CHALLENGE:

Clearwave aimed to create a self-service solution for healthcare organizations with objectives linked to:

- Improved patient information sharing
- Enhanced patient information accuracy
- Patient experience standardization across multiple sub-providers
- Payment collections to benefit practices / hospitals cash position

SOLUTION:

Clearwave deployed more than 250 units in 28 states with specialty health providers, major clinics, and hospitals. Each deployment includes the kiosk(s) for independent patient check-in and transaction delivery. It also includes a portal for real-time staff monitoring of check-in transaction activity, including insurance coverage, address validation and payment information related to each patient experience.

BENEFITS:

- Patient check-in time reduced by 57%
- $2.5M - $3M improvement to the bottom line financials
- Over 30% increase in insurance data accuracy, moving from 60% to ~95% accurate
- Clients have tripled their cash flow in three months or less
- Secure data sharing between facilities
- User satisfaction has risen substantially, consistently well over 80%

Revolutionizing Healthcare and the Patient Experience

The Clearwave patient kiosk is a self-service solution created to promote process efficiencies and profitability improvements surrounding patient check-in and insurance verification. Further, it facilitates the sharing of patient data within healthcare networks for efficient and secure records information exchange.

The Clearwave solution is deployed in 28 states with specialty health providers, major clinics and hospitals. There are now more than 250 units in the field, each equipped with:

- A Touchscreen to present an intuitive user interface
- Built in Optical Character Recognition (OCR) technology
- Insurance card scanning capabilities that automatically verify insurance when a patient checks in at a kiosk
- Credit Card reader allows patients to pay copays and outstanding balances

The Clearwave solution meets all interoperability standards and integrates with back-end hospital information systems and practice management systems. Critical patient registration data is presented, including arrival time, demographic details, recap of benefits and payment status, allowing staff to quickly process patients and admit them to receive care.
Clearwave’s solution is unique in that it is able to be leveraged across multiple healthcare organizations. It provides a secure Patient Information Exchange, which delivers a seamless exchange of data across internal / external systems, or healthcare organizations.

The benefits gained in automation from one institution can be shared / multiplied across another. Hospital networks can share patient records with outside laboratories or imaging institutions to improve the continuity of care as patients often see multiple providers. This key feature facilitates the optimal experience for the patient and physician, while substantially boosting the solution ROI for the healthcare organization.

**Benefits for the Hospital**

Clearwave’s comprehensive network and kiosk platform allows hospital staff to begin the financial assessment of each individual patient before services are rendered.

**Clearwave’s solution provides hospitals with:**

- Improved patient information sharing among different healthcare organizations

- Real-time patient authentication at check-in to drive down claim rejections, collection expenses and bad-debt write offs

- Patient identifier checks patient ID card against internal systems improving accuracy of insurance information

- Point-of-service co-payment and fee collection capabilities improve cash flow

- Ability to identify and screen uninsured patients to suggest financial assistance options

- Communication channel among providers to facilitate patient referral process

- Tracking and reporting component to ensure accurate registration records

**Benefits for the Patients**

Patients should not have to be frustrated over the complicated world of healthcare. Their focus should be on their health and overall wellness.

With Clearwave, patients no longer need to repeatedly answer the same questions at admittance. The time it takes to register drops dramatically and patient satisfaction increases when the admissions process is streamlined. End result... less time spent on paperwork, more time receiving care.

**Clearwave’s solution offers patients:**

- Uniform user interface across multiple sub-providers, eliminating inconsistencies and duplicate steps in the patient experience

- A streamlined and simple check-in process

- Ability to manage their own account, including sign forms, make payments and update information as needed

- Relevant Hospital information such as hours of operation, new services and / or other patient education
Post Deployment Results

Better Accuracy of Patient Information:

Clearwave’s unique patient identifier (CUPID) feature checks the patient ID card against internal systems ensuring all insurance / demographic information is simultaneously verified to be current, accurate, and authenticated by the insurance clearinghouse.

Clients have seen over 30+% increases in insurance data accuracy, moving from 60% to ~95% accurate.

In addition, claim refusals have dropped significantly, enabling flat or re-allocated headcount in the deployers’ collections staffing.

Substantially Improved Cash Position for the Practice / Hospital:

By collecting co-payments and applicable fees prior to providing services, medical facilities reduce receivables, collection costs, and bad debt write-off (typically 2% to 8% of revenue).

The average reported bottom line savings from combined improvements in collections, and reduced insurance rejections (varies depending on size of the organization) range from $2.5M - $3M.

Clearwave new clients recognize a 1% - 3% gain in financial position. Many clients have tripled their cash flow within the first three

Enhanced Patient Experience:

The Clearwave Patient Interface is presented with complete uniformity across multiple sub-providers.

A patient in the Clearwave system will have the same kiosk transaction experience at a lab, x-ray facility, or physician’s office – eliminating inconsistencies and duplicate steps previously inherent in the patient experience.

Further, patient check-in times have been reduced by 57% - from seven minutes on average down to three minutes. Patient adoption rates have been favorable, with user satisfaction well over 80%.