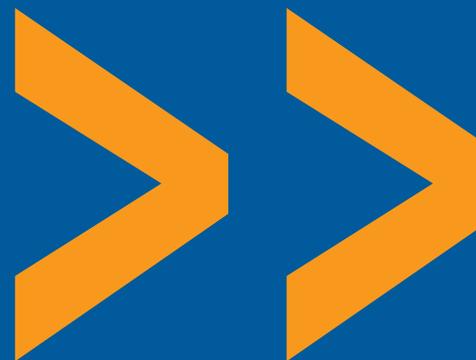


PATIENT FRIENDLY BILLING PROJECT:

CASE STUDIES IN CUSTOMER SERVICE

Hospitals with the highest regard for revenue cycle customer service are driving increased patient satisfaction and improved revenue.

Learn key strategies for revenue cycle customer service excellence.



PATIENT FRIENDLY BILLING PROJECT:

CASE STUDIES IN CUSTOMER SERVICE

ABOUT THE PATIENT FRIENDLY BILLING PROJECT

The **PATIENT FRIENDLY BILLING**[®] project is a collaborative endeavor spearheaded by HFMA to promote clear, concise, and correct patient-friendly financial communications. The project is based on the following ideals:

- The needs of patients and family members should be paramount when designing administrative processes and communications.
- Information gathering should be coordinated with other providers and insurers, and this collection process should be done efficiently, privately, and with as little duplication as possible.
- When possible, communication of financial information should not occur during the medical encounter.
- The average reader should easily understand the language and format of financial communications.
- Continuous improvement of the billing process should be made by implementing better practices and incorporating feedback from patients and consumers.

Notable **PATIENT FRIENDLY BILLING** reports over the past several years have included *Developing a Culture of Revenue Cycle Excellence* (Fall 2010), *Strategies for a High-Performance Revenue Cycle* (Fall 2009), *Reconstructing Hospital Pricing Systems* (Summer 2007), *Consumerism in Health Care—Achieve a Consumer-Oriented Revenue Cycle* (Summer 2006), and *Hospitals Share Insights to Improve Financial Policies for Uninsured and Underinsured Patients* (February 2005). Most recently, the **PATIENT FRIENDLY BILLING** project has begun to explore optimal practices for the revenue cycle.

To access more information about high-performance revenue cycles and stay abreast of current project activities, see the **PATIENT FRIENDLY BILLING** website at www.hfma.org/pfb.

HFMA'S PATIENT FRIENDLY BILLING PROJECT:

Case Studies in Customer Service

October 2011

Copyright 2011

Healthcare Financial Management Association
Two Westbrook Corporate Center, Suite 700
Westchester, Illinois 60154-5700

All rights reserved.

Correspondence: resourcecenter@hfma.org

MESSAGE FROM THE PRESIDENT AND CEO

DEAR FRIENDS,

Developing a culture of excellence in customer service is the foundation for high performance in healthcare organizations—and in the revenue cycle in particular, devoting more attention to improving the patient experience is critical to an organization's financial health. In this report, representatives from three high-performing health systems share the innovative ways that their organizations have taken revenue cycle customer service to a higher level.

Case Studies in Customer Service is the most recent report to be released by the **PATIENT FRIENDLY BILLING®** project, a collaborative endeavor spearheaded by HFMA to promote clear, concise, and correct patient-friendly financial communications. The report identifies practical strategies that hospitals and health systems can use to achieve high levels of customer satisfaction with their revenue cycle operations. Sponsored by Emdeon, *Case Studies in Customer Service* is based on interviews with three organizations: Sharp Grossmont Hospital, part of Sharp HealthCare, San Diego; Bergan Mercy Medical Center and Midlands Hospital, part of Alegent Health, Omaha, Neb.; and Henry County Health Center, Mount Pleasant, Iowa.

The importance of customer service initiatives in driving revenue cycle excellence has been cited in recent **PATIENT FRIENDLY BILLING** research and by hospitals that have been lauded for their revenue cycle performance. We hope the strategies highlighted in this report will help hospitals and health systems elevate the importance of excellence in revenue cycle customer service for the benefit of the communities they serve.

