Integrating Financial Data for a Better Consumer Experience

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Health First

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Conflict of Interest

Michelle Fox, DBA, MHA, CHAM

Has no real or apparent conflicts of interest to report.

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Agenda

- Industry trends and challenges
- Organizational ownership of patient financial communications (structure, hiring, education, technology, etc.)
- Access to key patient financial data (benefits, financial clearance, pre-reg info, etc.)
- Patient financial discussions with every patient - 100% estimate, 100% ask
- Quality assurance and reporting – recording/monitoring/analytics
- Creating thinking and incentives

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Learning Objectives

1. Describe the changing role of patient access associates as patient financial advisors
2. Identify best practices in patient financial communication
3. Assess the impact of recording patient financial conversations
4. List the technology and integration points that support accurate patient estimating
5. Discuss the approach of providing estimates to all patients regardless of insurance coverage

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About Health First

- Brevard County on Florida's Space Coast
- Private, Not for Profit Integrated Delivery Network
- Hospitals (4)
- Level 1 Trauma
- Physicians (300+)
- Health Plans
- Outpatient/Wellness
- 9,000+ associates
- Central Business Office

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Rise in Consumerism

- 2017: 11% increase in average patient out-of-pocket costs
- > 50% with a per-visit out-of-pocket cost greater than $500
- Some hospitals financing 5-to-7-year loans for patients
- What does all of this mean for patient financial communications?

Source: TransUnion Healthcare Analysis, 2017

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A New Mindset for Patient Access

- Centralized Pre Arrival Services
  - Scheduling, Pre-Registration, Pre-Certification, Authorization
- Decentralized Access Services
  - Hospital and outpatient clinic registration areas
  - Benefit Advisors (Financial Counselors) ED and IP
- Face of the organization
  - Compassionate, caring approach
  - Excellent customer service
- Upfront, consultative approach
  - Proactive collections process

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Challenges

- Patients with high copays, lack of knowledge about what they owe
- Lack of revenue cycle understanding in clinical areas; patients told not to worry about financial obligation
- Patients surprised when copay letter arrives with their obligation

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Strategy

- Share that part of building a relationship with the patient is discussing cost
- Build a culture where ALL staff consistently talk about cost with ALL patients
- Educate patients about payment even when they do not owe

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Where Were Our Gaps?

- Staff not following standard procedures
- Patients told different things by different staff members
- Varying levels of staff buy-in to the process
- Lack of knowledge among staff about what to say to patients
- No clear approach to teaching staff how to talk with patients about financial obligations

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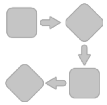
Patient Financial Conversations

Staff Buy-In

Conversations

Why do we need to have financial conversations with patients?

Knowledge Enhancement



Education

What do we want to say? How do we want to say it?

Workflow Improvement

Training

When do we want to say it?

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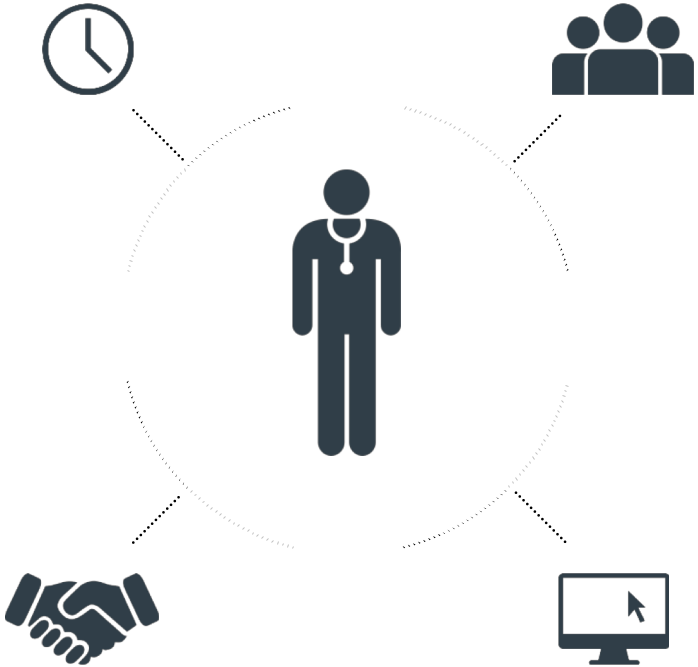
Education: Staff Knowledge



- Customer Service/ Laws & Regulations
- Cultural Competency
- Technology
- Financial Conversations

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Collaboration: Clinical and Financial

- Give clinical staff and physicians a glimpse into patient access
- Share monthly numbers
- Clinical team “clinically” triages; patient access “financially” triages
- Align goals for shared accountability

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Hire for Attitude

- Experience is good, but not a must
- A person can be taught a task, but they either have the customer service gene or they do not
- Must set expectations about asking for money
- Shadow in department—helps with retention
- Include staff in interviews—need to have the right fit
- Know your staff—put strengths where needed
- Hiring the right person is key

