Enter Health
by Revenue Cycle Coordinator

Claims Management

Details

Review Date	10/05/2023
Purchase Date	Q4'22
Implementation Time	N/A
Product Still in Use	Yes
Purchase Amount	N/A
Intent to Renew	100%
Review Source	Elion

Product Rating

Product Overall		4.0
Use Case Fit		4.0
Ease of Use		5.0
API		N/A
Integrations		N/A
Support		4.0
Value		N/A

About the Reviewer

User

Reviewer Organization

Specialty Practice   Pulmonology

Reviewer Tech Stack

athenahealth

Other Products Considered

N/A

Summary

- **Product Usage: Enter functions as the claims submission provider, handling insurance responses, verifying eligibility, and informing us of any claims denials.**

- **Strengths: Enter offers transparency, allowing the reviewer to see actions taken on a claim, are specific in what needs to be done to resolve a given claim, and are responsive to operational feedback.**

- **Weaknesses: Enter sometimes does not respond to messages quickly enough, and they sometimes fail to keep track of changes, resulting in redundancy in communication.**

- **Overall Judgment: Despite some communication issues, Enter provides a very good service offering transparency, support, and guidance. The reviewer feels their decision was correct.**

So today we're chatting about Enter Health and how it's used at your company. Before we jump into that, could you give a brief overview of the company and your role there?

I'm the revenue cycle coordinator for a healthcare professional service provider. Our main focus is providing services to patients with referrals. Since we're still in the early stages, our volume is currently moderate. We don't handle a large amount of coding information across our various facilities at the moment.

What are some of the use cases that you are using Enter for?

Enter acts as our claims submission provider, functioning as a clearinghouse, and they provide insurance responses to our team. They also verify eligibility, and if it's not confirmed, they communicate that information back to us. Additionally, they inform us of any claim denials.

How well is Enter working for you?

Currently, they are submitting the claims correctly and using the correct forms. However, one area that could be improved is communication. We have a system in place to communicate with them, but all the responses are stored in their platform. As a result, they do not come back to our platform to communicate the responses from the insurance or clearinghouse. I've previously worked with vendors where the service provider stores the messages or responses in the system that creates the requests, but instead we have to use the communication space in their system.

On the positive side, they provide specific responses to requests, which is great. You don't have to guess what needs to be changed or added to a claim because they provide that information specifically. This is practical and saves time in resolving issues because you know exactly what needs to be done.

Additionally, they provide us copies of all the information they send out to the insurance companies. This means that you can actually see the claim that was sent and the responses that came back in their original documents, and you can access that information instantly whenever you need to review something. They provide screenshots of the documents and correspondence, which is very helpful.

Do you use them for any aspects of patient billing or patient payments?

Definitely. Enter gives us real-time updates on the claim status and tells us who is currently responsible for the balance. We can track payments, identify the responsible party, and see if we are waiting for any payments, corrections, or tasks to be completed. All this information is available on the website.

Are you primarily spending your time within Enter's application and their product?

Not really. I have a workflow where I spend most of my time. It varies based on the claim status. Initially, my main focus is reviewing all the information related to the encounter in the EMR before creating a claim. Then I'm in our portal to request the claim submission. Once it's submitted, I'll let them know if there are any issues. If not, I'll just check the reports. So, depending on the claim status, I'll spend time in different systems. I don't spend much time in Enter, only for responses and statuses when I need to follow up.

What is your workflow in processing a claim through Enter?

They will handle the process of sending the claim to the payor and then to the next responsible party, which could be the secondary insurance or the patient. From our end, all we really do is track the status of the claims. They also handle appeals by sending a letter to the insurance if the claim was not processed correctly. Once we have submitted the claim and there are no issues to resolve, we simply wait for them to take care of everything related to the claim. If they need anything from us, they will communicate with us and let us know, such as missing information or issues that require our intervention. It's our responsibility to respond to their messages as quickly as possible. But in reality, they handle the whole process.

What are some of the relative strengths and weaknesses you see?

In my experience working with Enter, one of their strengths is their dedication and effective communication system. They have a system in place that ensures every action taken on a claim is fully identifiable, allowing you to check details and dates of each action. This level of transparency is impressive, as it gives you confidence in their work and allows you to review everything that has been done as well as what might be missing. The accessibility of this information builds trust, and that's what you look for in a good business partnership.

