

USA Senior Care Network provides hospitals with incremental patient volume and increased revenue



In this Business Profile, USA Senior Care Network's Senior Director of Hospital Partnerships Rita Marti discusses how the company helps

their Medigap carriers drive a larger volume of fully insured patients to hospitals and uses a patented process to keep premiums affordable for patients with Medigap insurance.



How do you help healthcare organizations?

For hospitals that join our network, our Medigap carriers provide an incremental volume of patients and the incremental revenue generated by those patients. We help health systems grow their market share without risk of bad debt. In addition, our Medigap carriers' seniors know that by using doctors and hospitals within our network, their premiums stay affordable, so they are more willing to change hospitals to find one within our network.

Though our clients' population of seniors is financially stable, they're also still on a fixed income. They have enjoyed a high level of coverage prior to turning 65, and they still want choices now that they're over 65, which is why they've selected Medicare Supplemental Insurance, also known as Medigap.

USA Senior Care Network has patented a process to keep premiums affordable for patients with Medicare Supplemental Insurance. Savings from our program are applied by our 130 insurance carrier clients toward keeping a lid on future rate increases for more than 10.5 million seniors nationwide.

What are some of the biggest challenges you see affecting healthcare organizations?

Certainly, COVID-19 is right at the top of our list as it is for everyone. It has changed our world, and every area of a hospital has been affected, from operations to finances. Related to COVID-19 is the decrease in the number of patients seeking care for something other than COVID during the pandemic. Because hospitals weren't seeing fully insured patients for elective procedures as they had in previous years, and as people began being vaccinated, fears eased for some patient services – a hip replacement, for instance – causing a demand for such services. As seniors are deciding where to go to have certain elective procedures done, hospitals have to position themselves to be attractive to patients.

There are also additional challenges for healthcare organizations.

- An increase in uninsured or underinsured patients due to job losses and other pandemic-related factors has made it more difficult to recoup money lost in 2020.
- Hospitals in highly competitive markets that existed even before the pandemic are pressed now more than ever to differentiate themselves from the competition, bring in patients that are insured and to build different services to attract those patients.

How does your product or service offering(s) help address these needs?

Our Medigap carriers help drive volume to hospitals at a time when it's needed most.

Seniors that held back on elective procedures are more likely to be fully vaccinated, so they're returning to hospitals and seeking out providers that are in our network. From a hospital standpoint, our clients not only bring the patients, but drive a larger volume of fully insured patients. While our program cannot be used as a marketing tool to solicit new policyholders, USA Senior Care Network becomes a wonderful tool to attract our Medigap carriers' existing policyholder membership. Why? Because seniors know that by choosing one hospital over another for an elective procedure, the in-network choice with USA Senior Care Network is going to keep their premiums down.

We help hospitals combat the issue of uninsured patients by bringing fully insured patients into the hospital and creating that brand awareness within their families. Many seniors have adult children, who are also more likely to be fully insured and who know that their parents are receiving high-quality care at your hospital, so they are more likely to seek care there as well. A successful hospital in our network could position itself to see an increased number of insured, younger family members.

We're the only service doing this with the process patent, and we're gaining market share within the Medicare Supplement realm. Through our unique network, our Medigap carriers are able to channel patients to contracted facilities per Core Based Statistical Area (CBSA). We have contracts in rural areas as well as major metropolitan areas, including rehab hospitals and critical-access hospitals. Wherever there are seniors in the U.S., we are looking to engage additional

facilities. All of the stakeholders – insurance carriers, hospitals and other healthcare entities, and patients – benefit from this program.

What are some key considerations for healthcare leaders when choosing this type of product or service? Are there key product/service features that people should know about?

We launched in 1992, and there is really no one else providing the same service. Sometimes that can be a double-edged sword. When you're the only one doing something, you get some raised eyebrows. But we're happy to present our client list and the insurers that we've contracted with and grown relationships with to show how it works.

Collaboration between the hospitals and the insurance companies provides the best healthcare. Both sides give up a little – and work together – for the benefit of the patient. This group of patients is already stable because they're already paying out-of-pocket every month for Medigap. Our clients' seniors appreciate having a network "home" through our contracted hospitals. By expanding their access to providers associated with Accountable Care Organizations (ACOs), it allows our clients' policyholders to continue to receive quality healthcare and adds Medigap covered lives to the ACO. Plus, there are no additional costs to

sign up. There's no burden to the hospital's revenue cycle side to chase money. Simply bill Medicare, which will automatically bill Medigap for any overage, and the bill is paid. It's seamless, easy, and it's all revenue. *We're bringing the patients, not the problems.*

What advice would you offer to healthcare leaders when choosing among vendors?

Leaders need to ask themselves: "Do we want to win or not with the Medigap population in our market?"

When we meet with hospital leaders, we've already put together a projected revenue report. With hospitals that aren't in our network yet, the first thing we look at is an admissions report. Let's use a three-hospital system in California as an example. From 2017 to 2018, this system lost \$2.6 million as admissions of Medicare Supplement policyholders dropped by 16% across all three hospitals. The system signed with USA Senior Care Network in December 2018. One year later, the three hospitals saw an increase of 64.5% of those Medigap supplemental policyholders, which translated to \$7.1 million in additional inpatient revenue.

If your quality of care is comparable to other hospitals in your market, then these patients within the USA Senior Care Network will make a shift – not all of them right away, but probably about 15-20% in the first year – because they know the advantage of seeking

care at in-network hospitals. They know that by using your services, they're going to get insurance that's affordable for years to come.

As healthcare organizations implement use of your product or service into their day-to-day operations, what advice would you offer so they can best set themselves up for success?

We know that hospital administrators are already overburdened, and we don't want to add any administrative burden. We don't ask for pre-approvals or prior authorizations that wouldn't already be expected under Medicare. We won't hand over a thick manual for admitting or billing patients, because it is standard Medicare billing and there are no extra changes to how money is collected. There are also no Part B waivers or discounts, and providers can count on being reimbursed at the full Medicare rate. This is traditional Medicare, and the biggest thing that hospitals are going to gain is revenue.

How can healthcare organizations learn more about your company?

Organizations are encouraged to take a look at the Southern California case study at www.USASCN.com/hospital01/. We also plan to attend the HFMA Conference in the fall as COVID-19 restrictions allow. ■



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USA Senior Care Network brings together Medicare Supplement Insurance carriers and quality healthcare facilities in a nationwide network for Medicare Supplement policyholders. Our innovative network benefits everyone by managing costs, keeping premiums affordable for a growing senior population, and channeling these Medigap policyholders to participating hospitals. Thousands of credentialed hospitals and other medical facilities have contracted with USA Senior Care Network to gain patient volume and revenue on inpatient and outpatient procedures and services.

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