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Education and Training

- Customer Service
- Conversation Etiquette
- Scripting
- Role Playing
- Monitoring and Quality Scoring
- Real-time Observations and Feedback

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Technology

- Monitor Patient Touchpoints
  - Ensure consistency across departments and facilities
  - Ensure quality of financial discussions with patients
- Supporting Processes
  - Recording patient phone calls and in-person conversations
  - Indexing recordings to patient for retrieval and playback
  - Scoring interactions for quality assurance/training
  - Tying in faxes/images for more complete patient record

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Recorded Interactions

- Authorizations, certifications, referrals
- Physician calls
- Verbal orders from on-call physicians
- Scheduling calls
- Pricing hotline/estimates
- Patient calls on nurse helpline
- Calls in Emergency Department
- Customer service calls
- In-person encounters

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POS Collections

Pre-Service	Date of Service	During Service	Post Service
Scheduling and Registration	**Registration**	**Benefit Advisor (Financial Counselor)**	**Registration and Benefit Advisors**
Gatekeeper for elective outpatient services	Walk-ins, STATS, Direct Admits	Inpatient and ED	Inpatient, Outpatient, and ED
Self-pay management	Self-pay management	Self-pay management	Follow up request for payment
Identify patient financial obligations (estimates)	Identify patient financial obligations (estimates)	Identify patient financial obligations (estimates)	
Request payment	Request payment	Request payment	
Pay or delay			

Inform > Request > Review > Train

patient **payment** **recordings** **staff**

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Upfront Patient Estimates

- Requires access to current, accurate patient benefit info (copays, coinsurances, deductibles)
- Depends on consistent approach to:
  - Verifying demographics
  - Conducting QA of registration
  - Securing authorization and notification
- Gathering and documenting info upfront
  - Minimizes initial denials and write-offs
  - Reduces workload for billing office
  - Lowers cost to collect

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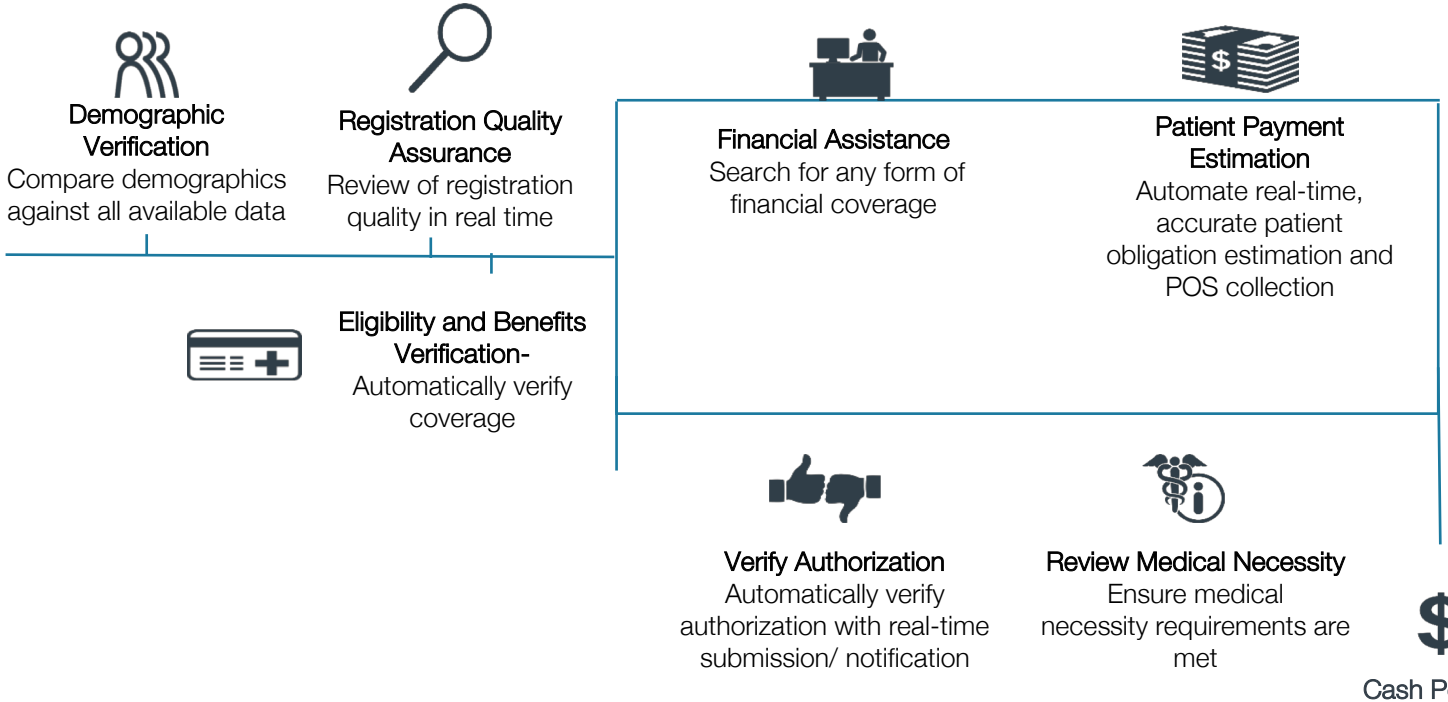
Leveraging Technology



