

Navigating the System: Third-Party Eligibility Services Help Hospitals Recover Revenue

BY MICHELE CHAN SANTOS

When uninsured patients arrive at St. Luke's The Woodlands Hospital, they don't have to worry about navigating the challenges of paying for their care alone.

A highly trained staff member called an application counselor meets with each uninsured patient – or the loved one staying with the patient at the hospital – and talks with him or her about government programs for which he or she might qualify. These counselors are experienced at helping uninsured people apply for assistance through Medicaid, the Children's Health Insurance Program and other government programs that will help pay for medical care. If the patient does not meet the guidelines for these programs, the counselors can help the patient apply for insurance through the new health insurance marketplace.

These application counselors work for Resource Corporation of America. RCA provides third-party self-pay eligibility services for hospitals in St. Luke's Health System, including St. Luke's The Woodlands Hospital.

"We identify at-risk dollars associated with patients," said Laurel Waller, marketing director for RCA. "Our staff works on-site at the hospital. If a patient comes in and has no private insurance, we will screen the patient bedside using our proprietary form developed in-house. This takes 5-10 minutes, and we are able to determine, right then, if he or she qualifies for any assistance program. We help identify any documents the patient needs, assist the patient in filling out the necessary applications and forms, and submit the completed application packet to the appropriate government agency. We perform regular follow-up until the application is accepted, and then we inform the hospital the patient has been approved so the hospital can bill for the services rendered. In addition, we continue to monitor the account until the payment is received by the hospital."

"We've definitely seen an increase in revenue now that we're working with [Resource Corporation of America]."

The hospital is able to get reimbursed for the services provided, and in many cases, the next time the patient visits the hospital, his or her coverage will already have been established, Waller said.

There are a variety of reasons why people who qualify for a government program may not have enrolled in one yet. There might be a language barrier, or the patient might be fearful of being in a program they don't understand. Most of RCA's field staff is bilingual; some are multilingual. If a counselor meets a patient who speaks a language he or she doesn't know, RCA has a translation service available.

"Sometimes the patient is just not aware these programs are in place," Waller said, "or some people come in thinking they do have insurance, but maybe that insurance only covers a small portion of the bill."

RCA encourages all its staff, but especially its field staff, to act with the company's values in mind, Waller said. Honesty, integrity and compassion are the focus of RCA's work.

"We want the patients to know we are there for them as well. We hear a lot from patients about how much our staff meant to them," Waller said.

Immediate Improvements

Before working with RCA, St. Luke's Health System had a previous vendor in place providing a similar third-party self-pay eligibility service. The system felt there might be more at-risk dollars available that were not being recovered and naturally wanted to see if there was a better way to recuperate the most at-risk revenue.

"The results were not what we expected [with the previous vendor], and after an outside audit validated our expectation, we decided to find a new vendor," said Mark Evard, assistant vice president of revenue cycle for St. Luke's Health System. "RCA was recommended to us. Their implementation was successful, and we were up and running with their program in less than four weeks."

RCA began working with St. Luke's Health System on third-party self-pay eligibility in April 2013.

"We've definitely seen an increase in revenue now that we're working with them," Evard said.



After a hospital contracts with RCA to provide third-party self-pay eligibility services, it takes about 60-90 days to put the process in place, according to Waller.

“However, we will tailor the startup to meet a hospital’s needs, and we have done quicker startups, some in under 30 days,” Waller said. “Generally, it’s a three-month process from contract signing to when everything is in place.”

RCA also offers its client hospitals other services, including electronic batch filing using its ProfitPal™ eligibility scan program to recover missed Medicaid dollars, out-of-state Medicaid billing and enrollment, third-party liability lien filing for motor vehicle accidents, and point-of-service financial counseling. RCA has been designated as a certified application counselor, and its field staff have all received the required training to help patients find coverage under the Patient Protection and Affordable Care Act.

Original Owners

Founded in 1994, RCA is still privately owned and operated by the original owners. The company currently works with about 125 hospitals in 11 different states. Its clients have entrusted RCA with more than \$1 billion in patient account charges.

“It’s really important that we are privately operated,” Waller said. “A lot of companies in our field are not. We still are being handled locally, and we are very true to who we were 20 years ago.”

Evard said RCA’s work has been very valuable to St. Luke’s Health System.

“They are an asset to our organization,” he said. “We find extreme value in them. They are very professional, and their team is very knowledgeable. They do an excellent job working with our teams, and everyone has been appreciative of their work.” *

Resource Corporation of America

Resource Corporation of America, a provider of third-party eligibility services, helps hospitals convert self-pay to a paying status. The firm offers extensive knowledge of the application, certification and appellate processes for county, state and federal third-party assistance programs in all 50 states. Patient support representatives, who conduct thorough patient screenings to determine eligibility, are augmented by directors of patient support and back-office staff who coordinate patient locating/skip tracing services, home visits, patient transportation, overall patient compliance and appellate proceedings.



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