



CASE STUDY

Creating Value: Major FQHC in Texas and CareVault

Background

A major Federally Qualified Health Center (FQHC) system provides health services to medically underserved communities in Texas. This FQHC serves approximately 62,000 patients and offers comprehensive primary care services for the entire family including: family medicine, internal medicine, pediatrics, women's health services, behavioral health services and dental care. They process approximately 220,000 encounters/year across all its locations.

In order to finance their mission, the organization relies on property tax funds from their local county, Title V and Title XX grants and Medicare/Medicaid/CHIP funds. The organization strives to bring a substantial number of its current and prospective patients into the Medicaid/Medicare/CHIP programs, in order to provide comprehensive health services and ensure continuity of care and preventive services to its target population.

The Challenges

The FQHC is contractually eligible to claim a reimbursement payment of a pre-negotiated amount for each visit by a Medicaid eligible patient to one of its clinics. Actually submitting the claim is complicated by a couple of factors:

- Claims cannot be submitted until the patient is assigned a Medicaid number - and this assignment can take between 1-3 months
- Once a patient is added to the Medicaid system, the FQHC has **only 95 days** from that day to submit the claim for reimbursement

As part of its patient intake process, this major FQHC collects required billing information for patients at the point of service and inputs this information directly into this FQHC's electronic medical records ("EMR") system. However, at the time patients first receive care, they may not yet have been assigned a number in the Medicaid system. This is particularly true for newborns and small children. As a result, the FQHC must wait to submit claims for reimbursement and must continually check and recheck their Medicaid eligibility to determine when they have been "added" to the Medicaid system.

What this organization needed was a way to address three key requirements: (1) easily and repeatedly check insurance eligibility for large batches of patients (1,000-3,000 at a time) to identify those patients that were issued Medicaid numbers and therefore were now eligible for Medicaid claim submission; (2) check large batches (1,000-3,000 at a time) of patients preliminarily categorized by its front office staff as uninsured to identify patients that indeed have coverage; and (3) significantly improve its time to payment ratios and reduced administrative overhead by ensuring that claims were submitted for reimbursement correctly the first time. In order to capitalize on this opportunity, The FQHC similarly needed an **easy** way to **repeatedly** check insurance eligibility for each of the approximately 20,000 patients per month that access its services.

The impact of having correctly identifying patient coverage is significant as previously described - including the ability to deliver high quality of care, ensure preventive care and ultimately lower total cost of care for Medicaid/Medicare/CHIP patients.

The Solution

What this customer needed was an automated way to securely and efficiently check insurance eligibility for very large volumes of patients. The system also had to be able to check eligibility across multiple payors concurrently (including Medicaid) and it needed to be able to make the validated information available for export back into the EMR system without manual data entry.

This FQHC selected CareVault's Verify solution to address these challenges.



Using CareVault Verify software, each day and each week, their team now exports several thousand patients at a time from its EMR system into CareVault; from there, with three clicks, a small group of trained analysts is able to simultaneously verify insurance eligibility across all relevant insurance companies for thousands of patients concurrently and automatically. In addition, the staff time required to check patient eligibility has been reduced using CareVault's "Special Combination" capabilities (enabling the FQHC to simultaneously check a given patient's eligibility among either (a) Medicare, Texas Medicaid, and three Medicaid Managed Care payors or (b) Medicare and Texas Medicaid with a single query).

As a result, where previously processing 2,500 patients would have taken a large cadre of people multiple weeks, one or two analysts can now verify insurance eligibility for the entire batch in a few hours. The analysts then can push updated data for all eligible patients back into the EMR using CareVault's built in integration capabilities.

Through the use of CareVault's solutions and associated processes developed jointly by the FQHC and the CareVault Professional Services team, there is compelling evidence about the opportunity to identify correct coverage and improve the FQHC's ability to "get it right the first time" thus reducing administrative costs and improving patient satisfaction.

Summary

By implementing the CareVault solution, this major FQHC in Texas has transformed its Medicaid/Medicare/CHIP billing process and overcome prior operational and data challenges. Deployment of CareVault is enabling the customer to accomplish its key objectives.

The FQHC can now:

- Automatically complete insurance eligibility checks for 2,000-3,000 patients at a time with no manual data entry
- Use CareVault's proprietary "Special Combinations" feature to simultaneously check patient eligibility across **multiple** insurance companies with **a single query**
- Rapidly identify which Medicaid/Medicare/CHIP eligible encounters are ready to be billed, preventing significant revenue delays as described above
- Seamlessly complete these checks and update its EMR database within a few hours
- Proactively increase the frequency with which it checks eligibility for its "billing pending" Medicaid/Medicare/CHIP population to minimize backlog and maximize recovery, while ensuring patient satisfaction and increasing the likelihood they'll avail the preventive services of Medicaid/Medicare/CHIP on a regular basis