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100% Estimate, 100% Ask

- Change of mindset
  - Every patient has benefits – self-pay or insured
  - Patients like to be informed, even when they don't owe
- Run an estimate for every patient, every time
  - Regardless of insurance
  - Includes Emergency Department
  - Includes Medicare and secondary insurance
- Don't assume a payer's policies and requirements are the same as the last time you checked

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10-Step Approach

1. **Greet the Patient.**
   Introduce yourself and what is the purpose of your visit.
2. **Set a Friendly Tone.**
   Smile
3. **Collect Required Information.**
   Confirm the patient's name and date of birth and that you are speaking to the guarantor.
4. **Educate the Patient.**
   Inform patient of benefits and what is owed for their visit.
5. **Ask for Payment.**
   How would you like to take care of that today?

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10-Step Approach (cont.)

6. **Pause and Listen.**
   Give the patient time to think. Your silence will prompt the patient to respond
7. **Respond.**
   “I’d like to help you find a solution for your portion of this visit.”
8. **Discuss Payment Alternatives.**
   “I can accept half and set you up on a payment plan for the remaining balance.”
9. **Secure a Commitment.**
   Work toward a mutual agreement.
10. **Confirm Agreement.**
    Repeat the agreement and thank the patient for choosing your facility.

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Getting to 100%

- Accountability
- Set expectation
- Monitor individual performance daily
- Missed opportunity
- SMART Goal (merit pay)
- After three misses, places on PIP

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AhiQA Report Card

AhiQA			
Report	Accts	Edits	% Score
Pre-QA	713	305	57.22%
Post-QA	713	7	99.02%
POST QA SCORE			99.02%

Registrations Per Hour			
Report	Accts	Hours	Avg
HBI RegScore	433	145	3.0
REGISTRATIONS PER HOUR			3.0

% Registrations w/ Collections			
Report	Accts	Pymts	% Total
HBI RegScore	378	10	2.65%
% REG W/ COLLECTIONS			2.65%

AhiQa ESU
Exceptional

Registrations Per Hour ESU
Successful

% Reg w/ Collections ESU
Unsuccessful

YTD AhiQa Scores					
Oct	99.02%	Feb		Jun	
Nov		Mar		Jul	
Dec		Apr		Aug	
Jan		May		Sept	
YTD AVERAGE					99.02%

YTD Reg Per Hour Scores					
Oct	3.0	Feb		Jun	
Nov		Mar		Jul	
Dec		Apr		Aug	
Jan		May		Sept	
YTD AVERAGE					3.0

YTD % Reg w/ Collections Scores					
Oct	2.65%	Feb		Jun	
Nov		Mar		Jul	
Dec		Apr		Aug	
Jan		May		Sept	
YTD AVERAGE					2.65%

Areas of Opportunity

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Patient Estimating in the ED

- Choosing default level for patient (1-5):
  - Level 1: Minor injury
  - Level 2: Requires medication
  - Level 3: Requires X-ray/test
  - Level 4: Requires CT (chest)
  - Level 5: Highest level
- Changed default level from 3 to 4 based on historical ED charges
- Now able to send refund instead of bill if charges are less

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Payment Options

- Robust financial assistance and payment plan options are a must
- Providers need the ability to:
  - Search for insurance coverage options and charity options
  - Set up payment plans that fit within a patient's household budget
- Variety of options for patients to make payments
  - Online payment portals
  - Payment kiosks
  - Pre-service education
  - Point of service reinforcement

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Reporting

- Tracking Progress
  - Front-end verification, eligibility, estimating and propensity to pay tied to contract management and chargemaster system
  - Field for recording or image that contains patient's authorization information
- Track completion of each piece and monitor daily
  - Eg., 50 registrations should equal 50 estimates

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Missed Opportunity Report

Admit Date	Account Number	Insurer	Registrar Name	Reason	Amount Missed
8/20/17	1234567	Aetna PPO/PPS	Betty Fallon	No service estimate	$100
8/20/17	2234567	Humana Medicare	Kim Brooks	Estimate not signed	$200
8/20/17	3234567	Cigna PPO/EPO	Betty Fallon	Discharged before Reg	$100