Sincerely,



Richard L. Clarke, DHA, FHFMA
President and CEO
Healthcare Financial Management Association



hfma[™]
healthcare financial management association

This page intentionally left blank

EXECUTIVE SUMMARY

The importance of customer satisfaction in driving revenue cycle performance has been cited in recent **PATIENT FRIENDLY BILLING**® research and by hospitals that have been lauded for their revenue cycle performance. In this report, leading healthcare organizations share the strategies and tactics that led to high levels of customer satisfaction with their revenue cycle operations—and what other organizations can do to achieve excellence in revenue cycle customer service.

The three organizations that are highlighted in this report are Sharp Grossmont Hospital, San Diego, part of Sharp HealthCare; Bergan Mercy Medical Center and Midlands Hospital, Omaha, Neb., part of Alegen Health; and Henry County Health Center, based in Mount Pleasant, Iowa.

One example of the way in which Sharp Grossmont Hospital employees have been actively engaged in improving revenue cycle customer service is the redesign of the health system's patient billing statements in August 2009. The initiative was launched through a Six-Sigma data collection technique called "gallery walk." Copies of the statements were pasted on poster board and displayed on easels. Then, the organization's patient financial services team invited representatives from customer service and private pay to walk through the gallery and use Post-it notes to identify the portions of the statement that patients most frequently had questions about and other areas where improvements could be made. The team compared the comments against HFMA's **PATIENT FRIENDLY BILLING** project recommendations to create a billing statement that is easy to understand and that clearly communicates the actions that patients should take and where patients can go for assistance if they need it. The result: an immediate reduction in customer service calls related to billing statements, a significant increase in online bill payments, and improved patient satisfaction.

About six years ago, Alegen Health embarked upon one of the health system's most ambitious initiatives: developing a web-based price transparency tool within a year—at a time when there were no examples of online cost calculators within the industry. Alegen decided to design an online system that would produce an explanation of benefits for consumers before they receive care or services. Alegen debuted its "My Cost" tool, which estimates the out-of-pocket cost consumers will pay for more than 500 procedures, in January 2007. One of the unique features of Alegen's approach to cost transparency is that its My Cost tool verifies consumer eligibility and out-of-pocket cost in real time, ensuring the most relevant information for the consumer. At Bergan Mercy, one FTE assumes responsibility for the tool as a whole, including adjusting data to reflect new managed care contracts each year.

Since 2005, Henry County Health Center has expanded its web services to include preregistration; online bill pay; tools for obtaining price estimates, price comparisons, and quality data; a personal health management tool that helps patients track their medical expenses, maintain an online medical history, and set diet and fitness goals, all from their home computers; and more. The organization has received national recognition for its efforts, earning a "Most Wired" award from *Hospitals & Health Networks* magazine for five consecutive years. But the biggest reward for the organization is the dramatic increase in use of its website by patients and their families. Expanded web capabilities also have enabled the health system to better promote its services across a wider geographic area—and have increased patient volume. The web tools are one way in which Henry County Health Center is providing a better experience for its patients.

To access more information about high-performance revenue cycles and stay abreast of current project activities, see the **PATIENT FRIENDLY BILLING** website at www.patientfriendlybilling.org.

This page intentionally left blank

CASE STUDIES IN CUSTOMER SERVICE

When Sharp Grossmont Hospital recently formed a patient satisfaction council within its patient access services division, its goal was to determine ways to improve satisfaction related to the hospital’s revenue cycle operations, such as patient registration.

So system leaders were not surprised when one of the first initiatives the council recommended centered on emergency department (ED) wait times.

“Sharp Grossmont Hospital has the busiest ED in San Diego County, and there are times when a lot of patients are coming through at once, causing an increase in wait times,” says Kari Cornicelli, FHFMA, CPA, vice president and CFO, Sharp Grossmont Hospital. “When patients evaluate the registration process in the ED, they typically attribute waiting for a bed as part of this process. The two are not connected, but we wanted to make a difference in that score—we wanted our patients to see that we were being proactive in trying to alleviate the anxiety that accompanies that wait time.”

