



## Streamlining Financial Clearance to Reduce Imaging Appointment Delays and Enhance Patient Experience (Appendix)

### Appendix-1: Summary of Identified Issues, Impacts, Interventions, and Status

PROBLEM/ISSUES	IMPACT	INTERVENTION	STATUS
Imaging orders not falling into the FCC WQ for authorization	Insurance will deny and patients will be billed	All imaging orders fall into the FCC WQ	Met
FCC workflow variations due to reporting structure	Turnaround time	Consolidation of all FCC operations under one department for consistency, transparency, and accountability	Met
Imaging orders not authorized in a timely manner	Insurance will deny and patients will be billed	If not authorized, flag the visit to prevent check-in and scan	Met
Who is going to manage flagged patients waiting in the lobby?	Delay/patient satisfaction	Assign two dedicated FTEs from the FCC to work with the DI front desk team to expedite financial clearance for flagged patients.	Met
How to manage and authorize same-day/next-day add-on orders; both STAT and routine orders	Insurance will deny and patients will be billed	STAT imaging orders should be scheduled 4 business hours from the time the order is received; routine orders should be scheduled 8 business hours ahead. These 4/8 business-hour rules give the FCC time to communicate with insurance companies and clear the orders financially.	Met
How to reduce the number of flagged patients	Delay/patient satisfaction	Impacted patients to be notified of their account status and financial obligations through phone calls, emails, and/or MyChart	Met

### Appendix-2: Number of Patients Affected by Reasons for Delayed Imaging Authorization

Reasons why Imaging Orders are not Authorized Promptly		
REASONS	DEFINITIONS	PATIENTS
Preauthorization	Preauthorization from insurance required prior to imaging	1790
Self-pay/Cost estimate needed	Self-pay patients should know how much their financial responsibility after discounts is	715
Need current insurance information	Patients might have new insurance or coverage changed	514
No notes listed	No information about authorization in Epic	413
Deductible required	Patients owe deductible and must pay at check-in	163
PCP referral needed	PCP referral needed and must be linked to the order	136
P2P/Peer-to-Peer	Telephone conversation needed between a licensed physician and the physician or other healthcare professional requesting authorization for coverage	107
Flagged but authorized	FCC did not remove the flag though financially authorized	103
SPOT needed	An insurance contract that spreads the risk from an insurance company to a reinsurer for a single event	97
Flag does not apply to appt	These orders should not have been flagged	74
ABN required	Advance beneficiary notice of non-coverage	49
Authorization/Referral	Both authorization and referral are needed in Epic	34
Denied	Service denied	32
Authorization/Referral/SPOT	Authorization/Referral/SPOT needed	29
LOG needed	Letter of Guarantee needed in Epic	28
Single Case Agreement (SCA)	SCA is a negotiation for reimbursement. Usually, these are international patients. An embassy letter states what they guarantee to pay/cover.	13
Referral/SPOT	Referral and SPOT needed	7
Authorization/Referral/SCA	Auth/Referral/SCA needed	5
Verification of benefits	Benefits must be verified with insurance	5
MSPQ	Medicare Secondary Payor Questionnaire must be completed	4
Authorization/Referral/GAP	Authorization/Referral/GAP needed	3

SPOT/GAP	SPOT/GAP needed	3
Authorization/Referral/GAP/SCA	Authorization/Referral/GAP/SCA needed	1
GAP	GAP is a medical gap plan that pays the amount applied to the insured's major medical deductible and coinsurance.	1
SCA/SPOT	SCA/SPOT needed	1

#### Appendix-3: Wait Time at Front Desk Check-In in Minutes by Year

Financial Clearance Wait Time At Front Desk (Min)							
Wait Time (bin)	2016	2017	2018	2019	2020	2021	2022
0	24.14%	33.14%	47.35%	38.06%	34.70%	37.67%	60.61%
30	23.87%	27.20%	26.46%	30.56%	30.69%	28.84%	20.82%
60	13.79%	12.46%	11.64%	15.56%	11.47%	14.68%	9.39%
90	13.00%	11.33%	5.29%	6.39%	7.93%	9.30%	5.41%
120	6.90%	3.12%	1.59%	3.61%	5.26%	3.32%	1.43%
150	6.10%	3.68%	3.17%	1.94%	3.35%	2.26%	0.82%
180	3.18%	2.27%	1.85%	1.94%	2.68%	1.26%	1.02%
210	4.77%	3.30%	0.79%	0.83%	1.63%	1.00%	0.20%
240	2.65%	0.57%	0.53%	0.57%	1.43%	0.86%	0.20%
270	1.59%	2.27%	0.53%	0.56%	0.29%	0.60%	0.20%
300	0.57%	0.79%	0.79%	0.56%	0.57%	0.20%	0.10%

#### Appendix-4: Average Wait Time (mins) by Year, with Standard Deviations

