



Uncompensated Care Discovery:

Ohio State University's Wexner Medical Center

Ohio State University Wexner Medical Center comprises multiple facilities and records nearly 1.7 million outpatient visits and 60,000 inpatient admissions each year. Known for its excellence in research, outstanding College of Medicine and exceptional patient care, the Center has been named to *U.S. News & World Report's* list of "America's Best Hospitals" for 23 consecutive years.

Uncompensated care a continuous concern

Like all healthcare providers, Wexner Medical Center is concerned about the cost of uncompensated care. The American Hospital Association (AHA) states uncompensated care cost U.S. hospitals a total of \$45.9 billion in 2012 (the most recent year for which data is available).¹ The AHA also states that uncompensated care costs accounted for 6.1 percent of total hospital expenses in 2012.²

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Randy Allen

CFO

Ohio State University Health
Care System, 2 facilities

Wexner Medical Center has thorough insurance coverage discovery processes in place to help control costs associated with uncompensated care. Staff make it a priority to collect accurate demographic and insurance coverage information at the time of service and refer uninsured patients to trained financial counselors who help patients determine whether or not they may be eligible for Medicaid or financial assistance through Ohio's Hospital Care Assurance Program (HCAP). If patients are found to be eligible, the Center's financial counselors help patients complete the application process for financial assistance.

John Wester, senior vice president of TransUnion Healthcare, acknowledges that all hospitals are seeing similar issues. "Despite hospitals' comprehensive internal processes, numerous accounts continue to be relegated to self-pay or uncollectable status when no insurance coverage can be verified. Many of the reasons for unverifiable insurance coverage are beyond the hospital's control," Wester said. For example, the name the patient provides at the time of service may differ from the name as it appears in the payer's rolls. Or, the patient may not have coverage at the time of service, but may be eligible for retroactive coverage months or even years after the service was performed. This can happen, for example, when a decision on eligibility for Medicaid is delayed, and the patient is not identified as Medicaid-eligible until well after the date of service.

eScan: A Powerful search engine combined with proprietary data assets

Randy Allen is CFO of two facilities within the Ohio State University Health Care System: University Hospital and Richard M. Ross Heart Hospital. When Allen saw a presentation about eScan, TransUnion's insurance coverage discovery solution, he was curious. "We felt we had a good process at point of service for screening our patients to identify payment sources, but TransUnion's eScan offered an additional way to review our claims," Allen said.

eScan, TransUnion's insurance coverage discovery solution, uses TransUnion's algorithms and proprietary database to help providers discover coverage that internal processes and other vendor products may have missed. Wester said eScan uses proprietary technology that "presumes every single human being in the United States" has some type of coverage. Using advanced algorithms, "eScan leverages its proprietary data technology to confirm whether patients have coverage or not," he said.

TransUnion's proprietary data assets also help with the search process. eScan is able to run claim demographics – birth date, first name, last name and so on – against TransUnion's proprietary data assets in order to identify demographic errors that may be hindering verification of coverage.



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Gerry McCarthy

President

TransUnion Healthcare

For example, sometimes patient insurance cannot be verified because of simple variances in a name. eScan has the ability to run multiple configurations of the patient’s demographics against TransUnion’s data assets in order to find a match and validate the insurance.

Simple implementation and integration

eScan integrates easily with existing hospital processes and electronic health record (EHR) systems. Providers extract the uncompensated care accounts they want reviewed from their existing EHR and upload it into the eScan platform. After eScan has executed its proprietary data functions, reports on found coverage are made available to provider staff via eScan’s web portal.

Standard reports include found coverage by patient accounts, which provider staff can compare to patient account records in their own EHR to verify if the coverage discovered was, indeed, previously unknown. In addition, standard summary reports aggregate payments recovered by facility and/or by payer, as well as providing monthly, annual and cumulative performance outcomes. Custom reporting is also available.

Outcome

“After we received the first reports from eScan, we had two people working full-time, processing all the additional claims. We pulled in additional funds from accounts we thought were without coverage,” said Allen.

According to Wester, OSU’s experience mirrors that of other eScan users. TransUnion states that providers using eScan generally recover anywhere from one to five percent more insurance coverage for uncompensated care accounts than the providers recovered before using eScan. TransUnion started tracking cumulative outcomes about seven years ago, Wester said. In that time, eScan has discovered coverage for more than 1.5 million patients, leading to the recovery of more than \$5 billion on accounts that hospitals had originally believed were without coverage. “That’s an average of \$2.15 million in charges per hospital per year,” Wester said.

Internal process improvement

eScan checks patient accounts against Medicaid, Medicare, TRICARE and commercial insurance to find coverage. Once OSU worked through their initial batch of recoverable claims, staff was able to step back and use the information provided by eScan to examine internal processes associated with these types of coverages more closely. OSU subsequently made changes to internal processes, which resulted in additional coverage discovery.



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Wester said, “eScan reports benefit hospitals in a number of ways. First, of course, is the recovery of compensation from accounts previously deemed uncollectable. But in addition, the reports help hospitals determine which coverages are slipping through the cracks, such as retroactive Medicaid coverage. Based on the info in the eScan reports, hospitals are often able to enhance internal processes in a way that facilitates internal coverage discovery on these types of accounts.”

Patient-centric results

Patients also benefit from eScan’s proprietary analytics and reporting capabilities. “Sometimes patients don’t realize they are eligible for coverage,” said Gerry McCarthy, president of TransUnion Healthcare. “With eScan, we can leverage data to identify a patient’s coverage before they are contacted by the hospital, or a collection agency, or something happens on the back end for bad debt. We can interrupt that cycle and find coverage before the patient is ever notified of collection efforts.”

True “no-risk” model

No upfront investment is required to implement eScan. “TransUnion doesn’t get paid unless we find coverage that the hospital wasn’t aware of,” Wester said, “and because it is a contingency-fee model, the hospital doesn’t owe us anything until they get paid for that found coverage.”

“The invitation is to have eScan run all of your data for the past three years, deliver you the coverage we discover, and ask you to bill it. Then you decide whether or not the process is valuable to you,” Wester said. “It’s a true ‘no-risk’ model.”

¹ American Hospital Association, Uncompensated Care Cost Fact Sheet, 2014

² Ibid.



About TransUnion:

At TransUnion® Healthcare Solutions, our data assets, market-leading revenue cycle technologies, and deep insights into consumer financial behavior allow us to offer one of the most patient-centric revenue cycle management, collections and recovery systems in the market. We help healthcare providers better understand, predict, and integrate their patients’ financial behavior so they can transparently and efficiently be reimbursed for the care provided. Our ClearIQ® patient access workflow integrates our HFMA peer-reviewed solutions: ID and Address Verification, Insurance Eligibility and Benefits Verification, Patient Payment Estimation, and Ability to Pay Determination to allow for a deeper insight into patients’ financial behavior that optimize the consumer reimbursement process. In addition, our industry leading Collections and Reimbursement solutions have discovered over \$5 billion in uncompensated care charges. TransUnion® Healthcare. www.transunionhealthcare.com