They lose revenue from the patient who forgot their appointment and the income from scheduling another patient during that time. Reminders help patients to keep their appointments in the front of their minds. In addition to cutting down on lost revenue, these reminders also help patients feel more engaged with your practice, increasing their satisfaction with the level of service they receive.

ELECTRONIC **PAPERWORK**

Now that EHRs have been around for years, there's little reason to have patients fill out paperwork in the once. Instead, have your patients fill out all of their paperwork before they come into the once. They can fill out medical history information, patient consent, and HIPAA release forms, as well as any-other information you require.

An intuitive and easy-to-use patient portal helps both new and existing patients. New patients can create a user profile and enter their required infor-mation while returning patients can easily update their demographic infor-mation and provide additional consent forms.

Moving to an online data collection model eliminates the need for duplicate data entry, typos, errors, and other issues surrounding registration forms. These forms include contacted demographic information about the patient, patient medical history, consent forms for various procedures, physical examination forms, lab results, and treatment plans.

You can also provide patients with online access to forms they need to fill out and correct any errors in the patient portal. Other forms that are great to include in your online portal include correspondence with the patient and hospital discharge summaries.

If you're ready to learn more about all of the ways that OmniMD can make your practice more efficient while increasing patient satisfaction, contact us today. We'll help you to find solutions that work.

CONTACT WITH US:

+1-844-666-4631

sales@omnimd.com

www.omnimd.com