

# Case Study

# Referral hospital improves Medicaid revenue by 60% with accelerated claims approval

Fusing streamlined workflows to advance public benefits

A referral hospital sought to expedite eligibility and enrollment for its high volume uninsured and underinsured patient population by enhancing financial advocacy and support.

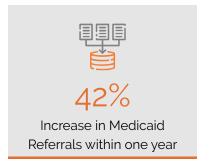


#### **Solution Overview**

IntelliGuide, Patient Advocacy, Eligibility and Enrollment

## Results





## Challenges Summary

- Lack of streamlined Patient Eligibility and Enrollment workflow
- Significant staffing shortages
- Poor staff productivity and efficiency

Firstsource helped the hospital improve Medicaid revenues by 60% in just 6 months

## Creating price transparency

The client is a major referral hospital delivering medical services across four centers of excellence including Heart Care, Cancer Treatment, Women's and Children's Services, and Senior Services. The hospital's patient population comprised mostly uninsured and underinsured patients.

The lack of a streamlined Patient Eligibility and Enrollment workflow meant that its patients did not have a clear understanding of their out-of-pocket expenses prior to accessing care. This resulted in significant financial burden for the patient population and growing bad debts for the hospital. The hospital wanted to engage its high volume uninsured and underinsured patient population early in the care delivery process and offer services to help alleviate the financial strain across the patient care journey.

## Addressing staffing shortages

At the same, the hospital was also witnessing a staffing shortage and wanted to improve staffing efficiency using best practice-based workflows.

## Reimagining patient eligibility and enrollment

Hospital leaders decided that a custom approach was vital to success. They partnered with Firstsource to help connect patients to public medical benefits, with the goal of increasing patient peace of mind and decreasing uncompensated care and bad debts. Firstsource deployed its proprietary IntelliGuideTM Advocacy Services to design and support the Patient Eligibility and Enrollment process for its uninsured and underinsured patient population.

## **Solution Synopsis**

- Deployed proprietary solution IntelliGuide.
- Customized eligibility and enrollment workflows for each of the hospital's four centers of excellence encompassing cross-functional team touchpoints and personalized patient engagement models.
- Provided support in loading coverage, dropping claims, and monitoring the entire eligibility process.

What's your challenge? Let's work together to solve it To speak to our experts, click here

#### **Customized Solution**

To streamline processes, PatientMatters created tailored eligibility and enrollment workflows for each of the four centers of excellence. The custom workflows were designed to create end-to-end claims visibility. The Firstsource Advocacy team helps with loading coverage, dropping claims, and monitoring the entire eligibility process.

#### Collaborative workflows

The workflows incorporate cross-functional team touchpoints and collaboration guides to enhance staff efficiency and productivity. It also included personalized high-touch patient engagement methods for education and faster claims approval to elevate patient satisfaction and care outcomes.

## Delivering excellence

With over 30 years of experience, the Firstsource Advocacy Team carried out its best practice protocols and procedures, resulting in accelerated claims approval which offset days in accounts receivable and improved cash flow.

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