

ELIGIBILITY AND ENROLLMENT

# Thinking outside the box

to improve patient satisfaction  
and increase revenue.





A massive loss of insurance coverage due to **COVID-19** related **unemployment** has created a **growing population of uninsured and underinsured patients**



**The enormous influx of eligible Medicaid and community benefit participants**, fueled by states' adoption of Medicaid expansion, poses an opportunity and challenge for healthcare providers.



The shortage of trained staff and the changing healthcare landscape demand providers **look “outside the box” to maximize Medicaid enrollment, maintain eligibility, reduce costs, and increase revenue.**

# Virtualize the patient experience to increase Medicaid enrollment and enhance patient satisfaction.

With telehealth utilization stabilizing at levels 38x higher than before the pandemic,<sup>1</sup> healthcare organizations' adoption of this solution for patient access services delivers greater access to care and increases the organizations' financial stability.

Virtually screening and enrolling for benefit eligibility facilitates Medicaid enrollment and provide patients a flexible, accessible and patient-centric experience. It authenticates your commitment to their well-being, and builds trust and loyalty. The resulting increase in Medicaid enrollment affords access to healthcare services, increases revenue, reduces administrative costs and advances market share.

## Benefits

- Improve patient experience by increased access to care
- Increase patient and staff safety
- Increase revenue
- Reduce uncompensated care and bad debt
- Reduce onsite personnel costs

# >80%

of survey respondents said that their patients have reacted favorably to using telehealth for care.

Telehealth Impact Study: Physician Survey. COVID-19 Healthcare Coalition. C19HCC.org<sup>2</sup>

<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>

## Benefits

- Continuity of care
- Uninterrupted coverage
- Patient peace of mind
- Navigate complex Medicaid eligibility rules
- Avoid delayed or lost revenue

# 66%

Seniors and people with disabilities account for almost two-thirds of Medicaid spending

<https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/>

## Ensure sustainable Medicaid coverage to protect revenue.

Patients in institutional long-term care settings risk losing their Medicaid eligibility if compliance with complex requirements are not maintained. Proactively monitoring these enrollees to ensure continuity of coverage is critical for the patient's well-being and the provider's financial stability.

Tracking re-determination requirements, submitting recertifications, completing renewal applications and navigating unexpected determination of ineligibility guarantees patients retain their benefits and institutions maintain a steady revenue stream.



## Secure appropriate level of care setting for unfunded patients.

Patients without insurance, private funding, or Medicaid coverage, often delays hospital discharge pending transfer approval to a post-acute care setting.

An unfunded status adversely affects care and poses financial risk to the hospital, post-acute care facility and patient if left unresolved. These cases require a high level of effort and time to convert their payer status to Medicaid.

With a service level agreement, the patient can transfer to the appropriate care setting at the appropriate time while the hospital's contracted eligibility partner navigates the complexities of securing the patient's Medicaid coverage.

### Benefits

- Smooth transition for patients
- Improve patient outcomes
- Strengthen partnerships between local hospitals and post-acute care facilities
- Minimize lost revenue
- Resolution of complex Medicaid admissions
- Reduce resource cost

# \$2.7T

Post-acute care accounts for more \$2.7 trillion spent on personal health care

<https://www.evicore.com/insights/hot-trends-to-watch-for-in-post-acute-care>



## Benefits

- Improve health care outcomes
- Battle health inequities
- Lower cost of care by preventing hospital stays
- Enhance the patient experience
- Increase cost effectiveness of health care services
- Reduce uncompensated care
- Supports value based care and global and professional direct contracting models

# 80%

**Social determinants drive more than 80% of health outcomes**

<https://doi.org/10.31479/201710c>

## Combat social determinants of health to improve patient outcomes.

The absence of health insurance coverage adversely affects a patient's health, but economic, social, and geographic factors create barriers to care that heighten poor health outcomes and expose health disparities. Social determinants of health (SDoH) shape people's ability to access care and lead healthy lives.

Identifying community benefit programs and enrolling residents in home care programs, food stamps, pharmacy assistance, providing transportation for medical visits and assisting with secondary Medicaid enrollment breaks down SDoH barriers to care. Health outcomes improve and unexpected high-cost hospital stays are avoided.

Know how.



**Our Eligibility and Enrollment Services expand accessibility, increase enrollments** and guide your patients through the complexities of government and community assistance.

## ELIGIBILITY AND ENROLLMENT

Eligibility and Enrollment is changing. **It's time to start thinking outside the box.**

Contact us today!

