

Client success story

# Streamline Medicaid eligibility and enrollment for increased patient satisfaction



#### Customer

Medical center in the Midwest



## Challenge

Streamline Medicaid eligibility and enrollment



## **Products**

Optum Eligibility and Enrollment Services®



### **Results**

- More than 25,000 accounts accepted by Medicaid in last 10 years, representing more than 15,000 patients
- More than \$934 million in gross charges approved for coverage in last 10 years, comprising a 96% approval rate

"We wanted to use one strategic RCM partner to handle everything efficiently, so we could focus team member time on their important, high-touch functions."

- Vice President of Revenue Cycle

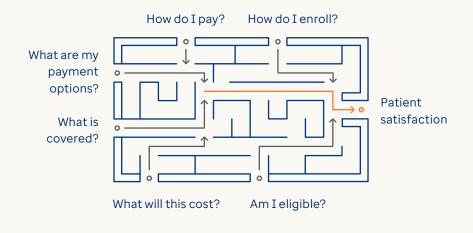


## The customer: Medical center in the Midwest

With a rich history of nearly 200 years serving underprivileged patients, this top U.S. hospital in the Midwest has 664 beds, employs 10,000+ staff and admits more than 35,000 patients annually.

## Eligibility and enrollment maze

Most patients think health care is confusing, payment options are challenging and they are often unaware of their coverage options.



# The challenge: Limited staff expertise slows eligibility and enrollment processes

The rise of health care consumerism has prompted many hospitals and health systems to rethink their patient satisfaction strategies. The beginning of the patient's financial journey is an opportune time to find ways to reduce out-of-pocket costs for underinsured patients.

Identifying patients who qualify for Medicaid can help hospitals and health systems accomplish these key objectives:

- Lessen the number of uninsured patients who may have a difficult time paying for their care.
- Decrease uncompensated care and the risk of bad debt.

This medical center had a strong tradition of helping Medicaid-eligible patients find additional coverage, but managing a growing uninsured patient population was proving difficult. Long accounts receivable (A/R) days and delayed payments from payers, including Medicare, were increasingly challenging.

At the same time, this health care provider struggled to keep up with advancing technologies and provide specialized training for its already over-burdened staff. It was hard for employees to stay up to date on recurring compliance changes from the Office of Inspector General (OIG) and Centers for Medicare & Medicaid Services (CMS), in addition to completing their day-to-day responsibilities.

# Eligibility and Enrollment Services

Optum helps hospitals and health systems ensure appropriate revenue by guiding patients through the complexities of paying for medical care with our Eligibility and Enrollment Services. This solution suite is ideal for inpatient and outpatient services.

Hospitals can choose one or more of the services offered to:

- Proactively identify and enroll self-pay patients in appropriate government-funding sources.
- Educate patients on their financial responsibility and devise payment plans before their scheduled visits or at the point of service.
- Help optimize reimbursement for complex, accident-related claims, including motor vehicle accident (MVA) and workers' compensation.
- Uphold patient satisfaction and compliance with state and federal regulations, while collecting appropriately from patients.

Along with payment and compliance issues, the provider wanted to increase its presence in the community to attract and retain patients and improve patient satisfaction during visits. To achieve these goals, organization leaders knew they needed to improve transparency around health care and third-party benefits and provide additional tools to make it easier for patients to schedule appointments, access electronic statements and make payments — all of which were difficult to do with limited internal resources.

# The solution: Eligibility and Enrollment Services helps simplify and speed up Medicaid enrollment

Over the years, this provider alternated between performing Medicaid eligibility and enrollment processes in-house and outsourcing the functions to a vendor. Neither solution produced significant results on an ongoing basis.

As a result, health care leadership decided to enlist Optum as their strategic partner to provide eligibility and enrollment services.

One leader described how Optum staff members work shoulder-to-shoulder with her staff at every level – from revenue cycle leaders sourcing solutions, to onsite facility staff carrying out the strategies.

"It's all about the people," she said. "Health care is such a relationship business. The Optum on-site team members are very easy to work with. They're very trustworthy and have a high level of integrity."

With the expert staff from Optum focused solely on helping patients enroll in Medicaid, the provider's internal staff had more time to do what the organization does best – take care of patients.

# The result: Simplified patient eligibility and enrollment

Throughout its 10-year relationship with Optum, this medical center has helped a growing number of patients qualify for Medicaid, improving patient satisfaction and reimbursement levels. To date, more than 25,000 accounts have been accepted, representing more than 15,000 patients. More than \$934 million in gross charges have been approved for coverage, at a 96% approval rate. By giving patients access to additional funding sources in the beginning of their health care journey, they find a clearer path to affordable care and care options.

"We recognize there are more factors that go into a patient's decision in terms of where they choose to get their health care," Vice President of Revenue Cycle said. "Improving our Medicaid eligibility and enrollment doesn't just benefit our organization. It is a valuable service for our patients, too."

The Medicaid eligibility and enrollment services provided by Optum help this provider achieve its goals of reducing bad debt and uncompensated care, and increasing patient satisfaction and loyalty while strengthening its brand.

Learn how Eligibility and Enrollment Services can help your hospital reduce uncompensated care and bad debt while improving patient satisfaction.

