This is your guide to optimizing your payments and communications while solving some of the pain points you manage today.

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Introduction

While last year had many challenges, it also catapulted the evolution of healthcare payments and communications. From high rebates to a drop in member satisfaction with communications, the industry dealt with unprecedented challenges that forced it to adapt. With lower claim volume, payers have had to pay large rebates to customers due to MLR (Medical Loss Ratio) requirements. The increase in laid off and furloughed employees has resulted in a membership transition from commercial plans to Medicaid and self-pay. Payers need to find a better way to reduce costs and keep members and providers happy. Members are confused by the large volume of transactional claim communications and want to better understand what they owe. That’s where the shift towards electronic payments and episodic communications comes in.

$450B in paper check payments still exists today across providers. – Bain & Co.

There’s a huge opportunity to drive electronic adoption and reduce costs.

Getting your providers to make the switch from paper checks to electronic will help streamline operations and unlock the next level in efficiency.

Giving your members clearer, more concise communications helps improve visibility into their healthcare claims.

With an ever changing healthcare payments and communications landscape, we want you to be as prepared as possible with the right solutions in your arsenal.

This is your guide to optimizing your payments and communications while solving some of the pain points you manage today.

This blueprint will take you through a step-by-step roadmap for payments and communications success.

We’ll breakdown the complex issues facing your organization today and provide ideas that will help you achieve your goals.

This eBook will help you drive savings and increase efficiency. It will give you the insights you need to optimize your payments and communications process.

Let’s get started.
The Current Claim Payments & Communications Landscape
What’s the state of Claim Payments & Communications today?

Health Plans & TPAs

Health plans and TPAs (Third-Party Administrators) are in a difficult situation. Between increasingly complex communications needs and plateaued electronic adoption, it’s been difficult to mitigate interruption to their operations.

What keeps you up at night? We’ve been listening to our health plan feedback to help us drive product innovation and improve satisfaction.

Here are the top priorities:

• Increasing electronic adoption
• Reducing postage costs
• Increasing provider and member satisfaction

You’ll be looking to reduce the burden that comes along with paper checks and transactional communications including high costs and low satisfaction.

You’ll want options to choose a solution that works best for every scenario. And to be able to get your providers converted to electronic payments. By putting the right strategy in place, we enable your organization to get on the fast track towards growth.

“We used to do all the payments on paper and then we realized we needed a more efficient solution.” – VP, TPA
The Challenges of a Disrupted Network

The majority of payers view their provider network as one of their most important assets.

With COVID-19, there has been much disruption to their day-to-day dealings with providers and members.

With billing lags from provider staff shortages and temporary modifications to benefits and coverage such as cost-sharing waivers for COVID-19 testing, maintaining operational readiness and revenue growth has been challenging.

More members are using health insurance benefits related to testing and treating COVID-19, resulting in increased member inquiries volume and ultimately a reduction in service levels and satisfaction.

To make matters worse, membership is shrinking due to lower demand for employer-sponsored health insurance, causing profit margins to become slimmer than ever.

Investments in EHRs and communications platforms have created opportunities to drive efficiencies for payers, providers and members alike. However, the pandemic has put a high-powered spotlight on the next wave of opportunities.

In order to enhance performance, you must understand your current payments and communications processes.

Today a typical health system sits between 80-95% adoption of commercial electronic payments. – Bain & Co.
Step 1: Understanding Your Payments & Communications Process
A Deeper Look into Your Payments & Communications

To get your providers paid swiftly and correctly, you have to staff an army of teams—from financial counselors and authorization requesters to coders and claims management staff. To deliver your claim communications efficiently, it takes a village.

Before diving into optimizing your payments and communications, you need to get a handle on the problems you’re facing today. One of the biggest adjudication challenges is paying providers with paper checks. They may be waiting weeks to receive payments in the mail, driving lower satisfaction. Once received, they must scan the check and sometimes mail it to the bank for processing.

Keeping track of how many payments you’re sending and how they’re being delivered is essential. Keep in mind, provider staff is already tasked with multiple responsibilities from scheduling to billing, so achieving efficiency in this area lifts their whole organization, improving satisfaction.

Delivering a variety of monthly communications to a large network is a costly and complex process that can cause confusion for members.

