

eMA Eligibility Medical Assistance Workflow



Streamlines the MA referral and eligibility process

In the healthcare industry, it is paramount to provide a positive patient experience. Unfortunately, more and more patients find themselves in situations where they are either uninsured or underinsured. Healthcare providers must remain steadfast in their commitment to ensuring that all patients receive necessary care. Effectively enrolling qualifying patients in state and other assistance programs reduces patient stress and minimizes bad debt write-offs.

eMA Eligibility streamlines the Medical Assistance referral process and enables users to effectively manage staff and vendors performing the assistance and enrollment process. Inpatients are identified by a daily census report that is imported into the eMA Eligibility work list. Outpatient referrals are facilitated individually. Locations serving a high population of uninsured or underinsured outpatients can proactively identify eligible patients and work with them to complete the application. An account status is entered and the patient account is flagged to qualify to the work queue for follow-up tasks.

Effective MA Eligibility Management:

-  **Ensures the highest success rate in getting patients enrolled for state programs**
-  **Reduces the bad debt write-offs for uninsured patients**
-  **Reduces time elapsed between admission and payment for new MA recipients**
-  **Improve the patient experience**
 - Improving the MA eligibility process ensures that uninsured patients receive the coverage that they deserve.
-  **Reduce payment lag**
 - Identifying patients who are eligible for MA and other programs means timely and/or additional payment on claims
-  **Real-time integration**
 - Interfaces directly with patient accounting and vendor systems to ensure patient data remains current.

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Automate paper-intensive workflows

eMA Eligibility improves a paper-driven process by enabling vendors and internal operational managers to easily view patient application statuses and reports in a consistent, web-based format.

- Uninsured inpatients are automatically placed on a work queue for follow-up
- The work queue is updated continuously, providing a current listing of potential applicants
- Expected follow-up timelines are defined and built into the eMA platform
- Auto-tickle features flag accounts for systematic and timely follow up
- Consistent language enables comparisons between vendors and internal staff
- Custom reporting features allow managers to closely monitor vendor and staff performance
- Comprehensive workflow moves closed (denied) MA accounts to self-pay or financial assistance work queues for final resolution

Benefits of eMA Eligibility

eMA Eligibility can increase MA application productivity, better identify potential medical assistance recipients, and ensure all steps in the application process are completed timely. eMA safeguards the process to ensure that all patients who qualify for medical assistance receive it, thereby increasing reimbursement, cash flow and reducing bad debt write-offs for uninsured patients.

Managing made easy

- eMA Eligibility enables efficient monitoring of vendors and internal staff to ensure that each step of the MA application process is being completed timely and consistently.
- Extensive filtering options enable operational managers to create custom reports to identify accounts needing follow-up, high dollar accounts, and/or aged accounts.

Find out more: Visit www.ovationrcs.com or call 412-432-5697 or contact JBurnett@ovationrcs.com

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