So the team developed standard scripting that registration employees can use to let patients know when ED wait times are higher than usual. ED staff also commit to giving patients periodic updates regarding when a bed will be ready. In addition, they provide patients with a “comfort care kit”—“Sudoku puzzles, crossword puzzles, playing cards—just some things to make their stay in the ED a little more comfortable while they’re waiting for that bed,” Cornicelli says. “We remind

them that we know they are there and ask if there is anything else that we can do for them while they wait.”

The initiative is one of several that Sharp Grossmont Hospital’s patient satisfaction council has generated by coming together and asking, “What can we do to make a difference?” Cornicelli says.

“It’s been exciting to see our revenue cycle staff embrace customer service at a whole new level,” she says.

The importance of customer satisfaction in driving revenue cycle performance has been cited in recent **PATIENT FRIENDLY BILLING®** research and by hospitals that have been lauded for their revenue cycle performance. For example, winners of HFMA’s 2011 MAP Award for High Performance in Revenue Cycle reported “patient would recommend” scores ranging between 75 and 81 percent (see the exhibit below). And HFMA’s most recent Value Project report, *Building Value-Driving Capabilities: People and Culture*, states that organizations that devote more attention to improving patient access and aligning operations around the patient experience provide higher levels of value.

How are leading healthcare organizations transforming customer service in their revenue cycle operations? Here, three health systems share the strategies and tactics that led to high levels of customer satisfaction with their revenue cycle operations—and what your organization can do to achieve excellence in revenue cycle customer service.

| PATIENT WOULD RECOMMEND SCORES, 2011 MAP AWARD-WINNING ORGANIZATIONS | |
|--|------------|
| Texas Health | 81 percent |
| Lynchburg General Hospital | 80 percent |
| Geisinger Medical Center | 79 percent |
| CHRISTUS Health—St. Catherine Hospital | 75 percent |
| Princeton Baptist Medical Center | 78 percent |
| Saint Francis Hospital | 75 percent |
| Sharp Grossmont Hospital | 75 percent |
| Baylor Medical Center at Irving | 77 percent |
| Legacy Good Samaritan Medical Center | 80 percent |
| Spectrum Health Grand Rapids Hospital | 78 percent |
| Baptist Hospital of Miami | 79 percent |
| Concord Hospital | 81 percent |

EMPLOYEE ENGAGEMENT KEY TO CUSTOMER SATISFACTION



A series of initiatives designed to engage employees in improving customer service for patients and their families is having a dramatic effect on the revenue cycle at Sharp HealthCare in San Diego.

When patient billing statements were revised with staff input in August 2009 to be more patient friendly, the amount collected by Sharp HealthCare through online billing increased 265 percent in the first year alone, from \$184,633 in FY09 to \$494,713 in FY10 (see the exhibit at right).

Meanwhile, efforts to engage employees in improving patient satisfaction—in revenue cycle and throughout the health system—have resulted in high levels of employee satisfaction, with scores ranging from the 89th percentile to the 94th percentile across five key indicators of employee satisfaction (see the exhibit on page 7).

“Our goal is really to be the best place to practice medicine, the best place to receive care, and the best place to work, and we’ve developed a whole initiative around achieving excellence in each of these areas,” says Sharp Grossmont Hospital’s Kari Cornicelli. “We call it ‘The Sharp Experience.’”

Eleven years ago, the health system formed a corporate-wide team to study health systems that delivered high-quality care and excellent customer service, then developed initiatives designed to improve quality of care, service, and satisfaction throughout the organization. In the revenue cycle, “We’ve looked at ways to work smarter, not harder, to keep our employees feeling happy and job satisfied so that

