Utilizing Technology to Drive Savings in Self-Pay Account Management

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The Challenge

While more and more people have steadily been gaining coverage under the Affordable Care Act (ACA), the once downward trend of uninsured Americans may be back on the rise—once again shifting the landscape of challenges for providers in managing uninsured populations.

More than 27 million non elderly people remained uninsured through 2016[1]—and by the second quarter of 2017 that number grew to 12.3% of Americans[2], the highest rate since 2014. It's estimated that 53% of those who are uninsured, an estimated 14.6 million people, are eligible for coverage assistance—half of them through Medicaid and the other half through subsidies available to offset the cost of purchasing insurance on the Marketplace[3]. Yet, 45% of those who remain uninsured cite cost as the No. 1 barrier to obtaining coverage.

Many of these individuals may not be aware they are eligible for financial support options such as Medicaid, Financial Assistance, or other programs. Others may encounter difficulties applying for available assistance programs.

These age-old challenges—identifying, engaging and enrolling those eligible for assistance—have plagued the health care industry for decades. In more recent years, health care reform has added another layer of complexity, significantly altering the landscape of managing uninsured, self-pay populations.

The result? Each year, providers incur significant uncompensated care costs by providing services to patients without insurance or those who cannot afford their high deductibles. And with health care reform consistently changing the rules of eligibility, providers are often left scrambling for an answer to optimize eligibility assistance and "ensure" reimbursement.

[1]Sep 19, 2017 Updated: Nov 29, 2017. (2017, December 07). Key Facts about the Uninsured Population. Retrieved January 02, 2018, from https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/#footnote-244063-6

[2]Gallup, Inc. "U.S. Uninsured Rate Rises to 11.7%." Gallup.com, 10 July 2017, news.gallup.com/poll/213665/uninsured-rate-rises.aspx.

[3]Oct 25, 2017 | Rachel Garfield, Anthony Damico, Julia Foutz, Gary Claxton, and Larry Levitt. Updated: Oct 25, 2017, and Oct 2016. "Estimates of Eligibility for ACA Coverage among the Uninsured in 2016." The Henry J. Kaiser Family Foundation, 25 Oct. 2017, www.kff.org/uninsured/issue-brief/estimates-of-eligibility-for-aca-coverage-among-the-uninsured-in-2016-october-2017-update/.
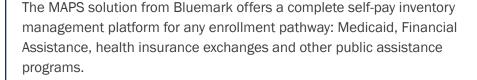
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Provider Considerations

Managing uninsured or underinsured populations can be challenging for providers as the result of organizational resource constraints, as well as industry-related obstacles and pressures. These can include the following:

- Uncertainty surrounding health care reform requires financial assistance solutions to be fast and flexible—poised to evolve with changes in the marketplace.

- Often, multiple systems are used to track self-pay patient accounts, leading to cumbersome processes that leave room for error.

- Manual processes are still used by many, creating significant administrative burdens and process inefficiencies.

- Technology plays a key role in successful solutions. Ensuring that technology can evolve to respond to changes in the marketplace is paramount—yet can be extremely challenging, as many vendors' solutions are static in nature.

The Solution

The MAPS solution from Bluemark offers a complete self-pay inventory management platform for any enrollment pathway: Medicaid, Financial Assistance, health insurance exchanges and other public assistance programs.

MAPS equips providers to efficiently and accurately assess the uninsured or underinsured and qualify them for the appropriate program. Intuitive technology and a modular architecture enable the application of all provider rules, workflows, document management and reports in a single cost-effective platform—making MAPS the only eligibility and enrollment technology solution that can be fully configured to meet a client's specific needs.

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The Results

When fully implemented, MAPS can significantly improve the assistance program eligibility and enrollment process for clients in three key areas:

Study Methodology

Bluemark has examined MAPS outcomes more broadly to identify key drivers. A combination of client poling, time studies, detailed time recording and reported data analysis was utilized.

Improvements can be challenging to quantify due to limited or inaccurate information available about providers' prior, sometimes manual processes. It is also difficult to isolate all variables when looking at the overall program enrollment results due to seasonal and economic factors that greatly impact the population seeking assistance.