When you multiply each member’s episodes of care by a large network, it comes out to tens of thousands of communications per month. The biggest challenge for your members is making sense of it all and understanding exactly what they owe.

“A provider sends the same bill to a member for service an average of 2.9 times. – Bain & Co.”

“Clearer EOB’s have improved member satisfaction and faster electronic payments have increased provider satisfaction.” – MA Health Plan COO

By understanding your current payments and communications process, you can find the right solution to help. Through payments optimization and enhanced communications, you can increase electronic adoption, improve clarity and drive savings.
Step 2:

Identifying the Right Solution
Paper & Contactless Payments

The pandemic has fundamentally changed how payers think when it comes to paying providers. Keeping safe from COVID-19 has taken precedence over everything else. People are taking much more precaution when going about their daily activities.

Provider staff aren’t too keen on getting checks delivered in the mail or taking them to the bank for processing anymore. There’s simply too much unnecessary risk of exposure. Also, the average cost of processing a paper check is approximately $6. When you think of how many checks you’ve been processing annually, the cost really adds up.

On average, Zelis helps our clients save 60% with electronic payments over traditional paper payments each year. – Bain & Co.

Ditching checks reduces cost, protects provider staff, and decreases negative environmental impact.

For all these reasons, the medical industry has experienced a steady rise in adoption.

Electronic payments adoption increased 4 percentage points from 70% in 2019 to 74% in 2020. – 2020 CAQH Index

More providers are making the switch to electronic payments, helping your organization save money, improve efficiency and reduce risk.

When you weigh the pros and cons of paper checks against electronic payments, there is no comparison. This past year has made it clear that payers and providers need a different solution to help them adapt to the impacts they’re facing today.
Electronic Payments

In today’s complex healthcare payments landscape, there are multiple factors putting stress on your bottom line. From unexpected enrollment shocks to premium receivable delinquencies, you may be facing an uphill battle in trying to generate revenue.

By converting to an Automated Clearing House (ACH), you eliminate manual processes and workarounds.

Keep your payments flowing to providers with electronic payments. And it’s completely contactless. No touch – no problem.

With forgery resistant technology, another secure way to deliver payments is through virtual cards. These cards are highly protected against fraudsters attempting to steal your information.

Explanations of Payments (EOPs) and card numbers can be received via fax or download from a Provider Portal. Providers can reduce office time and delays associated with errors by combining payments as a single transaction, increasing cashflow.

More providers are turning to electronic payments to help them meet their needs. The medical industry has seen a steady rise.
Traditional communications were not designed to communicate the complexities of financial healthcare transactions and to meet state and federal compliance requirements.

Zelis creates communications to clearly deliver information and increase member satisfaction by consolidating communications and leveraging electronic delivery.

With so much noise in the transactional communications space, delivering the right message to members while also keeping postage costs down can prove to be a major obstacle.

Turn routine communications into meaningful touchpoints with Episodic EOB®s. By using this technology to deliver transactional communications to members, you can reduce their confusion by simplifying and explaining what they owe.

60% of consumers wished their doctor or insurance company would explain how medical billing works – Bain & Co.

It is critical for members to understand their healthcare benefits and individual financial responsibilities. That’s why we’ve created DOCS®, a self-service platform to provide clear, concise and understandable communications.
Step 3:

Protecting Your Payments & Communications
Protecting Your Payments & Communications

Security threats are becoming more prevalent each year and 2020 was no exception. Fraudulent activity is on the rise as individuals attempt to profit during the pandemic. Payers are being forced to adapt to ever-changing rules and threats. Cybercriminals are always thinking up new ways to steal you and your provider’s payments and communications information for their advantage. Online phishing scams, door-to-door testing offers, and falsely promising free care are just a handful of examples.

Protecting your data has never been more important. If claim payment or member information gets into the wrong hands, it could mean a major disruption to your operations.

**Last year alone, security breaches cost healthcare companies over $13B – Infosecurity Magazine**

With Episodic EOBs®, we ensure that your member communications are delivered with the highest safeguards in place.

In addition to security, you’ll also need to consider compliance. All payers and providers are subject to comply with HIPAA EFT/ERA standards and mandates while sending and receiving payments. Zelis’ CAQH CORE Phase III Certification means Zelis has demonstrated that its products are in conformance with these rules.