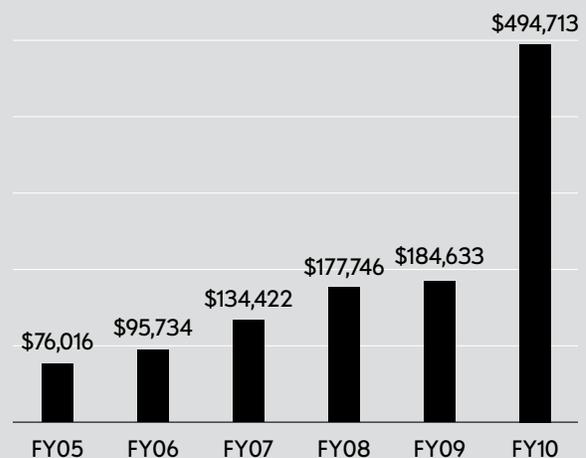
they are able to interact positively with patients, within our division, and with everyone who comes into contact with the revenue cycle,” says Melanie Betancourt, director of patient financial services for Sharp Grossmont Hospital.

“Over the years, we’ve done things such as loading discounts on our patient statements—identifying what our discount opportunities are and ensuring that these opportunities are being proactively communicated with patients at the onset of the billing cycle,” Betancourt says. “As a system, Sharp HealthCare has engaged with a local bank to offer low-interest qualifying loans to hospital patients, so that they have manageable options to pay for their services. It’s a program that allows patients to pay their bills with dignity and respect while reducing A/R (accounts receivable) days, increasing cash collections, and reducing the costs associated with the collections process. Sharp HealthCare is expanding patient access through a patient portal, so that patients are able to schedule clinic appointments, communicate with their primary care physicians, and receive copies of their bills online. And we’ve just integrated a financial assistance screening tool into our A/R system. These initiatives and others are really making a difference for our patients and for our employees.”

INCREASE IN ONLINE BILL PAY, SHARP HEALTHCARE

When Sharp HealthCare revised its patient billing statements in August 2009, online bill payments increased dramatically.

Average Per Month



Source: Sharp HealthCare.

EMPLOYEE ENGAGEMENT SCORES, SHARP HEALTHCARE

| Based on: Sharp HealthCare 2010 | | Performance | | Norm 1 | | Norm 2 | |
|--|---|-------------|------------|--------|-------|-------------|------------|
| Item # | Commitment Indicator/Engagement (5) - Survey Items | Score | % Fav | Score | % Fav | Score | % Fav |
| 43 | I speak highly of Sharp HealthCare to others. | 4.54 | 93% | | | | |
| 47 | I am proud to say that I work for Sharp HealthCare. | 4.59 | 94% | 4.34 | 87% | 4.57 | 93% |
| 48 | I would gladly refer a good friend or family member to Sharp HealthCare for employment. | 4.54 | 93% | 4.16 | 82% | 4.53 | 92% |
| 52 | Overall, I am extremely satisfied with my Sharp HealthCare entity as a place to work. | 4.38 | 88% | | | 4.40 | 88% |
| 53 | Overall, I am extremely satisfied with Sharp HealthCare as a place to work. | 4.41 | 89% | 4.06 | 79% | 4.40 | 88% |
| Commitment Indicator/Engagement (5) Index Score | | 4.49 | 91% | * | * | 4.48 | 91% |
| 75th Percentile | | 4.27 | | | | | |
| 90th Percentile | | 4.38 | | | | | |

Index scores are averages of the survey items above. Scores with an "*" are not calculated.

Performance—Mean Performance Score on 5-Point Scale
 Percentage Favorable—Percentage Reporting Agree or Strongly Disagree

Sharp HealthCare 2010 - Index
 National Healthcare Average - Norm 1
 Sharp HealthCare 2009 - Norm 2

Source: Sharp HealthCare.

"Engagement of hospital staff has been shown to be a key indicator of positive quality outcomes for patients," according to HFMA's most recent Value Project report, *Building Value-Driving Capabilities: People and Culture* (www.hfma.org/valueproject). One example of the way in which Sharp HealthCare employees have been actively engaged in improving revenue cycle customer service is the redesign of the health system's patient billing statements in August 2009.

The initiative was launched through a Six-Sigma data collection technique called "gallery walk." "Our patient financial services team pasted copies of the statements on poster board and displayed them on easels. Then, the team invited representatives from customer service and private pay to walk through the gallery and use Post-it notes to identify the portions of the statement that patients most frequently had questions about and other areas where improvements could be made," Betancourt says. "This information was then compiled and compared against HFMA's *PATIENT FRIENDLY BILLING* project recommendations. The team created a mockup of what a revised statement could look like, then shared it with our marketing department to gain its perspective as well."

