

CASE STUDY

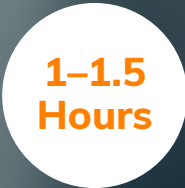
Insurance Eligibility & Verification Automation for
Front-End RCM



Eligibility
Checks



Fewer Insurance-
Related Denials



Saved Daily per
Staff Member

Overview

A regional ambulatory network saw rising insurance-related denials due to outdated or inaccurate patient coverage information. Manual eligibility checks required multiple payer-portal logins, slowing registration and triggering downstream rework. GeBBS implemented an RPA-enabled Eligibility & Verification Automation solution that accelerated coverage checks, improved accuracy, and strengthened front-end financial clearance.

Opportunities & Challenges

- The manual verification process caused:
- 5–10 minutes per patient spent on eligibility lookups
 - Frequent denials tied to inactive plans or benefit changes
 - Long patient wait times at check-in
 - Inconsistent documentation across sites
 - High administrative burden on front-desk teams

Outcomes



Eligibility Time:
Reduced from 5–10 minutes to <1 minute



Denials:
70–80% reduction in insurance-related denials



Registration Speed:
Up to 5 minutes saved per patient



Staff Efficiency:
1–1.5 hours saved daily per registrar



Accuracy:
Standardized coverage data across all clinics

Solution

Automated Eligibility Verification & Coverage Documentation

- GeBBS deployed RPA bots to:
- Run automated eligibility checks through payer portals and APIs
 - Update active coverage details and benefits directly in the EHR
 - Flag mismatches requiring staff review (inactive plans, PCP changes, deductibles)
 - Document verification results instantly to support financial clearance

Key Takeaways

- Automated eligibility checks prevent denials at the source.
- Faster verification improves patient experience and throughput.
- RPA eliminates repetitive portal work and standardizes processes.

“ We’ve cut verification time to seconds. Our denial rates dropped dramatically, and registration finally keeps up with patient demand. ”

— [Manager, Patient Registration]

Conclusion

With eligibility automation, GeBBS improved front-end accuracy, reduced preventable denials, and enhanced patient access—supporting smoother operations and stronger revenue performance.

