

## CASE STUDY

# WELLSPAN HEALTH

## THE RISE TO A BETTER PATIENT EXPERIENCE AND IMPROVED VETERANS ADMINISTRATION CLAIMS RESULTS

### THE CHALLENGE

WellSpan Health wanted to improve its Veterans Administration claims results along with the related patient experience by offering a single point of contact. The new program was designed with the goals of providing a more expeditious claim resolution process while enhancing the patient experience, increasing yield and reducing the overall cost-to-collect.

### THE SOLUTION

WellSpan Health chose to partner with EnableComp to offer their patients a holistic approach to their complex claims account resolution for Veterans Administration claims due to the following:

1. EnableComp is a partner with the resources and expertise to manage these types of complex claims at multiple stages of their life cycle including the Prior Authorization Process.
2. Veterans Administration claims require specific expertise, in-depth knowledge of the government regulations and processes necessary to obtain the net expected reimbursement.
3. Incorporating propriety rules engines and automated workflow processes to expedite claims resolution.
4. The ability to obtain 100% of net expected reimbursement or greater for all unresolved claims.
5. Ability to integrate with Epic work queues to facilitate a seamless workflow environment between the WellSpan and EnableComp staff.
6. With the adoption of the Mission Act and the expected growth of the Veterans Administration program, these claims consistently rank as one of the most difficult types of claims to manage.

In addition to these services, EnableComp also provided service line specific claims editing, state-of-the-art analytics technology and yield enhancement capabilities. Through a dedicated predictive analytics and modeling program, EnableComp provides insights into the Veterans Administration claims resolution process. This enabled WellSpan Health and EnableComp to identify and address the underlying issues creating complex claims denials (i.e., Denials Analyzer) including, but not limited to, the following denial categories:

- Prior Authorization Requirements and Modifications
- Medical Necessity and Administrative Requirements
- Patient Eligibility Issues
- Billing Related Requirements

These process enhancements provided the necessary improvements to all VA service lines/programs in order to enrich the patient experience and the other foundational pillars of the revenue cycle program.

### VETERANS ADMINISTRATION

VA

*“EnableComp is truly our department down the hall as they handle our Veterans, Tricare and TriWest/Optum claims. From the beginning, the implementation team kept us on track to ensure our success. Their process was simple, seamless, results-oriented and exceeded our expectations.”*

*“We have experienced immediate improvement in our financial results. Our staff is relieved to have a solid partner with the resources and relationships to drive cash collections while reducing our A/R. Our team has been freed up to focus on more standardized payer classes.”*

## CLIENT PROFILE

Providing care for nearly four million Central Pennsylvania residents, WellSpan Health is one of Pennsylvania's leading not-for-profit healthcare networks with \$2.845 billion in revenue and more than 1,285 beds. Consisting of seven wholly-owned or affiliated hospitals and rehabilitation centers, WellSpan Health has the area's only Level One Trauma Center for adults and pediatrics.

The healthcare system also includes the WellSpan Medical Group, one of the largest physician groups in the region with multiple divisions and more than 892 physicians who provide primary and specialty care for adults and children. More than 3,619 physicians have privileges across the WellSpan Health system, who support the philosophy of providing high-quality care and service that revolves around patients needs.

WellSpan Health proves its mission daily with more than 36,915 inpatient admissions and over 3.7 million outpatient visits annually, serving as a leader during COVID-19 and keeping its employees and patients safe.

*"We partner with EnableComp because of their professionalism, engagement and integrity demonstrated by their team members. They take ownership and pride in their work and understand how to make their client's needs a priority. Thank you EnableComp for becoming part of our team at WellSpan!"*

**Chris Stottlemeyer**

Senior Director Patient Financial Services



# RESULTS

**2020**  
PARTNERSHIP ESTABLISHED

**125 DAYS**  
OR LESS TO PAYMENT

**102%**  
EXPECTED YIELD / COLLECTIONS  
OF NET EXPECTED REIMBURSEMENT  
(i.e., established "Baseline" utilizing a  
proprietary Contract Management System)

**\$6.7 MILLION**  
OR **38.9%**  
EXPECTED POTENTIAL "LIFT"

IMPLEMENTED  
VA PRIOR AUTHORIZATION PROGRAM

ESTABLISH  
VA DENIALS ANALYZER  
— AND —  
MISSING CHARGE PROGRAM

## ABOUT ENABLECOMP

EnableComp is a revenue cycle management (RCM) complex claims company that challenges revenue cycle norms and is redefining industry standards within this specialized area. Comprised of a growing portfolio of industry-leading specialty RCM programs, EnableComp offers the expertise, processes, technology and capabilities needed to enhance the patient experience and create significant financial improvements to the bottom line for healthcare providers.