The final result: a billing statement that is easy to understand and that clearly communicates the actions that patients should take and where patients can go for assistance if they need it. Contact numbers, business office hours, and the health system's web address are included on the statement as well.

The effect of the new statements was significant. "There was an immediate reduction in calls to customer service and an immediate increase in online credit card transactions," Cornicelli says. "Our organization experienced an increase in employee satisfaction as well. Now, our customer service team spends more time on the calls that require more investigation and patient interaction. That makes their work more meaningful, knowing that their efforts are concentrated in the areas where patients most need their help."

Currently, the organization is examining ways to reengineer its processes related to preauthorization, a labor-intensive aspect of the revenue cycle, to determine whether there are ways to "fast track" or improve upon those processes to improve patient and physician satisfaction. Additionally, Sharp Grossmont Hospital's revenue cycle employees are provided with "coaching in the moment," in which managers and employees respectfully call attention to an error when it occurs so that the employee can learn from the mistake and make an adjustment right away.

This year, Sharp Grossmont Hospital, part of Sharp HealthCare, was honored for its revenue cycle performance with HFMA's MAP Award for High Performance in Revenue Cycle.

"We're vigilant in looking for opportunities to increase the satisfaction of our patients and our employees," Betancourt says.

GROUNDBREAKING TOOL HELPS PATIENTS WITH PRICE ESTIMATES



About six years ago, Alegen Health in Omaha, Neb., embarked upon one of the health system's most ambitious initiatives: developing a web-based price transparency tool within a year—at a time when there were no examples of online cost calculators within the industry.

At that time, hospitals that had taken steps toward transparency did so by posting their list charges for sample procedures online—and consumers wanted more. “The actual list price of a procedure is irrelevant to patients,” says Tim Meier, FHFMA, CFO for Alegen Health's Bergan Mercy Medical Center, a 400-bed facility in Omaha, Neb., and Midlands Hospital, a 151-bed facility in Papillion, Neb. “What patients want to know is how much they're going to owe. With that premise, we decided to take the complexity of determining how much a patient might owe for care or service off of our patients and put the burden on ourselves instead.”

Alegen decided to design an online system that would produce a quasi-explanation of benefits for consumers before they receive care or services. “We went about developing that process on the front end to estimate what the consumer was going to owe after insurance,” Meier says. “It was very complex, because every insurance company and every plan is different. We combined a web-based tool with an insurance verification tool in a way that had never been done before.”

Alegen debuted its “My Cost” tool, which estimates the out-of-pocket cost consumers will pay for procedures, in January 2007. Since then, the tool has completed more than 41,000 cost estimates for consumers and has expanded the number of procedures for which it provides estimates from 300 to 500. Nearly 80 percent of Alegen's payers partner with the health system to provide insurance verification and estimations of consumer benefits for the tool.

One of the unique features of Alegen's approach to cost transparency is that its My Cost tool verifies consumer eligibility and out-of-pocket cost in real time, ensuring the most relevant information for the consumer. In order for the My Cost tool to work, Alegen Health needed to have access to insurance information, such as the contracted rate for the service, the patient's deductible, and the copayment or percentage that the patient would be expected to pay.

Payers were initially concerned that other payers would have access to their contracted rates, Meier says. The key to bringing payers onboard was by ensuring that only consumers who are covered by a payer receive online information regarding their insurance benefits. Consumers input their insurance card information immediately upon accessing the My Cost tool. As a consumer provides information regarding the healthcare service expected to be performed, the consumer's insurance coverage is verified online. Once coverage is verified, online access to the consumer's insurance benefits is provided.

Self-pay patients also are able to learn what their cost is expected to be if they qualify for financial assistance. “The tool has a mini questionnaire built into it that we developed with our entitlement partner that lets us know whether the patient might be a candidate for a state or federally funded program,” Meier says. “If a patient might qualify for such a program, this information is forwarded to our entitlement partner for follow up. For patients who do not qualify for these programs, we use a financial assistance calculator to determine the financial assistance percentage for which the patient might be eligible. That percentage is then applied to the estimate of what we believe the patient will owe.”

