Selecting Collection Agency Partners to Maximize Recovery and Maintain Patient Satisfaction (A13)

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Why the Collection Focus?

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% of Contract Allowed Amount

- Patient Payment
- Payer Payment

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<table>
<thead>
<tr>
<th>Year</th>
<th>Patient Payment</th>
<th>Payer Payment</th>
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<td>2009</td>
<td>21%</td>
<td>78%</td>
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<td>2010</td>
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<td>2011</td>
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<td>2012</td>
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<td>2013</td>
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<td>2014</td>
<td>37%</td>
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What Do Providers Want?

- Increase collections of Patient Portion due to fundamental market shifts
- Increase collections of external agency placements
- Ensure healthcare providers have revenue volume that has positive yield or positive margin
- Ensure Collection Agency partners are treating customers the same as Provider would

How can a Provider Accomplish this?

- Draft the “RIGHT” RFP
- Pick the “RIGHT” Partner
- Manage the “RIGHT” Partner on an ongoing basis
Before the RFP

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Before Casting an RFP

✓ Figure out what you need.
✓ Figure out what you want.
✓ Find out what is possible.
✓ Ask how you will measure it to your organization’s satisfaction.
Key Attributes of an AR Vendor Partner

Reducing overall expense by increasing net recovery rates and accelerating cash flow can improve a hospital's bottom line. A successful AR Vendor Partner provides:

- Core Competencies & Compliance in Receivables Management
- Cost Relief of Staffing & Technology
- Reporting Fundamentals & Data-Driven Decision Guidance
- Accessibility, Accountability & Integrity

Asking the Right RFP Questions

**History:**
- Inception of the organization & whether this is their sole functionality
- Company culture & mission statement

**Implementation:**
- It's all about the HOW……
- Cornerstone of the entire foundation
- Identify the structure & leadership

**People:**
- Who is interacting with your patient base?
- Inquire about tenure & attrition rates
- How does the Vendor QA and benchmark team success?
- What investments are made in training, industry education & continuous development?
Asking the Right RFP Questions

Compliance:
- How does the Vendor handle 1st Party transparency?
- What assurances are provided to guarantee uniform billing practices?

Technology:
- What is the bigger, better, faster process being offered?
- What support does the Vendor provide & what requirements are needed from your organization?
- Ask about the Vendor’s most recent technological investment & what next advancement is in the pipeline.

Cost Vs. Quality:
- Is the Vendor incentivized to provide quantity or quality? Or both?
- Inquire about existing QA standards & adherence to benchmarks.
- Inspect What you Expect

Report Capabilities:
- Data mining beyond the statistics
- Does the Vendor offer true feedback that will guide your decision making?
- What does the Vendor have to measure patient satisfaction?
Asking the Right RFP Questions

Key Elements:

✓ Interview references
✓ Glean insight on long-term relationship – after the RFP
✓ Consider the principal components:
  o History
  o Implementation
  o People
  o Compliance
  o Technology
  o Cost Vs. Quality
  o Report Capabilities
  o Values: Trust, Integrity, Ethics

✓ Commitment to patient satisfaction

Partner Expectations

Chad Lemke, Array Services Group

COO Array Services Group
Phone: 320-534-3629
Email: Chad.Lemke@ArraySG.com
Web site: http://www.arraysg.com/
What is a “Partnership?”

A partnership is an arrangement where entities agree to cooperate to advance their interests. In the most frequent instance, a partnership is formed between one or more businesses in which partners co-labor to achieve common goals.

What should you expect from your Agency/Partner?

- Knowledge of best practices in the Healthcare Accounts Receivable Management industry
- Strong IT resources focused on supporting accounts receivable (A/R) recovery
- Client Service and Support resources dedicated to answering client questions and providing information
- Technology available that may be cost prohibitive for facility
- Specialized Healthcare training and certifications for A/R staff (HFMA-CRCA, CPAT, CCAT)
- Custom Reporting
- Assist with system conversions and ease in implementation (first party)
- Client System proficiency both agency and first party partner
- Outstanding reputation and complete understanding of trends their clients may be facing
What should you expect from your Agency/Partner?