From delivering and reconciling claims and payments to sending secure transactional communications, consider an end-to-end solution to help optimize your processes.
Step 4: Implementation & Growth
Payments Command Center

From enrollment to client service and legislative affairs, a command center has an array of experts who are working around the clock to make sure your payments are flowing smoothly to your providers.

With a scalable solution customized to fit your needs, end-to-end implementation can be achieved while minimizing disruption to your current processes. We offer your providers multiple payment options to choose from. They’ll need an advisor to help select the solution that aligns with their goals and works best for their organization.

Client service and EDI concierge teams are standing by to help your providers every step of the way. No problem is too small or large for them to handle.

With a white-glove approach to customer service, you can rest assured that you won’t hit any potholes on the road to success.

Staying on top of the latest in healthcare payments legislation is critical. Matthew Albright, our Chief Legislative Affairs Officer, uses his connections and expertise to ensure your payments are being sent and processed in compliance with state and federal regulations.

Having a team of payments pros gives you a strong competitive advantage. They get your provider’s claims settled fast and efficiently, helping to improve their satisfaction.

By closing the gaps in electronic payments, payers and providers optimize financial performance and realize efficiencies.
By driving electronic adoption of Zelis ACH with your providers, you can realize huge gains in efficiency and savings. As the market leader in electronic payment fulfillment services, we give you access to the largest opt-in electronic payment provider network.

Providers are tired of waiting around to receive their money. With electronic payments, they get their funds delivered weeks faster than mailed checks. Not only does it save time, but also improves efficiency and drives savings for both payers and providers. Reconciling claim payments is no easy task, especially on a large scale.

With auto-reconciliation, we make it easier for your providers to get paid. Zelis allows for a simplified reconciliation process by delivering up-to-date payment information to providers’ core systems, which enables in-system balancing. No more backend adjustments or third-party workarounds!

Our integrated products and solutions ensure that our clients obtain the highest level of provider electronic adoption and satisfaction on each claim payment.

Your providers can receive payments within three days with virtual cards by simply entering the virtual card number into their card terminal. It’s that easy. Forget about individually inputting payments. They can consolidate payments from multiple payers into one transaction.

Along with electronic payments, payers and providers can remotely access data and claims via a portal. And there’s no need for physical storage because the history is stored in the portal.

Featuring an easy-to-use dashboard, it’s an excellent tool for accessing your claims and payments data at any time. Both payers and providers are looking to avoid disruption to their operations.

“The main concern from the provider perspective is how many times the portals don’t jive with your practice management software.”
– Owner, General Dentist

Zelis ensures that the portal is compatible with your systems, minimizing complexity.

With our 835 data delivery feature, providers receive error-free and detailed electronic remittances in real-time to 60+ clearinghouses. Zelis ACH automatically settles 835s and payments directly into their bank account. Data can be delivered in several formats including 835, PDF, Excel (CSV), etc.

Our 835s are supported by a balance of electronic data interchange expertise and innovative technology. We even deliver 835s for voids, no pays and reversals. With our 835 consolidated delivery option, ERA/835s can be delivered from multiple payers in a uniform format. And no additional enrollment is required for providers when new payers are added to the Zelis Platform. New TINs can be instantly added via ACH and 835 delivery for 330+ payers.

Get complete visibility into your payments, discover insights from your data, and see how you can improve your processes to grow your business. With a full suite of analytics, you can optimize your payments and get full transparency.
With the pay-Plus mobile app, your members can verify bills and pay them with ease. They can also look up provider visits and securely send insurance coverage information directly to your providers via text or email.

**Episodic EOBs**

Financial healthcare transactions are complex and difficult to communicate to members, leaving them confused and unhappy. With excessive and sometimes redundant communications being sent, maintaining member satisfaction and improving the overall experience has proven to be challenging.

When you multiply each member’s episodes of care by a large network, it comes out to tens of thousands of communications per month. The biggest issue for your members is making sense of it all.

With Episodic EOBs®, we consolidate your transactional claim communications and deliver them in the preferred way. By switching up the frequency, you can reduce claim communications volume and costs, all while keeping your members happy.