Bluemark performed detailed time studies and interviews to establish the administrative time spent for the prior state. In instances where a client already has a system in place, data comparison and analysis supplemented baseline information. Once a starting point has been established, we can use automated timing and analytics in MAPS to measure efficiency improvements and overall results.

Key Features Lead to Savings

Many features within the MAPS solution make the process of assistance program eligibility and enrollment more effective and efficient. Some of the most impactful features driving cost savings and a return on investment including the following:

- **Intake staff will have the ability to screen for all available assistance programs in one interview.** Regardless of where an individual initially presents, the patient and his/her family will be screened for all available programs. Once screened, the accounts will be automatically routed to the appropriate enrollment resource for further processing.

  In most cases, individuals are eligible for at least two programs at any one time, such as MAGI Medicaid for the parents, Children's Medicaid for the kids, Food Stamps and Head Start.

Increasing Revenue

MAPS generates additional revenue by identifying more program-eligible individuals. For one client, this has meant shifting 16% of uninsured patients to assistance programs.

Driving Process Efficiencies

Clients have realized process efficiencies that enabled significant increases in productivity, with financial counselors managing 15%-25% more active cases within their individual inventories.

Lowering Costs

Data show the MAPS solution can lower the administrative costs of the assistance program eligibility and enrollment process by at least 25% within the first 18 to 24 months of utilization.

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The BIGGEST SAVINGS will be realized in the **REDUCTION OF INTAKE STAFF** needed to facilitate the initial program screening process. Streamlined program screening and workflows will enable valuable human resources to be deployed away from administrative tasks into higher value customer-service based activities.

The screening process for each individual program can take more than four hours with traditional methods. But with MAPS, the entire family will be screened and eligibility identified for all programs during the same 30-45 minute interview. This not only saves time but also offers an overall better experience for your patients.

- **The MAPS solutions will reduce the need for manual data entry during the application generation process.** Once an individual and his/her family is added to the database, the system will share demographic information across all programs. The individual's information will only have to be entered into the system once and then can be applied to multiple program applications. This saves a significant amount of time during the application process, as most programs require the same basic household information. On average, the MAPS solution will share approximately 70% of required application data fields.

  The data entry burden will be further reduced with the integration of resident healthcare IT systems. Many individuals will initially enter the enrollment process through a healthcare encounter. If demographic information can be captured and transferred at that time, then additional data entry will be limited to only the assistance program specific eligibility questions.

- **The MAPS solution will maintain a database of all known individuals to the health system and the assistance programs to which they are enrolled throughout the year.** As eligibility expiration dates approach, MAPS can generate work lists to coordinate outreach efforts within the re-enrollment process. Once an individual is contacted, the re-enrollment process will be limited to only verifying and updating existing information. Keeping your population enrolled in available programs is more efficient than starting from step one each year and also provides a greater level of service to the community.

- **When the MAPS solution is combined with the self-service module the initial intake process is further streamlined.** Individuals will be able to complete the screening process online prior to a healthcare encounter or a follow-up meeting with a financial counselor. They will know what programs they are eligible for and will be able to complete much of the application before meeting with the counselor. The self-service module can be accessed any time online at home, through smart phones and tablets, or at computer kiosks set up across the enterprise.

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- **One of the key aspects of the MAPS solution is its comprehensive reporting capability.** Many hours are spent by providers' business analysts and managers compiling data to measure department productivity and the overall effectiveness of the self-pay process. With MAPS, all eligibility and enrollment activity is tracked in one database, and reports can be generated with the click of a button. All of the information in MAPS can be exported into common file formats for broader revenue cycle reporting and analysis. MAPS also provides key data elements for tax and compliance reporting purposes.

- **There are a host of other saving opportunities with the implementation of the MAPS solution.** MAPS will replace existing technology solutions that currently facilitate the assistance program eligibility and enrollment process. Moving forward, MAPS will become the platform and database for all related eligibility and enrollment activity. MAPS will also provide you with secure electronic document storage and archiving. These documents will be available across the enterprise and will not need to be collected multiple times with each application or encounter.

