5 Power Modules for MEDITECH Users

How iPAS Can Fill the Patient Access Gaps In Your MEDITECH Platform
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THE PERFECT PARTNER

Every EHR has its strengths. You chose MEDITECH because you knew it was a high-value, reliable work engine from an integrated enterprise platform.

But no EHR can do everything. The patient access process is complex, and your team requires specific, customizable functionality. The MEDITECH platform has gaps that can only be filled by a best-of-breed patient access solution.

The good news is that there is a solution that perfectly complements the MEDITECH platform: the Integrated Patient Access Solution℠ (iPAS℠) from PELITAS.
PELITAS was ranked Best in KLAS for Patient Access technology in 2019 and 2020, and MEDITECH was ranked Best in KLAS for the Acute Care EMR (Community Hospital) and Patient Accounting & Patient Management (Community Hospital) categories in 2020.

iPAS is upward compatible. It can integrate with any version of MEDITECH EHR, and it will work with future Expanse upgrades. If you are upgrading to Expanse, now is the perfect time to consolidate your solutions.

The signature PELITAS service and support model includes a flexible and pain-free implementation process, customized training, and proactive support from a Client Success Manager dedicated to you and your staff.
In talking with our Clients who use MEDITECH, PELITAS has learned that there are five "power modules" that are particularly helpful to MEDITECH users in driving improved financial outcomes and improving patient experience:

- iPAS Accuracy & Accountability Advisor
- iPAS Eligibility Verification
- iPAS Patient Responsibility Estimator
- iPAS Admit Notifier
- iPAS Prior Authorization Manager

Read on to learn how each power module:

- Fills a specific gap in the MEDITECH platform
- Interacts with other iPAS modules for maximum efficiency and integration
- Improves users' metrics such as denial rates and point-of-service (POS) cash collections

You'll also read case studies from real Clients who use MEDITECH and have achieved greater success with the iPAS solution.
iPAS Accuracy & Accountability Advisor is the core rules engine of iPAS. It identifies errors in the registration process and triggers real-time alerts to patient access staff in a pop-up or worklist.

How it Boosts MEDITECH
The MEDITECH platform can identify errors, but it does not have the tagging and metrics needed to ensure the individual accountability of staff members. iPAS Accuracy & Accountability Advisor does provide such tagging and metrics, along with a broad set of customizable business rules, readable worklists, and real-time alerts.

How it Works with Other iPAS Modules
iPAS Accuracy & Accountability Advisor is the heartbeat of iPAS. It brings together the other modules in coordination with the MEDITECH EHR and provides the QA functionality underlying most tasks performed in iPAS.

How it Helps Users
This module allows for the creation of custom rules based on the provider organization’s specific needs. Its real-time alerts enable staff members to correct mistakes before they result in denials, all without leaving the EHR screen.

iPAS Accuracy & Accountability Advisor holds users accountable for their decisions and helps them make better ones in the future. Patient access leaders can create statistical measures, identify trends, and leverage a scorecarding system to provide real-time education to their teams.

This module will help you achieve:
• Increased registration accuracy
• Fewer delayed claims
• Decreased denials
• Increased POS cash collections
CLIENT SPOTLIGHT

Colquitt Regional Medical Center | Moultrie, Georgia
99-bed community teaching hospital
C/S Enterprise Medical Record v.6

Challenge: Colquitt’s MEDITECH system had customizable registration questionnaires, but the system’s rules were too complex. Colquitt needed help to get accurate medical-necessity data and increase cash flow.

Solution: iPAS helped Colquitt easily identify challenges in patient accounts. The error reports in iPAS Accuracy & Accountability Advisor enabled the patient access leaders to focus on registration data errors without waiting for feedback from the billing department. iPAS Eligibility Verification helped Colquitt get the insurance data necessary for iPAS Patient Responsibility Estimator to calculate accurate cost estimates. When patients received these timely estimates, more of them paid their bills up front.

Results: iPAS helped Colquitt become more efficient and improve their finances. Since 2014, Colquitt’s POS collections have increased by over 500%!

“We would not be as successful without the patient access suite that we have in iPAS.”

- Megan Ford, Patient Access Director
iPAS Eligibility Verification validates a patient’s insurance eligibility through real-time and batch processing. The eligibility data is then displayed in a normalized, easy-to-read format.

**How it Boosts MEDITECH**
Patient access teams need more than the MEDITECH offering, which has limited real-time eligibility functionality, poor visualization of responses, and no rules integration to drive decision-making. iPAS Eligibility Verification is tied to iPAS Accuracy & Accountability Advisor, so it can alert users of discrepancies between the eligibility response and the insurance data entered during registration.

