

Case Study- Purdue University Student Health Center

Background

The Purdue University Student Health Center (PUSH) offers a diverse array of healthcare services to students enrolled at their West Lafayette, IN campus. Servicing hundreds of patients daily, the PUSH staff strive to deliver high quality healthcare in a patient friendly environment. In addition to this, the team appreciates the importance of operating in a manner that is both cost-effective and efficient. To that end, PUSH implemented Media Highway's integrated Electronic Health Record and Billing system –PyraMED in 2004. Administrators continue to search for additional best-of-breed solutions to augment this platform and further automate processes as well as enhancing data delivery and information exchange between patient, payer and their staff.

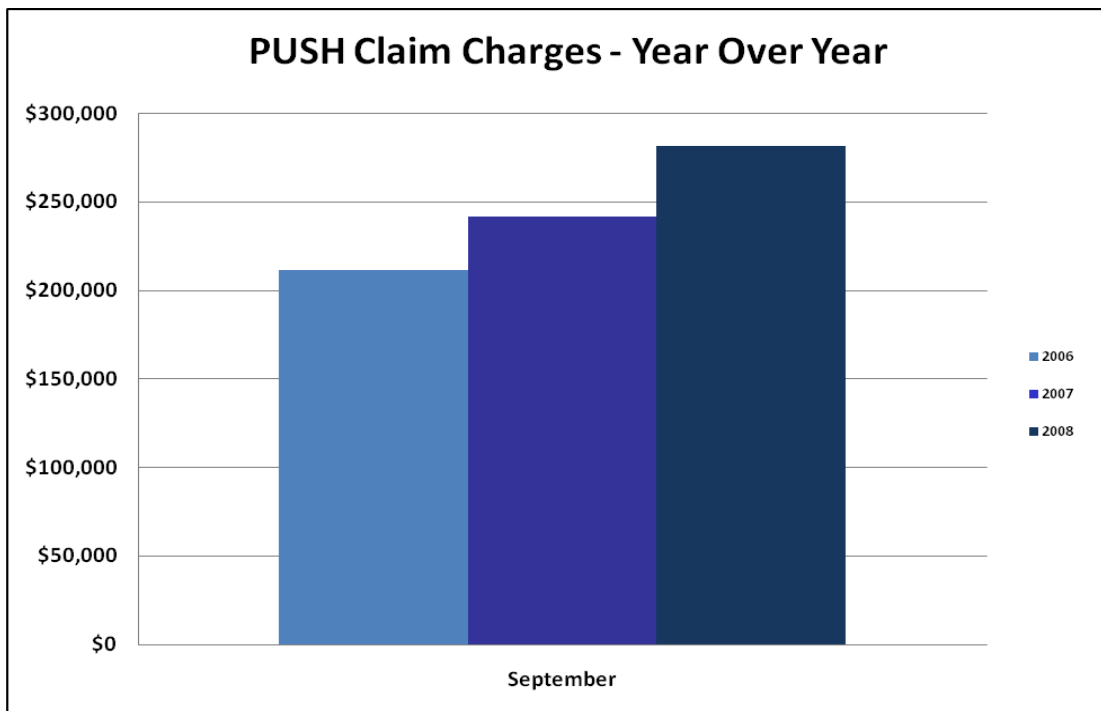
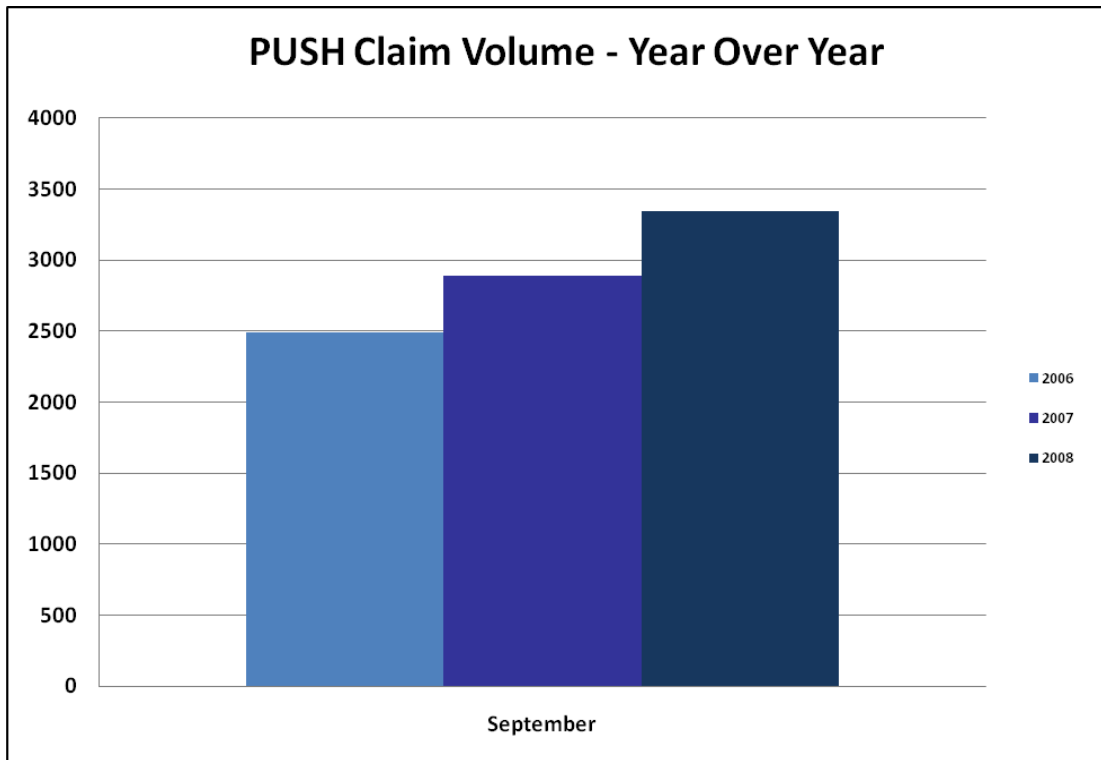
Problems