However, there have been times I've had to reach out to my management because they haven't responded to messages or emails in a timely fashion. Although this was promptly addressed, it remains a weakness. Since their system is the only communication channel provided, it is vital for them to respond to messages within a reasonable time frame. We often work with time-sensitive deadlines, and delays in their response delays payment of claims. We have no alternative way to resolve any issues that may arise.

And it's important for us to correct information in our systems and records. If a payor wants to audit our workload, they will refer to our EMR and systems. Therefore, the information flow should start from the EMR and then extend to our partners. If our partners are unable to recognize the changes we've made in our workflow, such as re-submitting something to fix an issue, they should improve their process to review and acknowledge these changes. There seems to be a disconnect in this regard. I don't mind providing the information again, but I know it's old news, something that's already been taken care of. This is the only aspect that I feel needs improvement—the ability to keep track of changes and avoid redundancy in communication.

How effective do you feel Enter is at ensuring that your providers get paid for their services?

I think they're really good. One technical aspect worth mentioning is that when appealing a claim you typically need additional documentation to prove that your billing is accurate. I have seen the appeal letters, but I haven't received any requests from Enter for more information yet. It's closely tied to insurance responses. Since we've only been working with them for a few months, I still need to test a few things to determine how effective they are at maximizing our revenue.

Regarding the submission process and getting the necessary information, they've been doing well and have been communicating with me. However, I still need to conduct some testing before providing a definitive answer on their revenue efficiency.

How does Enter as a service compare to the other systems that you've interacted with?

I think having a human communicate with us when there's an issue is great, but other systems I've worked with create a database of claims that need assistance. We can compare these two approaches—one creates an alert within the

system and Enter creates a personal communication with the provider. Both methods require equal attention. However, in terms of communication, with Enter there's room for improvement. For example, our team fixed an issue in our portal, but the messages still came in because Enter wasn't aware that the issue had been resolved. In other systems, the claim would be moved to a different workload if the issue no longer existed. It seems that Enter is not able to identify these changes and still has messages pending for resolved issues.

How does the data flow from your EMR to Enter?

Our information flows from the EMR to our portal and then from our portal to Enter. This setup is really great, and I think it's one of the smartest decisions our team has made in terms of setup. I admire that because I've had experiences where different groups had to work with different systems, and it was very difficult for them to integrate everything in one place. They had to run reports in one system and couldn't access the same information from another system. It was a messy process, and they had to tackle one system at a time, one market at a time, to integrate everything they needed.

So our decision to create a portal that centralizes information is very smart, especially considering the challenges of working with clinics in different states with medical records stored in different EMRs. Having all the information in one place solves many issues that can arise. The potential for making informed decisions for different markets and clinics and effectively managing everything is huge. I'm really impressed with what they're doing. The portal serves as a bridge between the EMR and Enter, and if there are any issues, I can review them in Enter.

How do you feel about their support and responsiveness?

Their responsiveness has improved overall. Initially, they were not responding to my messages, but after I complained, they started being more responsive. In the past week, their response time has been very good, almost in real-time. However, there have been instances where they send duplicate messages, which shows they are not paying attention to details. It bothers me because I've already addressed the issue and they ask the same question again. This affects my productivity.

Initially, they were providing all the necessary details for me to locate the information they needed. However, that stopped happening. The quality of their messages is generally good, but they need to pay more attention to providing all the required information. For instance, they often fail to mention which claim or patient they are referring to, or the date of service. I've been giving them feedback on this issue, but it continues to happen frequently. They need to be more detail-oriented and not waste messages, but provide me all the information I need up front. This industry requires attention to detail in order to be productive and make informed decisions. It's a high standard for me.

In terms of responsiveness, they have improved greatly. However, there is room for improvement in the quality of their messages. They respond quickly to feedback, but adjustments still need to be made to ensure that time is not wasted.

Do you feel like your team made the correct decision in going with Enter?

I really like it. We do provide feedback whenever necessary. I believe this is part of any business relationship, because processes can change at any time. So providing feedback is a daily duty for both parties involved. There are areas we can improve on, just as they will have areas to work on. However, what matters most is the quality of the service they provide, which, in my opinion, is very good. They provide copies of all documents and maintain transparency in their communication with payors. It's very useful to see each step they take. They are also very supportive and provide guidance on how to ensure claims get paid, which is ultimately our goal.

I believe we made the right decision, and now we just need to adjust our interaction to meet our specific needs. This can easily be achieved through feedback. In fact, based on the improvements I've already seen from my initial feedback, I have confidence that accommodating our needs will be an easy task for them.