Since the debut of its My Cost tool, Alegen has added a number of payers and procedures to the My Cost system

Understanding Your Alegent Health Clinic Visit 

Many variables go into the decision making process of how your visit is billed, and therefore what it will cost. Some of the factors that contribute to the cost of the visit include; whether you are a new or established patient; the complexity of your visit, and whether any lab work or ancillary testing/services are ordered as a result of the evaluation by your physician.

There are different levels of office visits listed on My Cost and the more complex the visit is, the higher the cost. The different levels are based on your health history and the current illness or concern you are seeing your health care provider for.

Simple: Evaluation of minor medical problem; typically* limited to 10 minutes
Moderate: Evaluation of moderate medical problem; typically* no more than 15 minutes
Complex: Evaluation of complex medical problem; typically* no more than 15 - 25 minutes

*Please note that time frames are not the main determining factor in the overall level/cost of your visit; that is determined by your physician based on your individual needs during your visit.

The visits estimated on My Cost are for the **visit only**, and do not include any ancillary testing/services – such as labs, diagnostic testing, vaccines, etc. (please see below for more information on the ancillary testing/services).

We have included some common charges affiliated with Well Baby visits as well as Annual Preventative Visits. These are **Estimates Only**, and not a guarantee of charges. These charges can vary based on your individual needs as determined by your physician, and can include, for example:

[Well Baby Visit Estimated Costs](#)
[Adult Preventative Visit Estimated Costs](#)

Well Baby Visits

| 2 Months | Estimated Cost |
|--------------------------------|--------------------|
| Physician Visit | \$125 - \$150 |
| Ancillary Services (see below) | \$512 - \$518 |
| Total Estimate | \$637 - 668 |

Diphtheria and Tetanus Toxoids and Acellular Pertussis vaccine (DTaP) Inactivated poliovirus (IPV), Hib, Prevnar, and Hepatitis B injections (including administration fee) Combination vaccines are available decreasing the number of shots Rotavirus vaccine given orally

| 4 Months | Estimated Cost |
|--------------------------------|--------------------|
| Physician Visit | \$125 - \$150 |
| Ancillary Services (see below) | \$512 - \$518 |
| Total Estimate | \$637 - 668 |

and has increased functionality of the tool. “Now, we’re able to tell patients how much of their deductible they have already met and figure the remaining portion into the amount they will actually owe,” Meier says. “We’ve also gone a step farther by adding some of the physician charges that are relevant to the procedure into the estimate.

“For example, we worked with our radiologists to add their fee schedules to the online tool, and we were able to work with the payers to get information regarding how much of the physician portion of the bill our patients could expect to owe. Now, with this information, we’re able to provide quotes that are more inclusive—and that has increased patient satisfaction with this service,” Meier says.

At Alegent Health, one FTE assumes responsibility for the tool as a whole, including adjusting data to reflect new

managed care contracts and price increases each year. Over time, the organization has found that patients who utilize the tool most are true self-pay patients. When other payment sources are available for these patients, the organization takes care to direct these patients toward such resources.

Patients are pleased with the resource Alegent Health provides for estimating their out-of-pocket expense. “We’ve had a lot of people say, ‘I know the estimates aren’t perfectly exact, but they do give me a better idea of how much I’m going to owe,’” Meier says. “In the past four years, I don’t think anyone has complained that the estimate has been significantly wrong. If anything, My Tool conservatively estimates the patient’s share—and no one is going to complain about paying less than they thought they would.”

PATIENT-FRIENDLY WEBSITE INCREASES VOLUMES AND SATISFACTION



As a 25-bed critical access hospital in rural south-east Iowa, Henry County Health Center faces a number of economic and geographic challenges.

