OUTSTATIONED WORKER PROGRAMS CAN BE A RELIABLE INVESTMENT AMID UNCERTAINTY IN HEALTHCARE

Introduction

Navigating today’s constantly changing world of healthcare consumerism is increasingly complicated for hospitals and health systems – especially regarding patient eligibility for Medicaid and other public health benefits.

Healthcare entities and governmental programs must keep up to date with how state and local rules can affect eligibility and potential Medicaid expansion under the Affordable Care Act. Meanwhile, the market is quite fragmented, and hospitals and health systems are looking for eligibility solutions than can help cut costs and give breathing room to their ever-shrinking margins.

Amid the shifting healthcare landscape when budget cuts are imminent, outstationed worker programs (OWP) can be a reliable investment for hospitals and beneficial to U.S. Health and Human Services-related programs and agencies. OWPs not only speed up processing times to bring cash in the door more quickly, but they also deliver an improved patient experience and other benefits. In a recent case study comparing two similar Texas-based clients, MedData found that an effective OWP can reduce case turnaround time by as much as 14 days.

Key Takeaways

Outstationed worker programs can:

- Process claims quickly
- Improve communication between patients and care teams
- Increase efficiencies in eligibility workflows

What is an OWP?

The Social Security Act requires all states to place medical assistance eligibility workers in stations other than in state benefit offices. For example, workers can be placed in disproportionate share hospitals and federally qualified health centers. They also can be placed in Indian Health Service facilities or tribal clinics, and school-based or family service centers.

The outstationed eligibility worker program was designed to help families, pregnant women, and children have convenient access to medical assistance without going to a state welfare office. The opportunity to apply at the patient’s preferred site of care can improve their potential for enrollment in public benefits.

Often times, outstationed eligibility workers serve in communities with low-income populations, and they help patients with receipt and initial processing of Medicaid applications. They also may refer people to other agencies that might provide them with additional benefits. In some cases, the workers may handle eligibility processing in its entirety, including the eligibility determination. The workers can be state employees, hospital staff, contract workers or volunteers.

Benefits of the OWP

OWPs provide outreach, access, and assistance to low-income populations and people most in need of public health benefits but often least likely to pursue them – such as individuals who are homeless, victims of abuse, or suffer mental health issues. For many reasons, this population can be hard to reach through traditional means applied in state benefit offices.

In many cases, people that OWPs serve are unaware of the financial assistance for medical expenses that could be available to them or don’t have access to assistance they need to apply. The process can be confusing and frustrating, which is why many patients delay seeking assistance or don’t seek it at all.

OWPs engage with this population in an environment that is convenient and familiar. The workers help streamline communication among patients, hospitals, and government programs. Efficiency in the receipt, submission, and follow up on applications is improved when handled by a dedicated outstationed eligibility
worker. As a result, the application processing time is reduced.

MedData’s OWP advocates use an innovative screening process with access to hundreds of federal, state, county, and community programs to capture information throughout the care continuum. From referral to certification, MedData’s average turnaround time for eligibility accounts is nearly half that of the industry average.

**Case Study on Turnaround Times**

MedData recently conducted a case study on two large health systems in similar Texas markets. Both systems serve very needy populations in and around Austin. System A is based in a very economically needy area and has a large homeless and undocumented population. System B sees a similar population but has a wide variety of County Indigent Health Care Programs in the surrounding areas that help offset healthcare costs for patients. System B is also a clinic-based healthcare model, which offers patients access to physicians and clinics for preventative and follow-up care.

The study focused on turnaround times for MEPD cases, as these cases are often the most difficult and have lengthy processing times. System A has an assigned Medicaid for the Elderly and People with Disabilities (MEPD) case worker who is located within a local Medicaid office. Applications are submitted to the local office for uploading. Once uploaded, the assigned case worker assigns them to her queue to process. All pending information is sent directly to her. She is in constant communication with the MedData team to provide updates and work through any issues. She is able to reopen cases if information is received. Cases are only closed when all efforts to obtain information or resolve the case are exhausted.

System B does not have an OWP contract with MEPD. Cases are faxed to the state offices in Midland and are worked and processed by case workers across the state. There is not a designated contact to reach out to regarding case updates, questions, etc. The MedData team and the applicant follow up by calling 2-1-1, which can be problematic. Staff answering 2-1-1 calls don’t have access to the same type of information that case workers do. In this system, it is extremely difficult to obtain accurate and helpful case updates. Cases are closed in error because the MedData team is not involved in patient communication efforts. Cases are processed and have no follow-up by the MEPD case worker.

From an external standpoint, processing time is the main factor that impacts MEPD cases, regardless of whether a health system participates in the OWP. All patients younger than the age of 65 – including patients who are deceased – must go through a Disability Determination Unit (DDU) before their case can be completed. The DDU is a group of medical professionals that review detailed medical information to determine if the patient meets criteria for a MEPD program. If a patient is deemed chronically ill by the DDU, they may be excused from DDU for a certain period of time.

For this study, MedData analyzed cases that took 45 days or longer to process. Research revealed the average turnaround time from application submission to project approval with an on-site MEPD case worker was 51 days – 14 days faster than the average turnaround time without an on-site worker (65 days).
MedData, a MEDNAX (NYSE: MD) company, is a technology-enabled products and services organization that improves financial outcomes for hospitals by enhancing the patient experience and expanding their access to healthcare. The MedData managed services program includes a range of patient access and communications, revenue cycle management, and consulting and analytics solutions for healthcare systems, including billing, coding, patient balances, eligibility and enrollment, third-party liability, and mobile apps.

For more than 36 years, the company has been providing innovative solutions to the medical community and serving millions of patients across numerous medical specialties. MedData currently serves more than 10,000 physicians at a growing network of 3,000+ facilities nationwide from its headquarters in Brecksville, Ohio and more than 20 regional offices across the U.S. To learn more about MedData’s patient-focused solutions platform, please visit the MedData website.

**Conclusion**

In a fragmented and constantly changing healthcare environment, OWPs can benefit hospitals and health systems that are looking to enhance patient eligibility solutions.

OWPs are equipped to connect with some disadvantaged populations in ways that state benefits offices can’t. Through a combination of improved communication, convenient access, and expert application assistance, OWPs help the people who most need public health benefits but just aren’t getting them.

OWPs are designed to serve the special needs of their unique communities, resulting in an improved patient experience. Further, OWPs help hospitals receive reimbursements more quickly through efficient receipt and submission of applications for assistance and by speeding up processing times.

“Working with MedData’s OWP advocates and innovative screening can reduce turnaround time by as much as 14 days.”

MedData research shows facilities with an effective OWP program are significantly faster at case turnaround than those without. Working with MedData’s OWP advocates and innovative screening can reduce turnaround time by as much as 14 days.

**Resources**

“Reaching the Hard to Reach through Outstationing,” The National Council on Aging’s Center for Benefits

“Establishment of outstation locations to process applications for certain low-income eligibility groups,” Legal Information Institute, Cornell Law School

“Outstationing Eligibility Workers,” The National Association of Community Health Centers

"Outstationed Eligibility Workers at FQHCs: A Look at Cost-Effectiveness,” The Texas Association of Community Health Centers