Real Client Experiences

As a policy, we are precluded from sharing specific details regarding client experiences, as this information is proprietary to each customer. To provide concrete context for savings, we have aggregated user experience by the scale of the customer implementation, establishing a method to share real world information without breaching client privacy.

- **Large Distributed Health System.** MAPS has been implemented at several large health systems across the country. These clients have similar profiles and challenges due to the nature of operating regional or centralized business office operations. They utilize MAPS to manage their entire self-pay population by providing program screening and enrollment support for Medicaid, Hospital-Based Financial Assistance, and Qualified Health Plans. Their goal with MAPS is to make their overall process more efficient and reduce the total department cost to process self-pay accounts. Typically, at initial go-live clients are able to reduce their staff headcount by up to 10%, and then plan to reduce staff headcount by another 10% within the first 12 months. Given the typical sizes of their staff, these reductions can result in savings between $300,000 and $600,000 annually. This will be close to a three times return on their MAPS investment.

- **Urban Region Health System.** The MAPS solution has been implemented in a number of urban regional health systems. These types of organizations utilize the solution to manage their self-pay populations by providing program screening and enrollment support for Medicaid, Hospital-Based Financial Assistance, and Qualified Health Plans. Typically they will also use the MAPS Exchange functionality to interface with their state-based exchange for the submission of MAGI-based Medicaid applications. Based on the efficiency improvements with MAPS, these clients have been able to increase the number of open accounts that each financial counselor can manage at one time. Generally, each financial counselor can manage 15% to 25% more active cases. With MAPS, these clients can avoid adding additional financial counseling resources while processing more accounts. The cost savings is estimated to be $250,000, a 2.5 times return on their MAPS investment.

- **Not-for-Profit, Academic Medical Center.** MAPS has been implemented in some of the largest safety net hospitals across the country. One in particular has a strong focus on urban health and is one of the largest in the Northeast. Annually, this facility has more than 28,000 inpatient admissions and 877,000 outpatient visits. Using MAPS, the facility shifted approximately 16% of its self-pay patients to assistance program enrollment in just 12 to 18 months. This translated into a nearly $2.5 million increase in outpatient revenue for the fiscal year. Further, an internal study estimated that the client-application process was reduced by approximately 30 minutes. This translated into approximately a $7.50 cost savings in staff time, which accounted for $487,500 in annual cost savings based solely on initial interview time-savings.

- **Community Based Organization.** The MAPS solution and self-service portal are being utilized by several community based organization. These organizations rely on MAPS to manage inventory of at-risk constituents and screen and enroll families into a host of healthcare and human services assistance programs such as Medicaid, Food Stamps and Head Start. In addition to accessing MAPS online, some of these clients also access it through kiosk stations. With the MAPS portal they are able to reduce the need for account intake staff by increasing the ratio of staff to applicant in their centers to 4-1. Without MAPS they would have to decrease this ratio to 2-1 or even 1-1 to deal with more complex cases. The MAPS platform has allowed then to focus their limited resources on higher value tasks such as enrollment assistance and community outreach.

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MAPS Self-Pay Management Solution

A complete self-pay inventory management solution for any enrollment pathway: Medicaid, Financial Assistance, health insurance through the exchanges, and other public programs. MAPS equips providers to quickly and accurately assess the uninsured or underinsured and qualify them for the appropriate program. Intuitive technology and a modular architecture allow MAPS to apply all provider rules, workflows, document management and reports in a single cost-effective platform. MAPS helps clients:

- Maximize revenue by identifying appropriate program coverage

- Reduce overall enrollment cycle-time, accelerating reimbursement

- Increase productivity with automation, document control and reporting

Contact

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About Bluemark

Bluemark is a specialized software developer providing expert solutions for healthcare professionals and community based organizations. We solve complex problems with our adaptive technology and industry expertise. As a professional healthcare technology firm, we help clients achieve workflow efficiencies and maximize revenue.

Bluemark was founded in 2001 and is based in New Paltz New York. The company also maintains staff in New York City, Nashville TN, Northeast Ohio and Florida. With over 400 clients across the country, Bluemark provides award winning technology solutions for Hospitals, Health Systems, Long-Term Care Facilities, Health Plans and the Sub-Acute Provider Markets.

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