Blind Case Study:
Hospital Medicaid Eligibility & Enrollment Services

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CHALLENGE:

A five-facility healthcare system in the Midwest contracted with Centauri Health Solutions to provide Eligibility and Enrollment services for all inpatient self-pay patients.

After the contract began, it became evident that the health system still wanted their internal team of financial counselors to lead the project, with our eligibility and enrollment operations team playing a back-up or support role. This would disrupt our team's typical eligibility and enrollment process and potentially negatively impact anticipated volumes for the contract.

We needed to quickly come up with a Plan B – a way to tailor our established process to incorporate and support their team, increase their Medicaid reimbursement and still make it financially viable for us to effectively deliver our solution: a win-win for both.

SOLUTION:

We immediately initiated weekly meetings with the system's leadership team – and quarterly meetings including middle and upper management team members. These meetings allowed our team to listen to their needs and expectations, better understand their staffing, referral and workflow processes and tailor our plan accordingly.

This a time-intensive strategy that clients often are typically not willing to commit to, but both sides recognized how important these regular "touch-base meetings" would be in coming up with a revised plan and a more mutually beneficial partnership.

Based on feedback in these initial meetings, we customized our staffing model and our onsite process to follow up on their team's referrals and to conduct phone (versus in-person) screening on the inpatient side.

Simultaneously, we proactively requested access to the system's oldest accounts to pinpoint how our team could best assist with securing payment for these outstanding, high-priority accounts.

That revealed a new revenue opportunity for our team on the outpatient side.

RESULTS:

By inputting their outpatient AR accounts into our proprietary eligibility enrollment technology system, we were able to quickly convert 3,700 previously unworked self-pay Medicaid accounts – providing unplanned, additional revenue for our client.

Our system and best practices-process showcased for the client how successful we are at moving accounts along, so they are not lost in the mix. Our results led to an expansion of the initial contract, to include providing real-time screening in the Emergency Department.

By tailoring our approach to our client's specific needs, we developed a new tag-team eligibility enrollment process on the inpatient side – and became their first vendor to manage the screening services on the outpatient side.

We currently manage a significant portion of their self-pay AR – more than $60 million. Our partnership has resulted in an estimated $24 million in additional revenue for the client over the past two years.

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