

ABW Medical

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CASE STUDY

FQHC chooses ABW to manage complex payer requirements and train for better flows

CLIENT

This FQHC is a very large non-hospital based ambulatory care provider. As a FQHC, it serves predominantly uninsured or medically underserved populations, and its mission is to provide quality, community-based, affordable, accessible primary health care services in a culturally sensitive manner with respect and dignity.

CHALLENGES

The complex payer environment faced by a FQHC leads to a multiplication in reimbursement types, claim formatting, and other program requirements. It's not unexpected that such complexity resulted in high denial rates. The large volume of Wrap, Letter of Agreement (LOA) and Grant policy claims increased the pressure on overall Days in AR, often inflating the AR greater than 90 days.

SOLUTION

The FQHC brought ABW Medical on board, and ABW began improvements by cleaning up Hold buckets. The team then rapidly moved to developing many new business processes to address the mix of capitation payments and other payers. For example, this included creating custom transaction codes to handle certain LOA adjustments. The combined team created a dashboard of key performance indicators (KPI) and together reviews it weekly. If there are anomalies, the account team runs analytics reports to help identify the root cause for further process review and workflow improvement.

RESULTS & BENEFITS

- RRR increased from 73% to 93%
- Backend Denials reduced from 45% to 25%
- Days in AR (DAR) decreased from 87 to 64 days
- AR>90 reduced from 47% of overall AR to 39%

CLIENT

- Federally Qualified Health Center
- 50,000 patient visits per year

ABW Value Added Services

- Cleanup Hold Buckets
- Develop custom KPI dashboard
- Workflow / Business Process improvements

RRR Increased

28%

DAR Decreased

26%

"Our organization has been extremely pleased with the performance of ABW. The account team really 'gets' our unique issues."

MD, CEO

