

ClaimAid

Client

A rural Midwest-based health system that covers many disciplines of care and serves over 250+ hospital beds.

Key Numbers

\$5.9 million

ANNUAL GAIN

8,000 +

PATIENT INTERACTIONS

3,000 +

MEDICAID APPROVALS

97%

APPROVAL RATE

Let's get started.



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CASE STUDY

Eligibility Services

Challenge

Sources uncovered that 21% of health systems do not have a recovery strategy in place to recoup lost revenue*. When this client first approached ClaimAid, their facility was struggling with high self-pay balances and an influx of uninsured patients. Employees were not able to effectively support these uninsured patients' questions about payments and coverage. The health system needed a strategy to remedy its increasing bad debt. ClaimAid was able to provide them with the expertise their facility did not have by implementing patient advocates on-site to assist team members.

* (<https://revcycleintelligence.com/news/21-of-orgs-do-not-have-a-hospital-bad-debt-recovery-process>)

Solution

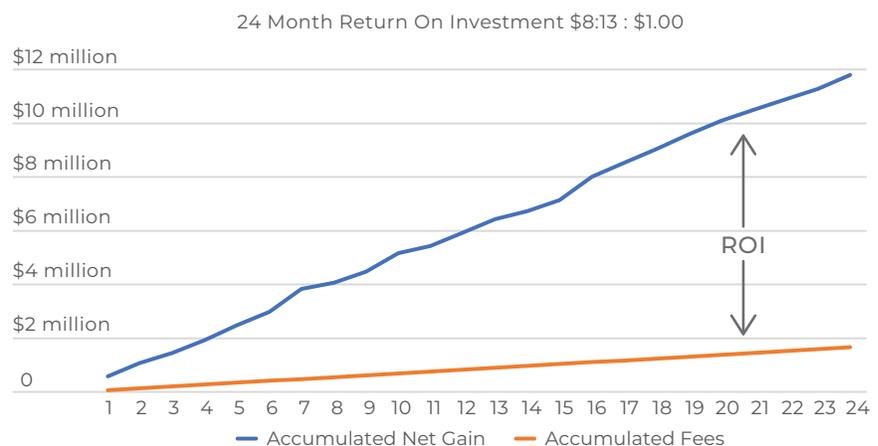
ClaimAid helped get an overwhelmed team back to focusing on their patients, not on paperwork. By applying our Eligibility Service expertise with patient advocates on-site, our advocates were able to help patients through the Medicaid application process while the health system's staff felt supported in what they do best—care for patients.

How ClaimAid helped:

- Decrease in bad debt, uninsured and under-insured patients
- Accelerated revenue cycle
- Provided good will for the community
- Provided return on investment
- Provided back up for understaffed departments

Results

With a 97% Medicaid application to approval rate at this location, ClaimAid secured the health system net an annual gain of \$5.9 million based on an estimated average 17% Medicaid reimbursement within a two-year timeframe.



“All of the ClaimAid staff are very compassionate and caring. They assist our patients with filing applications, gathering information needed for applications, and help them understand what the benefits are.”