Leadership and management of patient experience throughout the collection process

- Recruiting Mature, Professional collection staff
- Healthcare Specific Staff Training as well as Client Specific, and Client System Training
- Compliance leadership with Data Security, HIPAA, FDCPA, Attorney General Requirements, Client Privacy Policies.

- Convenient Payment options for Patients
  - Patient Payment Website
  - Health Savings Accounts (HSA)
  - Credit Card and Check by Phone
  - Recurring ‘Bill Pay’ Options

- Dedicated Healthcare Team

- Experienced Insurance Agents trained to Identify and Resolve Insurance Disputes and Claims

Agency Partnership Expectation: Staff Management & Training

- Recruiting - Professional Culture and Career Paths
  - Who is speaking with your patients?

- Healthcare Specific Training
  - Internal training
    - Initial training
    - Ongoing
    - Collection techniques

- Training for identification and resolution of insurance disputes and filing claims
  - Follow up on Coordination of Benefits (COB) with Patients
  - Appeals
  - Workers Comp. Claims, Personal Injury, Auto Claims
  - Annual updates HIPAA, AG, FDCPA, Security & Privacy
Agency Partner Expectations: Technology

Understand your agencies technology capabilities

- Economy of scale to afford:
  - Software automation
  - Integrated dialer technology
  - Collection system
  - Call management software (CMS)
  - Call recording

  Record ALL calls including insurance calls

  Regular call audits for educational purposes and performance standards for both third party and first party; for example first call resolution, complaints, or Medicare, coding, and denial management

Consumer Benefits: Payment Web site

Convenience

- Easy access and convenient for the patient’s schedule 24/7
- Ease of payment plan negotiation
- The site displays all sub-accounts but negotiates on the total balance owed
- Patients can save various payment methods - eliminating the necessity of re-entering their bank information for each payment
- Demonstrated results - 1.5 million dollars of recovery in a six month period
- Patients can update their demographic information
- Recurring payment notices are sent via email five days before the next payment is to be completed
Agency Partners Expectations: Outside Resources - Analytics

- Account segmentation
- eScore - Average Per Paid Account Groups

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<td>$373</td>
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An overall paid per account worked rate of $165 is effectively segmented from $235 to $34.

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Agency Partnership Expectations: Legal Partner & Process

Manage the Legal Partner and Process for you

- Front all costs
- Verifying the Patient is not exempt
- Locating Assets
- Personal Service
- Appearing in court
- Executing and Managing Garnishments
Consumer Benefits: Strict Adherence to Compliance

- Dedicated Compliance Officer
  - What is their background and years of industry experience?
- Strict Adherence to all State and Federal Guidelines
  - Daily call monitoring to ensure compliance
  - HIPAA, FDCPA, Attorney General (AG)
  - Routine confidential material audits
- Member: The Association of Credit and Collection Professionals (ACA) & PPMS Certified
- SAS 70 Type II/SSAE 16 Audit

Agency Partnership Expectation: Complete Transparency

- Regularly Scheduled face to face meetings at your Agency’s location
- Dedicated Client Services Team
- Listen to collection phone calls
  - Recorded calls
  - Live calls
- Access to read and audit collection system notes any time
- Be made aware of changes
  - Management
  - Service
  - Collection System
  - Agency Ownership
- Custom Reporting
  - Examples:
Agency Partnership Expectation
Custom Reporting
Phone & Demographic Analysis

do I know my agency is aligned with the expectations of my facility?

 Do I trust that my agency will provide a high-quality patient experience?