**How it Works with Other iPAS Modules**
Inaccurate data impedes the patient access workflow and leads to denials. When a Client has both iPAS Accuracy & Accountability Advisor and Eligibility Verification, PELITAS can help write rules that allow users to compare data elements and ensure accuracy.

For example, if the facility’s registrar enters the subscriber’s date of birth incorrectly and the payer responds with a correction, the real-time alert response displays that data in a simple notification. Comparing the MEDITECH EHR’s data with the eligibility data helps staff members maximize their workflow and accuracy.

**How it Helps Users**
iPAS Eligibility Verification captures the 271 response and transforms the data into a readable format that is standard across payers, simplifying the user’s work and preventing errors.

The 271 response is also sent as a HIPAA-standard postback to the MEDITECH EHR. This allows the data to be placed directly into the fields of the EHR. The normalized image can be stored as a PDF in various locations (such as your imaging system), allowing other departments to view the eligibility information and do any troubleshooting or investigating that must be completed before the provider can receive payment.

iPAS Eligibility Verification helps users identify ineligible patients for review prior to visits, all without spending hours on the phone. With help from iPAS Insurance Discovery, Eligibility Verification can automatically verify whether a self-pay patient has Medicaid or other coverage.

This module will help you achieve:
- Increased accuracy and efficiency
- Improved insight into payer data
- Increased POS cash collections
- Improved patient billing experience
This module draws from various sources to calculate the total estimated patient responsibility. The estimate is then presented in simple terms for both the patient access staff and the patients.

**How it Boosts MEDITECH**

iPAS Patient Responsibility Estimator uses payer contracts, chargemasters, paid-claims history, and benefit details from the patient’s eligibility response to calculate accurate, actionable estimates of patient liability. There is no comparable solution in the MEDITECH suite.

**How it Works with Other iPAS Modules**

To calculate an accurate estimate, iPAS Patient Responsibility Estimator uses benefits data gleaned from iPAS Eligibility Verification.

Patient responsibility estimates are typically run during preregistration. iPAS Accuracy & Accountability Advisor can trigger an alert for the check-in staff to take a needed action, such as reminding the patient to pay their current balance.

iPAS Payment Facilitator allows for the immediate collection of the patient's balance, saving the money and effort it would cost to seek payment later. Staff members can then use the tracking functionality in iPAS Accuracy & Accountability Advisor to know how much money was owed, collected, and left on the table at the point of service and how much they could improve their rates.

iPAS Price Transparency Calculator is an extension of Patient Responsibility Estimator and empowers your patients with this same technology to browse procedures and costs in the comfort of their home.

**How it Helps Users**

iPAS Patient Responsibility Estimator determines the expected set of charges for a specific procedure through using past-claim history and adjusting the expected reimbursable amount based on payer-specific contract terms. It then calculates the patient’s out-of-pocket payment by applying deductible, copay, coinsurance, and out-of-pocket limits to the expected payer reimbursement.

After calculating the total patient responsibility, iPAS Patient Responsibility Estimator can populate the data into an easy-to-read format. The patient can view a worksheet with this data before services are rendered.

iPAS Patient Responsibility Estimator users will appreciate the real-time results, integration with major ADT systems, robust reporting, and customizable business rules. By tracking trends in expected collections based on identified patient responsibility amounts, the provider organization can also encourage accountability and improvement in staff members.

This module will help you achieve:

- Increased POS cash collections
- Increased patient satisfaction and loyalty

With the help of iPAS, Adena Health System increased their point-of-service cash collections by almost 50% in one year!
CLIENT SPOTLIGHT

King’s Daughters Medical Center | Brookhaven, Mississippi
99-bed nonprofit community hospital
MEDITECH Expanse

Challenge: With an estimated 19% of the Brookhaven population uninsured, KDMC found it both vital and difficult to provide patients with accurate payment estimates. KDMC’s estimator and charity tools were not equipped to provide comprehensive data, and that endangered KDMC’s up-front collection rates.

Solution: Before implementing iPAS, KDMC had to calculate the Federal Poverty Level (FPL) percentages manually. Today, the patient access staff can just input a few key data points into iPAS Propensity to Pay Assessment, which automates the calculation process. PELITAS also customized the logic for certain CPT codes so that both technical and professional fees can be represented on a single estimate through iPAS Patient Responsibility Estimator.

Results: The PELITAS technology and ongoing support have enabled KDMC to provide more accurate payment estimates to their patients with less manual effort from their staff.