**DOCS**

With DOCS®, our self-service platform, you can customize your messaging with ease. We manage all facets of your communications with innovative document designs in full color. DOCS® is the single largest document processing platform in healthcare, and it enables you to enjoy substantial savings while creating an enhanced member/provider experience.

**How it Simplifies**

**Zelis Delivery**

- EOB
- Invoice
- Letters
- PBM
- Care Mgmt.

Clear communications delivered via member preference with consolidated frequency.
Closing the Gaps in Electronic Payments & Communications
Setting Yourself Up for Success

With such complexity still existing in healthcare payments and communications, how can you improve your processes?

Before reading this eBook, we’re sure this question has been on your mind. By using this step-by-step blueprint, you now have the answers you’ve been searching for. Let’s recap how you can set yourself up for success.

**Step 1 – Understanding Your Payments and Communications Process**

Before you get to solving your payments and communications issues, first you need to understand them. Getting visibility into how many payments and communications are sent and how they are delivered is critical. From manual processes to inefficient ways of sending payments and communications, there are multiple obstacles blocking the path forward.

**Step 2 – Identifying the Right Solution**

Whether you’re a third-party administrator or a large health plan, everyone needs to find the solution that works best for their specific needs and their providers. Having several options for your providers and members to get paid and receive communications makes things easier all around. With ACH, your providers get funds in hand weeks faster than mailed checks. They can get paid within three days with virtual cards by simply entering the virtual card number into their card terminal. With Episodic EOBs®, we consolidate your transactional claim communications, saving you postage costs and improving member satisfaction. With DOCS®, you can customize messaging and design all from one platform.

**Step 3 – Protecting My Payments and Communications**

The growth of cybercrime has proven to be a challenge for the healthcare payments industry. Protecting your payments and communications information from theft is essential for keeping your operation running smoothly. By implementing security and compliance strategies, you can safeguard your data and keep aligned with regulations.

**Step 4 – Implementation & Growth**

As you continue your payments and communications journey, ongoing maintenance is necessary to help your business achieve growth. By using a payments portal, you can remotely access your payments information 24/7. Get the insights you need to keep your payments flowing to your providers. Having a payments command center to support you is key to optimizing your processes. Consolidating your communications helps reduce member confusion and keeps them happy.
Summary

While there’s no way to know what may come, this blueprint will help serve as a roadmap to success.

The challenges you’re facing are complex and require customized solutions to help you overcome them. Increasing electronic adoption is key to reaching your goals. Reducing the frequency of your communications is critical for reducing your postage costs, increasing member satisfaction and cutting through the noise.

With the current state of affairs in the world, we know that managing your payments and communications isn’t easy, but we hope this blueprint will help keep you on the right track.

Here’s what we want you to takeaway:
• How to drive savings and simplicity for your organization
• How to optimize your payments and communications
• How to improve member and provider satisfaction
• How to close the gaps in electronic payments and communications

If you follow this blueprint, we know that you can improve efficiency and reduce costs. This blueprint will act as your guide on your payments and communications journey.

Forget about the roadblocks of the past. With this eBook, you have the tools and expertise to forge ahead. Zelis can help you every step of the way.

Let’s go for it.
You’ve got the blueprint.
Now it’s time to break ground.
About Zelis

Zelis is a healthcare and financial technology company that’s integrating healthcare claims cost management and payments. By connecting the dots, we’ve built the Zelis Intelligent Claim Routing Platform, a single, real-time technology interface that powers our fully integrated healthcare claims cost management, payment optimization and communications solutions. Where payers get the right information to create the networks their members need, claims get paid appropriately, payments are delivered faster, more accurately, and more efficiently.

$27+ billion
in network and claims cost savings since inception

$50+ billion
in payments delivered to 700,000+ providers on behalf of 330+ payer clients annually

Service Areas
Property & Casualty, TPAs, Regional and National Health, Dental and Taft Hartley Plans

700+ payer clients

99% client retention rate

13yrs average client tenure

1.5+ million Network Providers Served

500+ million payment data communications annually

HQ, Bedminster, NJ
Divisional Campuses
Atlanta, GA; Clearwater, FL; Overland Park, KS; St. Louis, MO
Let Zelis be your contractor for building your customized solution. Call **888.311.3505** or visit **Zelis.com** to learn more.