



Audit Brief

Eligibility and Financial Services

Department performance is commendable in spite of the outside barriers to efficiency.



Why we did this audit

We added Eligibility and Financial Services (EFS) to our audit plan due to current budget and economic issues facing Clark County.

Background

Patients admitted to the hospital without insurance will be contacted by EFS to determine if the patient is eligible for medical financial assistance. The EFS Specialists have an average caseload of 156 cases. The Specialists work the case through approval or denial for outside assistance. If the case is approved, the claim will be billed. If the case is denied, EFS will discuss pay arrangements with the patient.

The EFS Department also participates in the discharge planning for long term care (LTC) by seeking a pay source for the patient in order to transition the patient into a LTC facility. When patients are no longer acute, but still require some lower level of care, the patients need to be transitioned as soon as possible.

Audit Period

Our procedures covered the period from January 1, 2009 to December 31, 2010.

Summary of Significant Findings

The EFS department's performance should be commended. The department meets their standard of seeing a patient within 24 hours of the patient entering the hospital. Also, the department has successfully instituted revenue collection efforts while providing their overall service at a relatively low cost to the hospital. EFS adequately manages their caseloads, however, they had some stale dated claims, possibly due to significant Family Medical Leave Act (FMLA) issues within the department.

Information Technology improvements are needed to streamline processes. There are barriers outside the control of EFS that cause additional cost to the hospital, delays or inability to collect revenue, and additional cost to the taxpayer. The current economic situation and State budget shortfall has resulted in less Medicaid money paid to the hospital. UMC's Medicaid postings have been reduced by \$9.5 million since fiscal year 2008. Although payments have been reduced, claims to Medicaid have not decreased. For the audit period, 3,712 patients were uncooperative with EFS that totaled over \$112,000,000 in gross charges. Despite successful efforts to approve accounts, EFS faces medical necessity and utilization review issues. Finally, delays in the state and federal processes raises concerns about cash flow and quality of care.

With the barriers the department faces, and the caseload staff carries, the Eligibility and Financial Services Department is very dedicated towards their mission of helping the patient obtain financial assistance for their hospital visit.

We Recommend

UMC, Nevada Department of Welfare and Supportive Services, and Clark County Social Services are welfare agencies providing funding or services for the indigents of the State or Clark County. Accordingly, the agencies should work closer together to provide a system that is seamless and efficient. By working closer together and having systems that "talk" to each other, we believe cash flows can be enhanced, services improved, and quality of care improved. Such an effort, however, cannot be achieved by management alone. Such an effort requires political intervention by UMC management, County management and elected officials.