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How Luminis Health℠ used Coverage Discovery® to find $240K in billable coverage each month

Luminis Health is a not-for-profit health system with an annual revenue of $1.2 billion and over 9000 employees. As one of the top three hospitals in Maryland (according to the U. S. News and World Report), Luminis' vision is to break down barriers to health and deliver more high-quality care across the region.

Challenge

Like many providers, Luminis faces a growing number of self-pay patients. Finding correct primary and secondary insurance coverage was time-consuming. Slow processes for verifying patients' insurance coverage led to delays, denials and inaccurate billing. Together, these challenges increased the health system's levels of bad debt.

Luminis' Financial Counselors used spreadsheets to identify patients and research their eligibility. The team's reliance on inefficient and error-prone manual processes meant that patients regularly ended up calling customer service lines for updates on their bills, which placed additional strain on the staff. Luminis' previous vendor's solution did not integrate with Epic®, which hampered productivity.

To resolve these challenges, the organization's goals were to:

- Create a positive patient financial experience by providing accurate and quick patient financial estimates

- Reduce bad debt by finding accurate primary and secondary insurance coverage

- Eliminate manual processes for following up real-time eligibility (RTE) responses with payers

- Reduce the number of self-pay patient accounts that end up in bad debt

Resolution

Luminis chose Coverage Discovery to help increase revenue, reduce bad debt, and improve the patient experience. Coverage Discovery is a comprehensive solution which scans for active coverage from pre-service to the final scrub and hunts down any discrepancies that could lead to accounts being incorrectly classified for bad debt or charity. Coverage Discovery helps find additional active coverage that patients may not realize they have. This helps Luminis ensure that they have exhausted every possible financial option that the patient may or may not know about, before they bill the patient directly. Not only does this increase the likelihood of prompt reimbursement, but it also eases the burden on patients by helping to reduce their financial liability.

In certain instances when patients do not know they have secondary coverage, Coverage Discovery:

- Verifies patient demographics to ensure patient details are correct

- Leverages a range of proprietary databases (including Employer Group mapping) and historical patient search information to find insurance that may have been used and verified at other locations

- Applies a confidence scoring system to reduce the noise and eliminate "false positives," so the client doesn't waste time reviewing incorrect information or irrelevant coverage

With this advanced search system, Luminis gets access to a broad variety of coverage options to help ensure that their insurance reimbursements are maximized.

Coverage Discovery helps find additional active coverage that patients may not realize they have. This helps in identifying errors proactively and reduces the manual re-work required from the staff. It also automates the self-pay scrubbing process and ensures staff time is directed toward accounts most likely to be re-billable to insurance.

Because the Luminis team is using Coverage Discovery to accurately identify coverage that would have otherwise been missed, patients are no longer being misclassified as self-pay. As a result, Luminis is also seeing a reduction in RTE responses from payors.

"With Coverage Discovery, Luminis can now find more billable coverage, whether primary, secondary, Medicare or Medicaid. Luminis can follow up immediately with payors when there is no initial RTE response available. Not only does this improve financial performance, but it also reduces manual work and minimizes errors before claims are filed."

- Sheldon Pink,
Vice President of Revenue Cycle at Luminis

Luminis found the implementation process to be straightforward: Coverage Discovery integrated seamlessly with Epic, and the Experian Health team were on hand to assist. Pink credits the Experian Health team with paying close attention to Luminis' specific challenges and goals during the implementation phase, resulting in a positive collaboration.

Results

Since patients are not being miss-classified as self-pay anymore, Luminis has identified a monthly average of more than $240K in insurance coverage in 2021. With Coverage Discovery Luminis has been able to effectively incorporate front and back-end practices to find and capitalize on initially missed or un-disclosed insurance coverage.

Pink says: "We're impressed with these results and with the partnership with Experian Health. Luminis is looking forward to building on this success and continuing to collaborate with the Experian Health team."

Find out more about how Coverage Discovery helps healthcare organizations find missing and forgotten coverage, to improve financial performance and contribute to a better patient experience.

About Experian Health

Hospitals, health systems, and physician groups have come to rely on Experian Health for revenue acceleration and profit gains through automation, submitting cleaner claims, fewer underpayments and a reduced cost to collect.

Coverage Discovery spans the revenue cycle and helps you find billable commercial and government coverage that was previously unknown or forgotten. Additionally, it identifies accounts that may be submitted for immediate payment with primary, secondary or tertiary coverages.

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