

Real-Time Eligibility Checks: The Key to Preventing Surprise Medical Bills

Surprise medical bills are one of the reasons for payment delays for healthcare providers and a significant pain point for patients. The lack of accurate and timely insurance eligibility verification often leads to small and mid-sized practices failing to confirm coverage, which often leads to claim denials, out-of-pocket expenses for patients, and delayed reimbursement.

Real-time eligibility checks have been proven to be a game-changer for providers, which confirm patients' benefits and eligibility instantly, decrease the chances of denials, and build trust among patients. In this whitepaper, we would like to discuss the importance of real-time verification, what the risks could be if not adopted, and how providers can use it to enhance both financial performance and patient satisfaction.



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Introduction:

Real-time insurance verification enables healthcare providers to get instantaneous confirmation of a patient's insurance coverage to validate insurance details at the point of service. This process involves checking whether the patient is currently enrolled with the insurer, what services are covered under their plan, and what is the extent of their benefits, like co-pays, deductibles, and co-insurance amounts. This timely verification of eligibility makes sure that both the healthcare provider and the patient have a keen understanding of their financial responsibilities and coverage details before treatment. This is a wonderful technology that minimizes administrative delays and ensures that patients receive care on time and providers are assured of their payments.

Manual verification of eligibility for insurance is a tedious and error-prone task, which leads to potential billing issues and revenue leakage. Sometimes patients also have to bear unexpected out-of-pocket expenses, which impact their satisfaction and trust in the healthcare provider. Real-time insurance verification is highly important due to its ability to streamline the practice's operations, reduce administrative costs, and enhance the patient experience to a great extent. It also fosters transparency and improves cash flow for healthcare providers, simultaneously reducing the burden of rework associated with incorrect insurance information.



The Problem with Traditional Eligibility Verification

In a traditional, outdated approach, eligibility verification is often done manually, which requires the office staff to call back and forth to insurance companies or log into the payer portals, or wait for a faxed response from the payer end to get the insurance details.

- **Delays in confirming coverage** – It takes hours to manually verify insurance by calling or using slow portals to get coverage confirmation from payers. These delays affect the patient intake process, which makes the scheduling and treatment inefficient, ultimately hampering the overall performance of the practice.
- **Higher denial rates** – When eligibility is checked manually, it usually tends to have errors like missed or inaccurate policy details. Submitting claims to the payer with outdated or inaccurate information maximizes the chances of denials. Denials mean unnecessary rework, delay in receiving payment, and disrupted practice's cash flow.
- **Billing surprises for patients** – In the absence of accurate verification, patients take the services assuming that it is covered under their plan, and later on receive a large unexpected bill. This directly impacts the patients' trust in the provider's credibility and also makes it harder for providers to collect payments.
- **Staff overload** – Doing all the work related to checking eligibility manually is a time-consuming task that drains staff energy and hours daily. Staff got tied up with extensive paperwork instead of focusing on patient-facing care. This led to burnout and higher operational costs.

The Benefits of Real-Time Eligibility Checks

- 1. Fewer Claim Denials** - As we all know, Eligibility-related denials are one of the top reasons claims are being rejected by the payers. With the help of real-time checks, practices are now making sure that claims are submitted correctly on the first attempt, which can significantly reduce denial rates.
- 2. Improved Cash Flow** - By reducing the number of denied claims and rework associated with them, the provider's payment flow could be fastened. Practices can significantly reduce the outstanding A/R backlogs and foster a healthier revenue cycle.
- 3. Transparent Patient Communication** - With the help of this proactive approach, Patients can be informed of their financial responsibility, like copays, deductibles, or non-covered services, even before the treatment starts. This also impacts the billing disputes and improves the patients' trust.
- 4. Reduced Administrative Burden** - Automation cut down the manual phone calls, data entry, and other verification-related tasks to a great extent and freeing the office staff to focus on what is most important - patient care.
- 5. Better Patient Experience** - With the help of real-time eligibility verification, now patients do not get “surprise bills” and know exactly what they owe, resulting in greater satisfaction and stronger long-term relationships with their providers.

Challenges in Implementing Real-Time Eligibility Verification

Integration with existing systems - It is highly complex to connect real-time eligibility tools with existing EHRs, billing software, and practice management systems of various practices. Adoption occurs slowly due to compatibility issues. Practices require expert support to deal with this situation and to ensure a smooth integration without disrupting workflows.

Staff training - Even the supreme technology is useless if the staff who are supposed to use it are not well-trained and don't know how to make the best out of it. The concerned team must be trained properly to interpret eligibility data, adapt to new workflows, and handle payer-specific requirements. Lack of appropriate training, errors, and inefficiencies can still hamper the practice's growth.

Costs of implementation - For small and mid-sized practices with limited budgets, the upfront cost for technology setup, integration, and staff training may feel high. However, this cost can be compensated by long-term savings from fewer denials, faster payments, and improved efficiency.

The Role of RCM Partners

Small practices often lack the resources to manage eligibility verification on their own. Partnering with an experienced Revenue Cycle Management (RCM) provider like StafGo Health ensures:

- Seamless real-time verification technology integration
- Expert handling of payer-specific requirements
- Reduced denial rates and faster reimbursement cycles
- Greater transparency for patients and providers alike

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Conclusion:

Advancements in real-time verification have a very positive impact on healthcare providers, as accuracy and efficiency in patient care and billing processes are significantly improved. Nowadays, eligibility verification is no longer just an administrative step; it acts as a financial safeguard for practices. However, most providers often find it difficult to implement these advancements due to its complexity of integrating eligibility software with existing systems and staying compliant with HIPAA, and handling the high volume of data security. With the right RCM partner, the transition can be smooth, cost-effective, and highly rewarding.

StafGo Health is more than just a regular billing company - We are your complete RCM partner in your growth journey. We offer End-to-End Revenue cycle management solutions specific to medical and dental practices in the United States. With experience of more than 15 years, our goal is to add value to healthcare practices in terms of improved collections, reduced claim denials, and enhanced operations. StafGo Health is owned by highly experienced industry leaders and a team of experts who deeply understand the RCM services and are keen to deliver the best quality and great care for healthcare providers. We provide Credentialing & Fee Negotiation, Insurance Verification, Prior Authorization Management, Coding and Billing, AR and Denial management, Payment Posting & EFT Reconciliation, Patient billing & support, Legacy A/R resolution, Credit A/R Resolution, Practice Transition and Planning services to both dental and medical practices across the United States. Unlock unmatched revenue growth, reduced costs, and streamlined operations with StafGo Health— The USA-Physician Owned and Managed Nation's Leading RCM company.