CASE STUDY

Validating comprehensive insurance discovery against new, internal processes and external vendors

CLIENT:

One of the top, large health systems in the U.S. comprised of more than 40 acute care and specialty hospitals, and 800 physician practices and outpatient facilities.

VALIDATION OPPORTUNITY:

This large health system sought ways to cut costs and improve internal efficiencies. New, internal patient access processes and procedures were instituted to enable in-house patient access and Medicaid enrollment teams to increase cash collections, thereby reducing vendor costs. The health system also introduced a sequential, multi-vendor coverage discovery model to provide services at specific intervals with varying fees to further decrease costs.

Insurance coverage discovery was broken down by the vendor and reported as follows:

- All coverage upon discovery
- Discovered coverage at 45 days post-discharge
- Coverage at 95 days post-discharge for accounts identified with Medicare and Medicaid coverage, and 30 – 60 days for accounts with identified commercial coverage

Prior to this new process rollout, TransUnion Healthcare was the longstanding insurance discovery vendor in place to find both potential payer coverage for uncompensated care accounts and secondary coverage for patient accounts.

TransUnion

With this new process – and TransUnion Healthcare acting as the last-in-line vendor – could missed insurance coverage still be found?

APPROACH:

Together, TransUnion Healthcare and the health system developed and performed a validation study of the new processes. The TransUnion Healthcare data analysis team and the system's revenue cycle team met monthly to review and measure the effects of the process changes and multi-vendor coverage discovery performance over the previous two years. The results of the study were founded on nearly nine years of historical accounts receivable data.

RESULT:

For the 6-month period following the implementation of multi-vendor coverage discovery, the average reimbursement from accounts coded by the new, upfront processes increased from $1.72M to $1.77M per month. During the same period, the average reimbursement identified by TransUnion Healthcare – after running behind other external vendors – increased from an average of $874K to $919K per month.

CONCLUSION:

After six months of recovery performance, it was confirmed that TransUnion Healthcare was able to deliver significant and predictable value, despite running behind multiple other insurance discovery vendors already in place. Not only does TransUnion Healthcare find coverage missed by others, it can also deliver nearly all coverage discovered by a multi-vendor process.

Any revenue cycle process relying on less robust vendor services for insurance discovery solutions may be leaving significant, billable coverage on the table. In some cases, as demonstrated by this instance, that can translate to millions of dollars in lost earned revenue.

6-month implementation period

Average reimbursements grew from accounts coded by new upfront processes from $1.72M to $1.77M per month

Even running behind other external vendors, average reimbursement from Transunion Healthcare increased from $874K to $919K monthly

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