 Do I trust that my Agency partner will fulfill those expectations?
Managing Your Agency Partner

Terry Armstrong, State Collection Service

President State Collection Service, Inc.
Phone: 608-661-3000 x330 Cell: 615-330-9545
Email: terrya@stcol.com
Web site: www.statecollectionservice.com

Managing your Agency Partner

Topics

- Open Communication
- Technology
- Standardize Metrics
- Innovative Tools
Managing your Agency Partner

Open Communication

✓ Visit your agency at least annually to monitor calls, meet with staff, and share ideas – these go a long way in ensuring patient satisfaction

✓ Be willing to meet with your agency regularly, whether it’s biweekly update calls or quarterly face-to-face meetings – information exchange is critical
  • If provided, be sure to complete surveys provided by your agency – the feedback you share may encourage improvements

✓ Share as much information as possible – comments, last payments, insurance information, demographics – all aid in the collection process

Managing your Agency Partner

Open Communication

✓ Ask questions!
  • Never assume your agency knows everything – and if they do, have them explain so you too can know everything!

✓ Be available when questions arise – your agency should not have to work in a vacuum
  • Take the time to establish a communication protocol and share your preferences

✓ Be open to recommendations – your agency’s experience must be an asset

✓ Share competitive analyses among your agencies
  • Report cards often promote increased production as agencies try to move ahead of their competition – use this to your advantage!
Managing your Agency Partner

Technology

- Work with an agency that employs the latest technologies including the 4 S’s – scrubbing, segmentation, scoring, and skiptracing
- Your agency should provide you with the means of accessing your accounts within their system at will
- Your patients should have the ability to self-access their account information as well – whether via an online portal or through IVR capabilities
  - Does your agency create its IVR scripting in consultation with your office?

- Be supportive of any IT efforts that require additional programming or changes arising out of business need changes
  - Equally important, does your agency have the bandwidth and expertise to manage any future system conversion that may occur?
  - Allow your agency to provide best practices for any items that come up – from establishing the partnership to making future changes
Managing your Agency Partner

Standard Metrics

- Request regular performance reporting from your agency
- Compare the results you are receiving to any defined within the agency’s RFP response and the resulting contract
- Most importantly, compare apples to apples – define the metrics you wish to receive
  - Create the formulas that give you the information you want in order to ensure the data you receive is comparable
- Perform regular reconciliations with your agency – there’s nothing worse for patient satisfaction than the agency having an incorrect balance

Managing your Agency Partner

Innovative Tools

- Be sure your agency utilizes a client and consumer tracking system for quality assurance to ensure all concerns are addressed
- Determine how your agency manages quality to ensure compliance and patient satisfaction
  - Do they have the ability to record and monitor 100% of calls?
  - Is the staff adhering to the appropriate scripting that you’ve helped create?
  - Are you receiving complaints from your patients? How often?
- It is important that your agency stays abreast of what is happening in healthcare and has a clear understanding of things that matter to your patients
  - HFMA, AAHAM conferences and educational sessions as well as presentations and webinars for providers
  - Peer Review (HFMA) and other designations as well as staff certifications
Managing your Agency Partner

Most importantly, ensure the mission and values of your agency are closely in line with yours – without this alignment, complete *patient satisfaction* is simply not possible.
Key Attributes of an AR Vendor Partner

Reducing overall expense by increasing net recovery rates and accelerating cash flow can improve a hospital's bottom line. A successful AR Vendor Partner provides:

- Core Competencies & Compliance in Receivables Management
- Cost Relief of Staffing & Technology
- Reporting Fundamentals & Data-Driven Decision Guidance
- Accessibility, Accountability & Integrity

Asking the Right RFP Questions

Key Elements:
- Interview references
- Glean insight on long-term relationship – after the RFP
- Ultimate commitment to patient satisfaction

RFP Checklist:
- History
- Implementation
- People
- Compliance
- Technology
- Cost Vs. Quality
- Report Capabilities
- Values: Trust, Integrity, Ethics
Call Monitoring for Patient Satisfaction

Collection Agency Tracking Report

Collection Agency Tracking Report

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* Take steps to ensure an equitable division of inventory to agencies - you must be confident that you are comparing apples to apples.
* Look at the Net Liquidation Rate for each batch and use the complete 12 month period to measure success of batches rolled through.
* Net Liquidation = gross collections / (gross listings + balance adjustments - client recalls)
* By reviewing multiple batches (rolling 12 month period), you can see progress as newer batches age through collections to the 12 month mark.
### Hospital and Clinic Health Services