The providers at PUSH have opted not to accept assignment with various health insurance companies and thus are designated as non-participating providers with these third party payers. As non-participating providers, once they provide healthcare services to a student-patient and submit a claim to the designated third party payer for reimbursement, the resultant Explanation of Benefits (EOBs) and payments were in many cases remitted directly to the primary insured party, typically a parent of the student. Due to limitations with their previous clearinghouse solution, the onus was then placed on the PUSH administrative staff to obtain copies of the EOBs for posting and payment for services rendered from either the student or parent. In cases where a student-athlete was treated, PUSH staff many times enlisted the Athletic Department to assist them in these efforts as they found it even more difficult to obtain the above for a variety of reasons. Subsequently, PUSH's average days in accounts receivable were well into the 90-120 day range as it would take weeks to obtain both the EOBs and payments. Many times accounts were ultimately turned over to the bursar for collection after all other collection efforts had failed.

The RealMed Solution

By implementing RealMed's revolutionary clearinghouse and revenue cycle solution, PUSH has been able to address these problems, and reduce their overall days in AR by roughly 33%. Administrative staff now receive electronic EOBs (many times in less than one week) from the majority of third party payers, reducing resources associated with paper processing (postage, mail volume, etc.) by one-third and eliminating the need to track down paper copies. By receiving this information electronically PUSH staff can now notify the student and parent (in some instances before they receive a paper EOB and payment from the insurer) of their responsibility and collect payment in a timely manner. The majority of payments are now received within 30 to 60 days and fewer accounts are being turned over to the bursar after 90 days for collection. Resources previously diverted to address the former labor-intensive processes are now focusing on more profitable core duties. The

impact on resources is further revealed when a statistical analysis of both claim volume (a workload indicator) and charges is charted for the previous three years.



A review of metrics for September (historically one of the highest patient load months for PUSH) from 2006 to 2008 reveals an approximate 40% increase in both claim volume and

charges. In spite of this substantial growth, PUSH found it did not have to incur additional expense by increasing claim-revenue staff to properly process this increased workload. Instead, they have been able to maintain consistent staff levels without sacrificing quality of work.

Lesson Learned

- Non-participating providers are not relegated to paper-laden processes. RealMed's best-of-breed technology and robust payer connectivity allows both participating and non-participating providers to receive data electronically. By enhancing data delivery and information exchange between patient, payer and staff, healthcare entities can drastically reduce their dependence on antiquated paper processes.
- The adoption of current technology can have a substantial impact on the number of resources allocated to claim-revenue processes within the student healthcare environment. The efficiencies gained through automation and streamlining of workflow afford these entities the opportunity to control expenditures during periods of growth and operate more cost-effectively without degradation of work quality.