Q: How is this different than my practice management (PM) or enterprise system?
A: PayRight is designed to work with your PM system. Your system is designed to handle billing your insurance company and then creating a paper bill to go to the patient. PayRight lets you educate the patient about costs and make arrangements to pay with or without a statement.

Q: What integration is required?
A: PayRight can integrate in a variety of ways. Ideally we gain access to patient information (usually through an HL7 provided through your practice management system). The ability to exchange payment information is also helpful and can be done via batch file or through a clearinghouse. The system also supports the loading of your chargemaster and insurance contracts.

Q: I have had the same tools and process for payment for years, why is this needed now?
A: Insurance companies and health plan structures have cost shifted to the providers/organizations by putting the burden on those organizations to collect a larger part of the cost of care directly from patients. In an effort to keep employee plans affordable, there has been a dramatic increase of 30% or more that is now paid directly from the patient to the provider. Less than 10 years ago patient pay was less than 5% of an organizations total payments. Now the number is over 30% and growing rapidly. If you are still using the same tools and processes you will see your accounts receivable self-pay category continue to grow. Add the fact that many specialties are seeing declining reimbursement from Medicare and other payers makes it imperative to evaluate improvements in patient collections.

Q: What is the HL7 Process?
A: We use the standard demographic and insurance feed that is likely already being used by other systems in your organization. All we need is a port opened by your system vendor.

Q: Are you a preferred vendor or have you interfaced with XYZ Practice Management system?
A: We are able to interface with any Practice Management system that can provide HL7 access.

Q: I track my payments in my PMS, how can you help me do that?
A: Our system allows the ability to post to the visit or encounter level. Throughout our products you can require visit numbers, which allow for specific matching to claims. If you have complex needs from a payment-posting standpoint we also have a strategic partner that can automate complex posting needs for both patient collections and insurance.

Q: I get these tool from fill in the blank (Clearinghouse, PM Vendor)? Or what makes you better than the competition?
A: Integration, workflow, and configuration. PayRight users do not have to enter multiple systems and can perform their workflow in one place without repetition. Platform integration from ePay, Portal, and QuickPay and the integration of workflow and payments throughout those products creates a highly functional platform. While components of our product use similar technology to our competitors we have taken the time to integrate those components together into a workflow that makes sense to the users and patients and is easy to manage, control, and configure. Having one product manage all the components and workflow creates a higher percentage of success and reduces cost.

Q: Do you have any experience with my area/specialty?
A: PayRight has been deployed across all types of areas and specialties. You help define your process and the system stores and administers your policy and procedures.

Q: What makes this different than other estimator tools?
A: You can go out and find a stand-alone estimator tool, but it likely will not be integrated with your payment system, tied with your contracts and charge master, and most importantly rectified against the actual explanation of benefits after insurance has processed the claim. There are many reasons that may make estimates incorrect including: another provider could send a claim prior to your providers claim, the insurance company could provide poor information, the provider or coder may change the codes after billing, or a modifier could change the payment percentage. While our estimates have a high degree of accuracy, PayRight realizes the estimation process is not exact which is why we allow for payment plans to be made on those estimates and then we rectify those payments with the actual claim from the payer. In the event the estimate was incorrect these processes allow the payment plan to be adjusted.

Q: We have web-based payment processing already, why do we need to change?
A: It is easy to find a vendor that will allow you to take web-based payments. It is difficult to find a vendor that feeds those payments seamlessly into your practice management system, integrates other types of payments for reporting and management (electronic check and cash), as well as provide payment plans. PayRight does the difficult items and much more.

Q: How do I know if I need this?
A: Here is a simple formula to see if you need to upgrade your technology and process. Divide dollars collected from patients (12 month period) by dollars owed by patients to get the collections percentage–If that number is under 90% then you need to evaluate your tools and workflow because it should be over 95%, but many organizations are under 85% and for good reason as they lack the workflow and technology to manage and solve this growing problem.

Q: What if I already have eligibility?
A: Many organizations have good workflow for using eligibility to verify that patients have valid coverage and that information is properly loaded into the system in order to ensure a higher likelihood of getting claims paid by the insurance company. Few effectively use eligibility to collect patient dollars. PayRight handles both ends of the eligibility spectrum as to not only ensure higher success for insurance payments, but also patient payments.

Q: What type of reports can I run?
A: Practice Clerk Summary Report – All payments taken by clerk by practice
Practice Daily Summary Report – All payments taken by the practice
Payment Plan Report – All patients on active payment plans
Clerk End of Day Report – All payments taken by clerk for their shift
Patient Identifiers – Used for batch payments – patients with their unique identifiers
Batch File Payments – Details on batched payments and their status
Statement Returns – Errors associated with Statement runs

Q: We have a collection agency or back end billing staff that deals with our patient pay.
A: PayRight can streamline your process and remove much of the cost associated with patient balances. Traditional billing practices require organizations to send many bills. In order to get the patients attention they have a high need to transfer patients to collections. By having the data easily accessible, conversations can be had with patients about their bill in person and early on in the process. Not only do our payment plans automate billings, they make additional statements unnecessary. With PayRight cost are lowered, collections are increased, and satisfaction increases (patients, providers, managers, and users).

Q: Do I need more staff?
A: No, once you have maximized the integration, the use of the product the back end billing process for patient responsibility is virtually nonexistent. Over time those staff members can transition into other roles in the organization. Initially it is helpful to use some business office staff to help the front end get started with the product since some of the billing workflow and time allocation does occur on the front end.

Q: How much difference can PayRight make to my company?
A: PayRight can increase your collections of patient out-of-pocket receivables over 50%. It speeds up the process of getting paid, reduces the need for paper statements, and reduces billing fees. Our current customers have seen an average of a 22% improvement in patient responsibility collections.

Q: How long does it take to install?
A: PayRight consultants will meet with your team to but most customers can be taking payments in just a few weeks, with all functionality trained and enabled in a month.

Q: How much does it cost?
A: Your sales agent can help you understand the specific fees and cost for your implementation.

Q: Is my information about my patients safe?
A: PayRight is fully compliant with both the latest health care (HIPAA) and payments data privacy standards (PCI DSS).

Q: Do I need special equipment?
A: All you need is an internet enabled computer with high-speed internet access and an optional card/check reader.

Q: What if my patients don't want to give me a form of payment?
A: The advantage to PayRight is workflow flexibility. You can control payment rules and timing. PayRight can easily and automatically correct any overpayments your patients may have made. It is easy to change your policy rules as you get more comfortable to further improve your results. PayRight will provide you with training, scripts and best practices to increase your staff comfort level and improve patient conversations. You can also offer electronic or even paper billing as an option. Patients see knowing their responsibility early on in the process better than traditional medical bill surprises.

Q: What if my patients can't pay?
A: PayRight offers a financial assistance module which allows you to review a patient's credit status, asset information, and likelihood they will pay their healthcare bill. Using this information your clerks can be given different payment options to suit their needs.

Q: What if they default?
A: The rules are up to you. Most customers will generate a missed payment report that allows them to quickly follow-up with patients and understand their situation. Generally if someone still does not pay they eventually end up in collections.

Q: How do my patients know when they have paid?
A: PayRight can send out notifications via email of changes to estimates, claim payments, and upcoming and paid payment plans.