#### Aggregate Business

**Agency Performance Comparison**

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<td>$1,318,636</td>
<td>$1,359,879</td>
<td>$950,679</td>
<td>$18,449,197</td>
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<td>8049</td>
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<td>7072</td>
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<td>7568</td>
<td>5816</td>
<td>113093</td>
</tr>
<tr>
<td>$ Recovered</td>
<td>$222,538</td>
<td>$205,538</td>
<td>$141,528</td>
<td>$138,112</td>
<td>$82,034</td>
<td>$17,075</td>
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</table>

|        |        |        |        |        |        |        |            |
| **JCC** |        |        |        |        |        |        |            |
| Rank   | 17.89% | 14.67% | 14.35% | 13.38% | 8.66%  | 4.88%  | 18.02%     |

|        |        |        |        |        |        |        |            |
| **Other** |        |        |        |        |        |        |            |
| Rank   | 16.69% | 11.55% | 10.98% | 10.47% | 6.03%  | 1.80%  | 16.40%     |

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**Hospital and Clinic Health Services**

Aggregate Business

Agency Performance Comparison

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**Hospital and Clinic Health Services**

Aggregate Business

Agency Performance Comparison

---

*HFMA National Institute 2013*
## Hospital and Clinic Health Services

### Aggregate Business

#### Agency Performance Comparison

<table>
<thead>
<tr>
<th>May-12</th>
<th>Jun-12</th>
<th>Jul-12</th>
<th>Aug-12</th>
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### Liquidation Comparison

- **All Balances**

  - **Hospital A North**
    - 9%
  - **Hospital B North**
    - 4%
  - **Hospital C Central**
    - 6%
  - **Hospital D North**
    - 5%
  - **Hospital E Metro**
    - 11%
  - **Hospital F North Dakota**
    - 3%
  - **Hospital G North Dakota**
    - 8%
Liquidation Comparison

- Balances Under $10,000

<table>
<thead>
<tr>
<th>Hospital</th>
<th>A North</th>
<th>B North</th>
<th>C Central</th>
<th>D North</th>
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<th>G North Dakota</th>
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Liquidation Comparison

- Balances Over $10,000

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<tr>
<th>Hospital</th>
<th>A North</th>
<th>B North</th>
<th>C Central</th>
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<th>E Metro</th>
<th>F Metro</th>
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<td>4%</td>
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**ALL Placements Comparison 2010 – 2013**

Gross Placements and Number of Accounts

![Gross Placements and Number of Accounts Chart]

**ALL Placement Comparison 2010– 2013**

Average Balance and Average Monthly Placement

![Average Balance and Average Monthly Placement Chart]
ALL Placement First Quarter Comparison 2010–2013*

ALL Age of Accounts at Placement
ALL Collection Comparison 2010 – 2013*

Total Collected

Average Monthly Collected

$1,351,691

$2,705,806

$3,101,505

$778,605

$112,633.40

$228,483.82

$258,492.06

$259,534.98

$3,500,000

$3,000,000

$2,500,000

$2,000,000

$1,500,000

$1,000,000

$500,000

$-

2010

2011

2012

2013

$-

$300,000.00

$250,000.00

$200,000.00

$150,000.00

$100,000.00

$50,000.00

$-

2010

2011

2012

2013

51
### Hospital and Clinic Health Services

#### Aggregate Business

#### Agency Performance Comparison

<table>
<thead>
<tr>
<th></th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
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<th>Apr-13</th>
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<td><strong>JCC</strong></td>
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<td></td>
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<tr>
<td>Gross $ Placed</td>
<td>$1,183,128</td>
<td>$1,275,172</td>
<td>$1,127,828</td>
<td>$777,239</td>
<td>$1,010,359</td>
<td>$622,841</td>
<td>$12,811,467</td>
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<tr>
<td># Accts Placed</td>
<td>6144</td>
<td>7424</td>
<td>4870</td>
<td>5035</td>
<td>5450</td>
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<td>$ Recovered</td>
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<td>14.67%</td>
<td>14.35%</td>
<td>13.38%</td>
<td>8.66%</td>
<td>4.88%</td>
<td>18.02%</td>
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</table>

