CASE STUDY | ELIGIBILITY & ENROLLMENT

High-touch provider for complex populations reduces ineligible Medicaid dollars by 97%.

Challenge

BrightSpring, a complex care provider who assists clients residing in intermediate care facilities and/or receiving home-based services, saw a climbing number of ineligible Medicaid clients. This forced the client to write off expected Medicaid reimbursement, negatively impacting financial statements and vital revenue.

Once a client was deemed ineligible, a daily reimbursement of $135 was a risk and conversion had to occur within 120 days. Monthly, 3,600 clients were at risk for eligibility due to income or address changes and 8% were due for renewal, so resolution was imperative.

Solution

1

Savista identified that caseworkers did not possess the access needed to discuss client status with the Medicaid agency. Only one client representative was authorized.

2

We recommended transfer of authorization to our specialists who had expertise and knowledge of each state's Medicaid program.

Existing backlog of accounts was worked to reduce ineligible dollars and financial impact to provider.

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

Results

Appropriate authorization access facilitated successful case management and follow up.

Ineligible dollars down from
$1.9M to $66k
in 10 months

Sustained
>99% Medicaid
conversion rate, exceeding the KPI of 95%

Ineligible Medicaid dollars
97% Reduction

About Savista

Over 30 years of Revenue Cycle Management Experience

More than 300 clients across 770+ facilities

Workforce with an average 7.5 years experience, and 20+ certifications including Epic