



ELIGIBILITY & ENROLLMENT

Steps to Improve Patient Satisfaction and Increase Revenue

The enormous influx of eligible Medicaid and community benefit participants poses both an opportunity and challenge for healthcare providers. The shortage of trained staff and the changing healthcare landscape demands that providers think “outside the box” to provide quality care, while maintaining their bottom line.

There are readily available ways you can maximize Medicaid enrollment, maintain eligibility for long-term care, reduce costs, and increase your revenue. Some of these opportunities include utilization of telehealth, ensuring sustainable Medicaid coverage, and securing the appropriate level of care setting for unfunded patients.

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

Virtually screening and enrolling for benefit eligibility has multiple benefits. It reduces the need for onsite personnel, thus reducing administrative costs. It facilitates Medicaid enrollment, which ultimately increases your organization’s financial stability and reduces uncompensated care. The resulting increase in Medicaid enrollment affords access to healthcare services, increases revenue and advances market share.

In addition, the adoption of telehealth solutions for eligibility services delivers patients a flexible, patient-centric experience and improves access to care. This builds trust and loyalty and authenticates your commitment to your patients’ well-being.

>80%

of survey respondents said that their patients have reacted favorably to using telehealth for care.¹

2 Ensure sustainable Medicaid coverage to protect revenue.

Patients in institutional long-term care settings risk losing their Medicaid eligibility if compliance with complex requirements is not maintained. Proactively monitoring these enrollees to ensure continuity of coverage is

1. Telehealth Impact Study: Physician Survey. COVID-19 Healthcare Coalition. C19HCC.org. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>

critical for both the patient’s well-being and the provider’s financial stability in preventing delayed or lost revenue.

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. It provides for continuity of care, uninterrupted coverage, and provides patients with peace of mind.

66%

Seniors and people with disabilities account for almost two-thirds of Medicaid spending.²

3

Secure an appropriate level-of-care setting for unfunded patients.

Patients without insurance, private funding, or Medicaid coverage, often delay hospital discharge while awaiting 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.

\$2.7T

Post-acute care accounts for more \$2.7 trillion spent on personal health care.³

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. This smooths the transition for patients and improves patient outcomes.

4

Combat social determinants of health to improve patient outcomes.

Lastly, and importantly, 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, enrolling residents in home care programs, food stamps, secondary Medicaid and pharmacy assistance and providing transportation for medical visit breaks down SDoH barriers to care. Health outcomes improve and unexpected high-cost hospital stays are avoided.

80%

Social determinants drive more than 80% of health outcomes.⁴

As you can see, there are several steps you can take to maximize Medicaid enrollment, maintain eligibility, and increase your revenue. Partnering with a trusted Eligibility and Enrollment services partner ensures expert enrollment practices and existing relationships with government agencies, resulting in optimal enrollment for your patients and your organization.

2. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/> 3. <https://www.evicore.com/insights/hot-trends-to-watch-for-in-post-acute-care> 4. <https://doi.org/10.31478/201710c>

For more in-depth information about Eligibility and Enrollment Services and all our Revenue Cycle Management solutions, please visit SavistaRCM.com