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CUSTOMER STORY

Healing the Revenue Cycle: A Mental Health Provider's Transformation With Inovalon



Background

Company:
Lakeland Mental Health Center

Type: Mental and Behavioral Health

Success:

- Increased first-pass yield by 25%
- Improved claims processing speed and reduced denials
- Collected patient payments easier and reduced collection delays

Serving west central Minnesota since 1949, Lakeland Mental Health Center (LMHC) is a non-profit corporation dedicated to providing high quality, accessible behavioral healthcare. Through services ranging from therapy and case management to psychiatric medication support and crisis outreach, the organization promotes the health of individuals, families, and communities.

Like many mission-driven providers, LMHC understands that delivering exceptional behavioral healthcare depends not only on clinical expertise, but also on the strength of the systems supporting it. Managing the complex processes behind insurance verification, claims, and reimbursement isn't just about keeping operations running – it's about making care more accessible, reducing stress for clients, and giving staff the time and tools to succeed.

After assessing its workflows under a previous vendor, LMHC saw clear opportunities to improve both operational efficiency and the experience it was creating for the people it serves. Manual processes were slowing down staff. Clients were sometimes left confused or caught off guard by billing issues, and the organization knew it could do better.

"We had challenges all the way around," said Jill Jacobson, Billing Supervisor. Denials were mounting. Staff were bogged down by inefficient processes. And both clients and team members were frustrated by outdated systems that couldn't keep up with their needs.

From Manual to Manageable: Fixing Eligibility at the Source

One of LMHC's biggest pain points was insurance verification. Staff members used to go to numerous payer sites and toggle between portals manually, often spending hours while missing key information.

That changed with Inovalon's Eligibility Verification Standard™. Instead of checking insurance one-by-one, LMHC began running batch verifications the day before scheduled appointments. "Running the batches is a big timesaver," Jacobson said. "You can run them all at the same time and see everything."

The team didn't just save time – it also had to deal with less rework and fewer denials later. The organization can now see if insurance coverage has changed or ended to avoid issues before revenue is lost.

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Discovering What Clients Don’t Know

Many people served by LMHC – especially teens or young adults – weren’t aware of their full insurance coverage. “They’re still on mom and dad’s insurance and they don’t really know what they have,” said Jacobson. That made accurate intake and billing even more difficult.

With Inovalon’s Insurance Discovery™, the team was able to identify previously unknown or secondary coverage.

The impact has been significant, with a 50–60% rate of returning probable matches. “Sometimes they have two insurance companies, so I like it because it shows everything and is very helpful,” she said.



First-Pass Fixes With Smarter Claim Scrubbing

Claims denials weren't just due to eligibility gaps – they were also happening because of inadequate scrubbing. LMHC's previous clearinghouse made it difficult to know which claims were rejected. "You had to pull these really weird reports and they were easily missed," said Jacobson.

The switch to Inovalon's Claims Management Pro™ provided immediate value.

"It's catching a lot more things right away that we can fix," she said. "Before Inovalon, some things were going through that should have been caught, and then we'd have to resubmit."

The organization's first-pass yield has improved by about 25% and claims are processed much more quickly. When correcting claims, the time savings alone adds up to about 15 minutes per claim.

"Yesterday, I had to correct 16 claims – and finding them took longer than fixing them. Before, it would have taken me all day. With Claims Management Pro, it takes 20 to 30 minutes."

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Making Payments Easier for Everyone

Before Inovalon, LMHC's online payment tool was unreliable and clients often had to call in just to pay. That was a problem for those who wanted the flexibility to pay after hours, and staff who had to spend a portion of their workday fielding payment calls.

"The payment system was down a lot," Jacobson said. And even when it was working, it was difficult to log into and use. In some cases, it appeared a payment had gone through when it hadn't, which created confusion for clients and extra follow-up for staff to get things resolved.

Now, with Inovalon's Patient Payment Management™, about 100 people a month pay online – a growing number that's appreciated by the organization's staff, as fewer phone calls to process payments means more time for other billing priorities. In addition to allowing people to pay at midnight or on weekends, the software enables LMHC's clients to set up convenient payment plans. It's so easy to use that even new staff members hardly have any questions during training.

"Processing the credit card payments and everything about it is very user friendly and easy to see what you need to do," Jacobson said.



Statements That Don't Cause Confusion

Previously, LMHC's patient statements often raised more questions than they answered. They were hard to read and prompted a lot of complaints.

With Inovalon's Patient Statement Management™, the organization introduced new, clearer statements their clients can better understand. That clarity – paired with LMHC's recognizable branding – helps build trust, so when clients receive a statement, they feel confident it's legitimate and safe to pay online. It's a small change, but one that has played a big role in reducing call volume and improving the patient financial experience.

Many clients choose to receive email statements, while text-to-pay reminders are also a feature of the solution.

Jacobson said Inovalon's implementation team was very responsive as it guided her organization during setup of the solution.

