



Denver Health

Automated eligibility verification solution helps healthcare provider recover revenue

Industry

Healthcare

Services

- Enterprise application integration
- Business process optimization

Benefits

- Revenue uplift of approximately \$200–\$300K per month.
- Flexibility—additional payer plan codes can be quickly added to the application to increase the probability of finding an eligible program for the patient.
- HIPAA-compliant transactions can be generated and interfaced with a wide variety of clinical applications.
- The Web interface allows personnel within the Patient Financial Services department to run ad hoc eligibility checks, eliminating the need to wait for scheduled, automated checking to occur.
- Scalability—supports thousands of transactions that are processed daily.

Key Microsoft technologies

- BizTalk Server
- SQL Server
- .NET Framework
- ASP.Net
- Visual C#
- BizTalk HIPAA 3.0 Accelerator

Denver Health is one of the most respected healthcare organizations in the nation, operating a 320-bed hospital, a renowned regional trauma center, one of America’s largest managed care systems, and a 911 emergency response system. Since its inception in 1860, Denver Health’s mission has been to provide quality preventive, acute, and chronic healthcare access for all of Denver’s citizens, regardless of their ability to pay.

As one of the nation’s largest “safety net” providers, it is particularly important to Denver Health to streamline its process for collecting reimbursements for services provided to the under- and un-insured. To address this challenge, the EMC® Microsoft Practice designed and implemented an Eligibility Re-Verification (ERV) solution which incorporates a Microsoft BizTalk integration platform that takes stored patient data and periodically verifies patient eligibility with state-managed systems for Medicare and Medicaid. The success of this solution has added hundreds of thousands of dollars back into Denver Health’s revenue stream.

“As a primary provider of indigent care in the Denver area, we were in great need of a system to manage and track the profusion of paperwork required for state and federal benefits reimbursement,” says Gregg Veltri, CIO. “This system paid for itself in less than six months and is a core system in the reimbursement workflow.”

A positive impact on the bottom line

Like many safety net care providers, Denver Health is burdened by the need to absorb a great deal of un-payables. Its business is greatly impacted by the ability to collect reimbursement via programs for the under- and un-insured. Medicaid eligibility is often only checked when a patient is registered at a healthcare facility.

A lack of common operational procedures for patient registration can lead to inadequate information collection, hindering proper eligibility determination and decreasing billing revenue. Even if a patient record is later updated, eligibility is not re-checked. Millions of dollars go unclaimed for services to patients not marked as eligible in the state or federal Medicaid databases at the time of check-in. The effort and cost required to manually track down each account for Medicaid eligibility is prohibitive, and the enrollment process can take several months to complete.

To address this challenge, the EMC Microsoft Practice was asked to create and deploy an ERV solution that now enables Denver Health to determine and report on Medicaid and Medicare eligibility over a period of 90 days after a patient receives care, when their status at admission is unknown, or when enrollment is in progress.

The ERV application contains a database that stores patient visit data from Denver Health's Patient Management system. On the 1st, 30th, 60th, and 90th day following a patient's admission date, ERV performs an eligibility verification check by submitting the patient record to the Colorado state Medicare and Medicaid system via BizTalk. If the state-managed system returns a 271 HIPAA eligibility response identifying that the patient has Medicare and/or Medicaid coverage, an ERV BizTalk orchestration determines a new plan code which is sent back to the patient management system. This new plan code is updated nightly in Denver Health's accounting system so that the appropriate institution can be billed.

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Gregg Veltri, CIO, Denver Health & Hospitals

By automating this eligibility verification process, Denver Health has reduced the instances of missed claims, improved its reimbursement levels, and minimized the need for manual intervention during this entire process.

The greatest impact of the ERV solution for Denver Health is the return on the investment. The solution, which paid for itself within six months after deployment, now provides a revenue uplift of approximately \$200,000 to \$300,000 per month. This additional revenue is important to the organization as it provides over \$250 million annually in “free” care to the community.



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