Case Study:

Achieving Transformational results in business communication on claim level tracking and establishing a three-way communication system for feedback and reporting.

Client Profile

A renowned medical billing company based out of Dallas, Texas.

Specialty	Multi
Software	e-Clinical, Total MD, health fusion etc.
Scope of Services	End to End RCM Services

Client Challenges

- ➢ Reimbursement Challenges
- ➢ AR Backlog again 2 years

One of the biggest challenges of this client was not getting paid for annual and preventive care visits because these services were conditional and information-dependent. The practice was losing care reimbursement as some of these services were time - bound and the clauses varied with Insurance carriers.

When this client approached ecare, they almost had 2+ years of uncollectable Account Receivables which needed claims scrubbing and AR follow-up services.

Ecare's Plan and Approach

At Ecare, we engaged our team of experts in Root Cause Analysis (RCA) approach to do a complete analyses of the clients challenge, as unless the cause is treated, we consider it as no progress!! We had our team do an extensive analysis to understand the root cause for the given challenge and to identify a permanent and profitable fix on the same. During our analysis we identified:

- ✓ that while the services were coded right, and billed as they should have, attention was not paid on checking if the providers/Services were authorized for reimbursements
- ✓ Information about the denial and the need to get authorized for the service was not channelled to the providers on time, resulting in repeated claims going unpaid.
- ✓ Medical necessity needed documentation support which was not traceable.
- ✓ Billing team, providers, and the client were not seeing the entire picture to make informed decisions

Ecare's Solution

To resolve the A/R situation and create a sustainable approach, we focused on the following areas.

- ✓ Adopt a Payer-specific approach
- ✓ Create process maps to understand the root causes
- ✓ Resolving Credentialing issues
- ✓ Created a three-way communication network with providers, clients, and the billing staff to establish the "what we see is what you see" approach.
- ✓ Using alerts and Practice management Triggers to alert the front office staff about authorizations before service via a robust eligibility verification helped save $30k against the previously billed non-authorized charges.

Results

Based on the in-depth analysis and a strategic approach Ecare was able to fetch positive and productive results for the client and were able to see signification benefits as below

- ✓ The three-way active communication, helped create an awareness of the need to get authorized on service, provider certification
- ✓ Improved clean claims ratio to over 90%.
- ✓ Improved collections % from 25% to 60%
- ✓ Reduced AR over 90 days to less than 10%
- ✓ Reduced the Days in AR is 28, consistently hitting the MGMA benchmark
- ✓ Reduced denied claims to less than 2%