"We worked closely with them. They were really great at answering questions, getting back to me, and being right on top of everything."



Experience That Built Confidence

When Jacobson joined LMHC three years ago, she brought more than just billing expertise – she had firsthand experience with Inovalon's solutions.

"I had used Inovalon at my previous employer," she explained. "So I already knew how good the software was."

That familiarity helped guide LMHC's decision to switch vendors. Jacobson shared her experiences with the organization's Chief Financial Officer, highlighting how Inovalon's tools had helped streamline claims and improve processes in the past. The CFO sat in on a demo and quickly saw the potential.

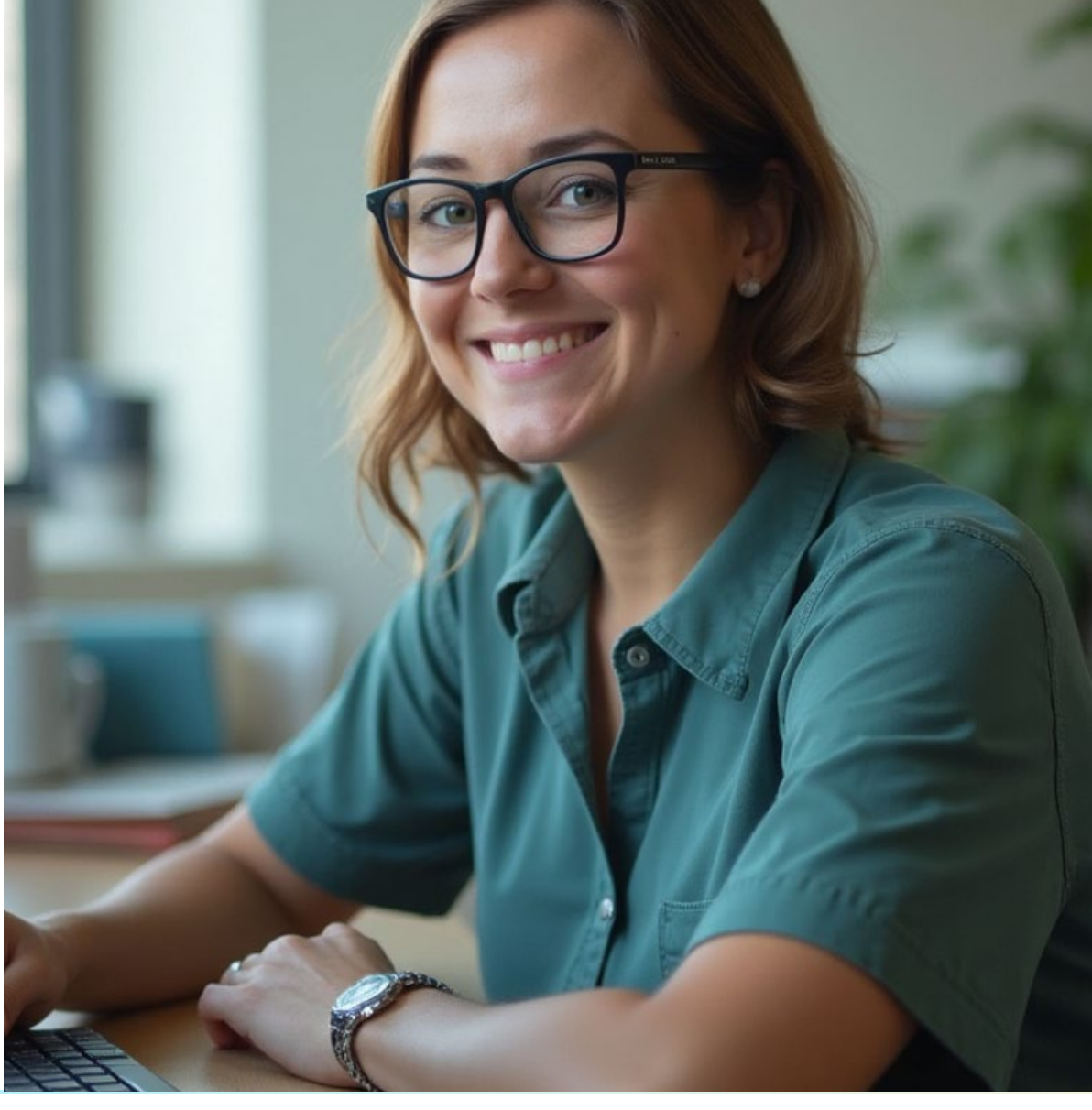
"We made the change because we knew what it could do for us."

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From Write-Offs to Wins

The shift to Inovalon brought more than operational improvements – it created space for progress across the organization.

With fewer denials and faster claims resolution, reimbursement is stronger. Teams have reclaimed time once lost to manual rework, freeing them to focus on higher-value priorities. And their clients are experiencing a clearer, more accessible financial journey that matches the quality of care they receive.



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