

# 5 Steps for Improving the Patient Experience with a COB and Patient Information Denials Strategy



Coordination of benefits (COB) and other patient information denials rank among the most common hospital denials, and they are a source of frustration for patients and a revenue drain for hospitals. The key to success: a multi-pronged approach that empowers revenue cycle teams and engages patients.

Here are five practical ways to revamp your approach to COB and other patient information denials and recapture revenue.

## 1 DIG DEEPER

Often, staff identify these denials as “patient responsibility” when efforts to reach patients for more information fall through. The impact can be substantial. Ensure staff understand why they should wait to categorize COB and patient information denials as self-pay until efforts to resolve claims are exhausted.

At one multi-hospital system, failing to correct COB claims led to \$1.2 million in lost revenue per month.

## 2 PROACTIVELY PREVENT

Train patient access staff continually to ask whether patients are covered by more than one plan. Help revenue cycle staff understand the intricacies of COB requirements—including the birthday rule—and make sure they know which payer to bill and when.

Review all information the patient is providing including Medicare Secondary Payer Questionnaire (MSPQ) then, have COB forms readily available for patients to complete.

## 3 GO BEYOND PAPER

In our experience, multi-channel patient communications—from texts to emails, auto dialers, letters, and even face-to-face communication—produce optimal results. We’ve found that the style of envelope matters when mailing print communications.

For instance, colorful envelopes and mailers are more likely to spark a response than standard business envelopes.

## 4 ROBUST FOLLOW-UP

Typically, a “once and done” approach to patient and payer communication is not sufficient. Once a corrected claim is submitted, staff should follow up with health plans frequently to determine whether more information is needed so the claim can be paid.

When it comes to contacting patients, the time of day can make a significant difference in whether and how patients respond.

## 5 OUTSIDE SUPPORT

COB and patient info denials often confuse patients and can cause enormous turmoil at a time when patients might already feel vulnerable due to their health status. Revenue cycle leaders should consider: “Is my staff’s time best spent on these activities, or is there greater return on investment from outsourcing this work?”

COB and patient info denials put on average 1 percent of revenue at risk each year, and they are time-consuming to solve.

## THE GOOD NEWS:

Taking these steps will help your patients understand what is needed by insurance companies so their claims are paid and don’t wind up as patient responsibility—and a negative patient experience. The best news: COB recovery rates total as high as 75 percent when organizations invest in outside support and that can mean a stronger bottom line.

Revamp your COB recovery strategy with an expert team. Knowtion Health serves over 350 hospitals in 37 states, helps improve the patient experience, and accelerates and resolves COB and patient information denials.