|          |          |          |          |          |          |          |           |
| **Agency "B"** |          |          |          |          |          |          |           |
| Gross $ Placed | $1,333,402 | $1,779,877 | $1,288,594 | $1,318,636 | $1,359,879 | $950,679 | $18,449,197 |
| # Accts Placed   | 8049     | 9074     | 7072     | 8072     | 7568     | 5816     | 113093    |
| $ Recovered       | $222,538 | $205,538 | $141,528 | $138,112 | $82,034 | $17,075 | $3,026,532 |
| Rank              | 16.69%   | 11.55%   | 10.98%   | 10.47%   | 6.03%    | 1.80%    | 16.40%    |
| Rank              | 2        | 2        | 2        | 2        | 2        | 2        | 2         |

#### JCC

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<td>17.89%</td>
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<td>14.35%</td>
<td>13.38%</td>
<td>8.66%</td>
<td>4.88%</td>
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<tr>
<td>Other</td>
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<td>10.98%</td>
<td>10.47%</td>
<td>6.03%</td>
<td>1.80%</td>
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Hospital and Clinic Health Services
Aggregate Business
Agency Performance Comparison

Liquidation

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<th>Jul-12</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>Oct-12</th>
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<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
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<th>Apr-13</th>
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<td>25%</td>
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<td>18%</td>
<td>15%</td>
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<td>9%</td>
<td>5%</td>
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<tr>
<td>OTHER</td>
<td>23%</td>
<td>21%</td>
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<td>17%</td>
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## Hospital and Clinic Health Services
### Aggregate Business
### Agency Performance Comparison

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<th>Mar-13</th>
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<th>Totals</th>
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<tbody>
<tr>
<td>Gross $ Placed</td>
<td>$658,760</td>
<td>$1,235,053</td>
<td>$1,550,972</td>
<td>$1,254,082</td>
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<td>$1,183,128</td>
<td>$1,275,172</td>
<td>$1,127,828</td>
<td>$777,239</td>
<td>$1,010,359</td>
<td>$12,811,467</td>
<td></td>
</tr>
<tr>
<td># Accts Placed</td>
<td>3203</td>
<td>7368</td>
<td>9284</td>
<td>7256</td>
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<td>23.98%</td>
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<td>18.75%</td>
<td>17.89%</td>
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<td>14.35%</td>
<td>13.38%</td>
<td>8.66%</td>
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<td>18.02%</td>
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### Agency "B"

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<th>Jul-12</th>
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<td>Gross $ Placed</td>
<td>$1,343,387</td>
<td>$2,042,166</td>
<td>$1,792,161</td>
<td>$1,616,122</td>
<td>$2,273,304</td>
<td>$1,350,990</td>
<td>$1,333,402</td>
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<td>$1,359,879</td>
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<td>8581</td>
<td>12137</td>
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<td>7568</td>
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<td>$ Recovered</td>
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### JCC

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<td>10.47%</td>
<td>6.03%</td>
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Liquidation Comparison

Balances Under $10,000

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<tr>
<td>Central C</td>
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<td>North D</td>
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<tr>
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<td>13%</td>
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<td>Metro F</td>
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<td>North Dakota G</td>
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Liquidation Comparison

<table>
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<tr>
<td>Hospital C Central</td>
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<tr>
<td>Hospital D North</td>
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<tr>
<td>Hospital E Metro</td>
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<tr>
<td>Hospital F Metro</td>
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<tr>
<td>Hospital G North Dakota</td>
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ALL Placements Comparison 2010 – 2013*
Gross Placements and Number of Accounts

Placements

<table>
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<th>2013</th>
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# of Accounts