“I am very excited to be working with PELITAS. I am pleased with their ability to give accurate payment estimates, up-to-date demographic information, and the streamlining of the check-in process. I look forward to continued support for the staff as well as myself.”

- Tiffany Blackwell, Patient Access Supervisor
If a payer does not receive quick notification of a patient’s admission, the hospital risks a denial or decreased reimbursement. iPAS Admit Notifier automates the process to ensure timely notifications.

How it Boosts MEDITECH
iPAS Admit Notifier can notify payers of patient admission through forms population and various contact methods. The MEDITECH offering has no comparable tool.

How it Works with Other iPAS Modules
iPAS Admit Notifier uses admission data from the EHR and iPAS Accuracy & Accountability Advisor. It also works in tandem with iPAS Prior Authorization Manager while interacting with payer portals.

How it Helps Users
Admit Notifier can notify payers of patient admission in any of three ways:
- Real-time, HIPAA-standard 278 messages
- Automated faxing
- Bot-based payer portal interactions

No more printing, filling out, and manually faxing custom forms from various payers! Admit Notifier automatically populates the forms according to each payer’s specifications and sends those forms immediately.

This module will help you achieve:
- Decreased denials
- Increased workflow efficiency
- Improved patient billing experience
iPAS Prior Authorization Manager identifies accounts in need of authorizations. It also gathers and tracks important exception data, such as expiration dates, mismatched CPT codes, mismatched facilities, and more.

**How it Boosts MEDITECH**

iPAS Prior Authorization Manager can identify accounts requiring authorizations, automate requests, inquire whether an authorization is on file with a payer, and generate a worklist view of authorization statuses. MEDITECH does not offer a similar solution.

**How it Works with Other iPAS Modules**

Once a user validates the patient’s eligibility with iPAS Eligibility Verification, they see the data in a normalized, easy-to-read format, including the policy number. The user can then use this validated information to interact with a payer portal through iPAS Admit Notifier and Prior Authorization Manager. This ensures the patient’s insurance is active prior to performing the admit notification or auth request and eliminates the possibility of a “Patient not found” response, which would cost staff time and effort in tracking down the proper information.

iPAS Accuracy & Accountability Advisor can also alert users of any other issues or discrepancies in the authorization data. Having all three of these modules helps fix registration errors and increase the probability of the payer finding the right patient.

**How it Helps Users**

Using iPAS Prior Authorization Manager, staff can submit clinical documentation through a fax, view a simple worklist of accounts requiring authorizations, automatically send preauthorization requests to payers, receive and validate authorizations from payer websites, and track the statuses of all authorizations.

Staff members can also create and apply rules through iPAS Accuracy & Accountability Advisor for alerting the admissions staff of missing authorizations. Important data captured in bot-based payer portal interactions with payer websites can also be sent to the provider in a PDF to be stored as an image.

This module will help you achieve:

- Simplified workflow
- Decreased denials
CLIENT SPOTLIGHT

Bothwell Regional Health Center | Sedalia, Missouri
145-bed hospital
C/S Enterprise Medical Record v.6

Challenge: Bothwell's patient access staff couldn't identify the sources of registration errors. The resulting high denial rates, along with low point-of-service collections, were hurting Bothwell's financial health and overall bottom line.

Solution: The various iPAS modules and PELITAS support allowed Bothwell to:
• Create and update QA rules with ease
• Read accurate eligibility data in a standard, simple format
• Generate accurate patient responsibility estimates
• See tickets resolved in days instead of weeks
• Create a faster, more accurate registration process, which shortened wait times

Results: Eligibility-related denials have fallen to almost zero. In addition, providing accurate patient responsibility estimates helped Bothwell go from collecting a couple hundred dollars per month in up-front collections to over $10,000!

“I love the ease of use. The support system is fantastic, as is the ability to change things on my own when needed instead of having to open a ticket.”

– Kim Cox, Registration Supervisor
GET THE BEST

Getting patient access right is critical to your organization's success, but you won't achieve that with MEDITECH alone. Let PELITAS fill the gaps. iPAS will optimize the MEDITECH platform in terms of automation, workflow, and providing a positive patient experience.

Your organization has unique challenges. We can meet your needs by giving you functionality and service beyond the standard patient access fare. Most of all, we'll fulfill the meaning of our name by helping you increase cash and cultivate loyalty.

Ready to create your ideal patient access experience? Contact PELITAS today to hear more about iPAS, the ultimate solution for your MEDITECH platform.

WHAT’S NEXT?

Schedule a demo
Visit our Platform Page
Meet with a PELITAS patient access expert