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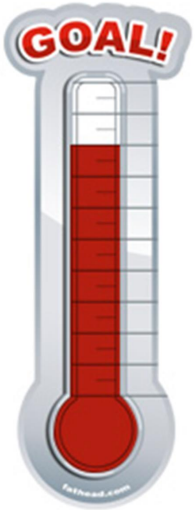
Patient Access Dashboard

- By department:
  - Total amount collected
  - Target GOAL
  - Variance
  - Monthly fixed average by department per day to meet goal
  - Daily average by department remaining to meet goal
  - Percent of goal achieved
  - Business/collection days: total days; days remaining
- For each employee: sum of payment; sum of transactions
- Cash Goal Achievement: percent of goal



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Landing Results

- Jan 2018: best month ever for POSC at Health First
- $2M: all 4 facilities above 2% (2.0, 2.2, 3.7, 4.3)
- Overall increase of 27% in upfront collections
- Routinely reaching 2.4% of net revenue as a system and <3.0% at two Health First hospitals, well above the industry average of .7% and even the best practice of 2%.

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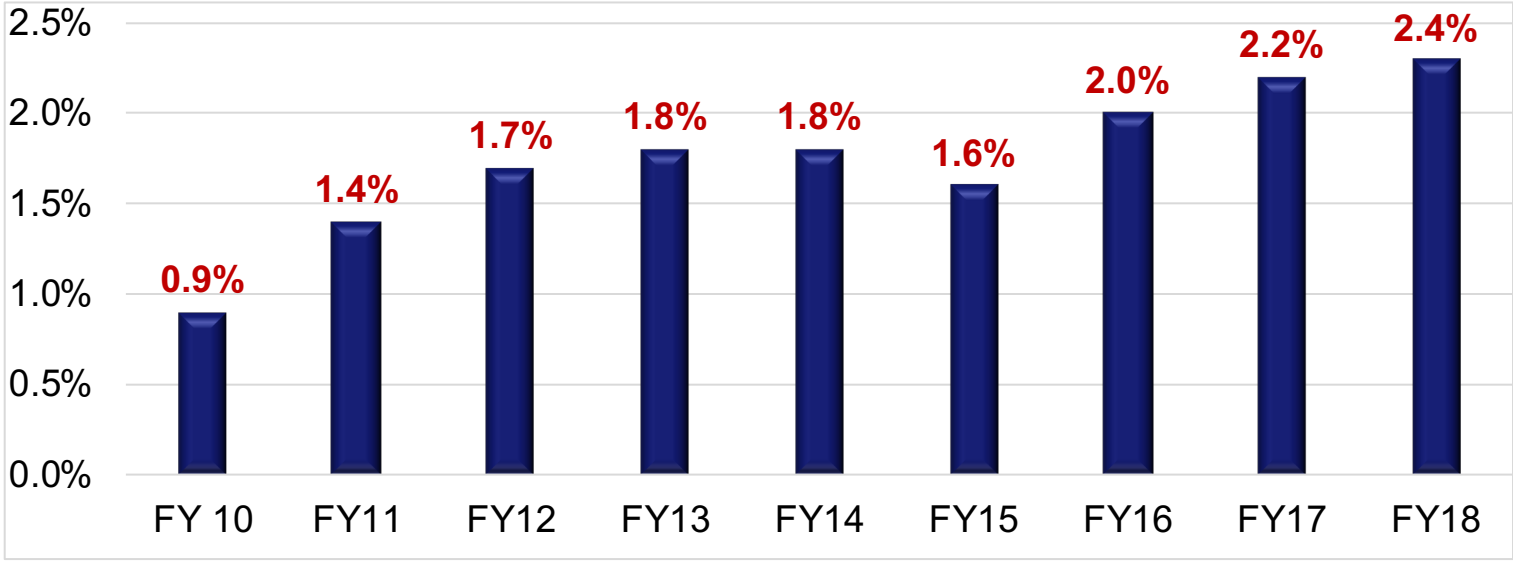
POS % Net Revenue



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Creative Thinking

- Waiving assignments of benefits
- Follow-up calls
- Proactive calls to doctor offices
- Incentives and rewards—MAKE IT FUN!
- Appreciate your staff—say THANK YOU!
- Happy associates are productive associates

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Incentive Programs

- Based on Total Performance
  - Average weighted activity/hour
  - Average collection/registration
  - % registrations with payments
  - Accuracy rate
- Based on Cash Collections
  - Monopoly Challenge

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Monopoly Challenge

- $1 Monopoly money for every $100 collected
- $1 Monopoly money for “Exceptional” (95-100%) score on weekly AHIQA report
- Go to Jail for “Unsuccessful” (89% or below) score on weekly AHIQA report
- Pay $5 in Monopoly money to get out of jail
- Free Parking (voucher) for excellent customer service
- Trade Monopoly money for raffle tickets/financial incentives

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Questions

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