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ALL Placement Comparison 2010–2013*
Average Balance and Average Monthly Placement

### Average Balance

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### Average Monthly Placements

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<tr>
<td>2011</td>
<td>$2,186,152</td>
</tr>
<tr>
<td>2012</td>
<td>$2,386,133</td>
</tr>
<tr>
<td>2013</td>
<td>$3,837,780</td>
</tr>
</tbody>
</table>
ALL Placement First Quarter Comparison 2010–2013*

First Quarter 2010: $3,124,057
First Quarter 2011: $6,763,994
First Quarter 2012: $7,053,781
First Quarter 2013: $11,513,339
ALL Age of Accounts at Placement

2010 2011 2012 2013

0.00% 5.00% 10.00% 15.00% 20.00% 25.00% 30.00% 35.00% 40.00%

0 to 30 Days 31 to 60 Days 61 to 90 Days 91 to 120 Days 121 to 150 Days 151 to 180 Days 181 to 210 Days 211 to 240 Days 241 to 270 Days 271 to 300 Days 301 to 330 Days 331 to 360 Days Over 360 Days Age Unknown
ALL Collection Comparison 2010 – 2013*

Total Collected

- 2010: $1,351,601
- 2011: $2,705,806
- 2012: $3,101,905
- 2013: $778,605

Average Monthly Collected

- 2010: $112,633.40
- 2011: $225,483.82
- 2012: $258,492.06
- 2013: $259,534.98
Better Upfront Estimates Help Improve Patient Financial Experience, Increase Point-of-Service Collections

Saint Luke’s Health System
What if you didn’t really know the price of a gallon of milk until it crossed the checkout scanner? What if it was $300, instead of the $3 you expected to pay? And what if your only choice at that point was to go ahead and buy it?

That’s the predicament some hospital patients feel they’re in when they receive their bill for services. And patients who aren’t happy with their billing experience have a generally unfavorable overall view of an organization. With more patients covered by high-deductible plans, more of them are facing balances that insurance won’t cover. When what they owe is more than they expected, they want to know: Why didn’t someone tell me?

Changing workflow, educating staff on how to discuss charges with patients before services are performed, and implementing new technology to improve processes involving estimates, patient eligibility, account management and claims management have all combined to keep cash flowing at Saint Luke’s Health System (SLHS). Even as patient self-pay responsibility increases, Saint Luke’s has consistently met and exceeded its annual point-of-service (POS) and post-service collections goals, and has seen its patient satisfaction levels rise.

Results

- Accurate estimates generated in about a minute
- POS collections up 26 percent/
  Post-service collections up 6 percent/
  Total payment collections up 9.4 percent
- Improved quality of care and patient satisfaction
Saint Luke’s Health System, a faith-based, not-for-profit health system, made changes to its pre-service, point-of-service and post-service collections processes and technology that have helped the organization experience a 9.4 percent increase in total payment collections from the previous year. The health system has also improved the quality of the service it provides patients, creating a patient experience that places the organization in the 81st percentile for patient satisfaction on the question of “My financial obligation and insurance matters were explained to me.”

Quick Facts

- **Organization**: Saint Luke’s Health System, Kansas City, MO
- **Solutions**: RelayClearance™ Plus, RelayClearance™ Estimator, RelayAccount™, RelayAccount™ WebPay
- **Hospitals**: 10
- **Employees**: 1,364
- **Medical Staff**: 351 employed physicians
Problem: How to Generate Accurate Estimates

Patients who sought estimates for services were often unable to get the information they needed from Saint Luke’s because the health system wasn’t able to collect sufficient data to generate an accurate estimate. While it had historical pricing data for common procedures, others required expensive resources and extensive research.

“If a patient called in for an estimate, anything beyond the top 10 services, like an MRI or CT, went to the charge audit unit. We couldn’t estimate surgical procedures, like knee replacements, without extensive research because we didn’t have the technology,” said Paul Knudtson, Saint Luke’s Director of Patient Access. “We had one nurse per day dedicated to that function, and that is an expensive resource to have devoted to working up estimates.”

