

Success Story – Quick Response BI Dashboard for a Federally Qualified Health Center in Southern California

The Client

Aviana's client for this successful engagement is a major provider of healthcare services to the uninsured and underinsured -- a Federally Qualified Health Center (FQHC). With an annual operating budget of over \$96 million, this FQHC provides care to over 47,000 individuals at 19 service outlets, including six stand-alone health care clinics, two mobile health care units, and 11 human/social service sites. Their services cover 16 incorporated and 4 unincorporated areas that span a total of 46 zip codes throughout Southern California.

The Client's Business Problem

The client's organization was experiencing significant revenue leakage due to significant rejection of their submitted claims by Medicare and Medi-Cal – a major reason for which was the client's inability to submit claims within the 180 day window.

The client had no way of accurately identifying the number of patients they saw on a daily basis. The number of billable visits, the related diagnosis codes that were the basis for their reimbursement and were consequently not only spending an inordinate amount of time and money to get this but, more importantly, were losing significant revenue in rejected Medicare and Medi-Cal reimbursements due to late submission.

Aviana's Solution to Fix the Problem

Aviana designed a system to cleanse patient data and then create a Quick Response BI Dashboard of Patient Information that collected patient entry information accurately and instantly, cross-referenced patient, encounter and claims information, identified the billable encounters and helped to quickly and accurately fix missing or wrong information. Consequently, this new solution significantly reduced the time taken to submit claims to Medicare and Medi-Cal.

A fuzzy logic-based matching algorithm was implemented to cleanse patient, billing and claims information and a repository to hold such information with their relationships was designed and implemented by Aviana.

This was done to address the most pressing needs of the business users and also fit within the client's current budget priorities and time constraints.

Tangible Benefits to the Client

The patient information solution contained about 75% of the data generated by the client, including information pertaining to Appointments, Encounters, Billing and Claims. It represented a single version of the truth and was made available to all users via a comprehensive BI dashboard that helped to quickly highlight potential problems and enable immediate response and remedial actions by the FQHC staff. Basically a framework was established for the client to add additional sources of information.

They were now in a position where they could uniquely identify a patient. They could quickly and accurately identify 'billable' encounters, process them accurately and thereby significantly reduce the number of claims denied by Medicare and Medi-Cal.

One of the biggest indirect benefits was the merging of data between their billing/patient information system and their Claims system. Apart from Patients, Providers were merged and cross walk tables established to translate the different coding systems for Health Plan codes, Provider Specialty, Language, Ethnicity, Marital Status and Race. This proved invaluable, saving time and money during the implementation of the Electronic Health Records (EHR) system that followed.