Solutions: Better Upfront Estimates, POS Collections

While total enrollment in Saint Luke’s online bill payment system is up by almost 5,000 patients over the past six months, the key pieces have been the ability to provide patients with better upfront estimates of what their services will cost, and to increase collections at the point of service.

Through RelayClearance™ Plus and its RelayClearance™ Estimator module, a robust information interchange, Saint Luke’s staff can look up a patient’s health plan information and receive a near real-time picture of where he stands in relation to deductible and co-pays, and determine the negotiated rate for the visit, test or procedure. With RelayAccount™ and its WebPay module, financial counselors, admissions staff and others can more easily record payments at the point of service.

Pulling from CPT codes or historical data, Saint Luke’s can now generate accurate, defensible estimates in much less time. Some data flows directly into the module, reducing manual input and saving even more time.

Critical Issues

- Unable to collect sufficient data to generate accurate estimates
- Patients unhappy with billing experience
- Cumbersome point-of-service collection process
“We can work up an estimate for scheduled inpatient or outpatient procedures, and we didn’t add any staff. Any of the Patient Access staff can generate an estimate in approximately a minute,” Knudtson said. “When we turned on Estimator, sending requests for estimates to the Charge Audit unit became a once-a-month event. We saved a nursing FTE from the Charge Audit team right there.”

In addition to helping identify previously undiscovered insurance coverage, RelayClearance Plus can also efficiently validate patient identity, verify insurance eligibility, accept point-of-service collections, and find financial assistance for patients who are unable to pay.

“We were able to take on a new body of work, and build it into workflow,” Knudtson said. “This was one of those rare system rollouts that the staff believed in. They like it because they can put themselves in patient’s shoes, and they like educating them in advance about their financial responsibility so that they’re not surprised when their bill arrives.”

Staff at all points of service can also collect for services with RelayAccount and WebPay, helping Saint Luke’s avoid problems that can arise when a patient leaves with an outstanding balance and allows an account to slip into bad debt. The ensuing search for payment drains staff resources, adds to A/R days, and results in increased bad debt write-offs. WebPay speeds the payment posting process from four or five days to overnight, and can be accessed from any web-enabled computer. Users can type in credit card information, or have the option of enabling tablet computers with card readers to accept payment anywhere in the facility. Saint Luke’s also leverages RelayAccount to give patients the option to manage accounts online or through easy-to-understand printed statements.

“We have the ability to collect at every point of entry. It’s critical from a patient access standpoint that you don’t have to run to swipe a card at a machine behind a wall,” Knudtson said. “And we get good reporting that helps us determine how much we’re collecting and where we’re collecting — at the point of service, online, or by mail. You can track all the ways you’re getting payment.”
Proactive pre-service financial counseling, and improved financial management aided by RelayAccount and RelayClearance Plus, engaged patients and improved Saint Luke’s Health System POS collections by 26 percent. Post-service collections also increased by 6 percent from June 2011 to June 2012. Together, those improvements contributed 4 percent to the organization’s net patient revenue as of June 2012.

“Our outpatient and inpatient point-of-service collections were up 26 percent in the first six months of 2012,” Knudtson said. “And we’ve always been fairly aggressive with our manual processes, so we didn’t go from nothing to something. We went from something to something much more. We saw an increase in point-of-service collections and total patient cash with RelayClearance Plus and RelayAccount. The point-of-service numbers kept going up, and the total went up even more."

Nearly 60 percent of its patients give Saint Luke’s a “Top Box” score on its Patient Satisfaction Survey questions regarding Explanation of Financial Obligations and Insurance Matters. These scores place the organization in the 81st percentile when compared to others on this question.

“They’re not perfect numbers, but they’ve increased, and we’ve made improvements over time,” Knudtson said. “When we started this process, it was about collecting more money. Now, it’s about allowing patients to make educated decisions. Even if we don’t collect, having that discussion is critical, and it’s the right thing to do for your patient.”
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