Beginning in 2004, a number of major employers in the Mount Pleasant, Iowa, community—such as Blue Bird Corporation, which manufactures school buses, and Motorola—closed shop or downsized. “We began to see more and more patients who were without insurance or who were on the verge of losing their insurance because of the economy,” says Sara McClure, CPAT, CCAT, director of patient financial services for the health center. “As an organization, we became a lot more aware of and concerned about the out-of-pocket medical costs our patients were facing.” Medicare patients comprise about half of Henry County Health Center’s patient population. Additionally, the organization’s patients are spread across a wide geographic area, and the health system wanted to enhance its ability to connect with patients, particularly in the area of revenue cycle.

“We wanted to enhance our ability not only to identify self-pay patients sooner and work with them one on one prior to their date of service, but also provide online self-service features that could empower patients and improve patient satisfaction,” McClure says.

So Henry County Health Center took a careful look at the Internet trends that were expected to shape health care in the future and set ambitious goals for website functionality that would rival the websites of many larger organizations with greater resources.

Since 2005, the health system has expanded its web services (located at www.hchc.org) to include:

- Preregistration
- Online bill pay
- The ability for patients to update insurance information online
- Tools for obtaining price estimates, price comparisons, and quality data
- A personal health management tool that helps patients track their medical expenses, maintain an online medical history, and set diet and fitness goals, all from their home computers
- Access to multimedia health content and 3-D virtual tours of the hospital
- Online job postings and employment applications

Henry County Health Center has received national recognition for its efforts, earning a “Most Wired” award from *Hospitals & Health Networks* magazine for five consecutive years. (See a flowchart of the organization’s efforts on page 11.) But the biggest reward for the organization is the dramatic increase in use of the website by patients and their families: In just six months—from August 2008 through January 2009—the number of page views increased by more than five times the total number of page views recorded in 2007, from 12,884 page views to 73,057 page views. In FY11, Henry County Health Center recorded 102,857 site visits and 290,843 page views.

Expanded web capabilities also have enabled the health system to better promote its services across a wider geographic area—and have increased patient volume. From August 2008 through January 2009, the health system recorded patients from 156 cities across the state of Iowa; in FY11, patients from 233 cities relied on the health system for care and service.

“We’ve broadened the ways in which we communicate with patients and our communities,” says Stacy Speidel, systems administrator/website administrator for Henry County Health Center. “In addition to print publications and billboards in our surrounding area, we’ve promoted our website technology at our annual health fair and distributed business cards at registration areas that feature information on how to access online payment, update insurance information, and preregister for services online. Every other week, individual department directors talk with a radio show host about the services their departments offer and take questions from listeners. And we’re considering the use of social media to better communicate what we do at Henry County Health Center and who we are. For example, we’ve had really good discussions about ways to use YouTube, such as featuring video interviews with physicians or cooking demonstrations from our dietitians. We’ve also recently launched a Facebook page.”

Although senior citizens and Medicare patients have been less likely to use the health system’s web tools—“Medicaid patients in particular tend to be more skeptical about the security of sharing personal information over the web,” McClure says—younger patients “really appreciate a tool such as this,” she says. “The people who use our web tools are return users; this is how they want to conduct business with our organization. I’ll get phone calls from patients telling me how much they appreciate the online options. These tools are one way that we provide a better experience for our patients.”

STEPS TOWARD DEVELOPING AN ONLINE PATIENT PORTAL

Henry County Health Center, Mount Pleasant, Iowa

Enhanced Website Functionality Improves Patient Satisfaction

- 1999**
- Henry County Health System (HCHC) develops its first website
 - Website hosted externally

- 2004**
- HCHC forms website committee and incorporates suggestions for redesign
 - Website hosted internally

- 2005**
- Online business office is launched
 - Website now features health content for consumers

- 2006**
- New Personal Health Manager tool allows patients to track medical expenses, family health history, and more online
 - Patient portal launched (includes preregistration capabilities, web nursery, and more)

- 2007**
- Website integrates multimedia health content
 - 3-D virtual tours of hospital offered online
 - HCHC wins first of five “Most Wired” awards

- 2009**
- HCHC website redesigned
 - Website features links to Iowa PricePoint and Hospital Compare

LESSONS LEARNED

These case examples highlight a number of action steps that hospitals and health systems can take to improve revenue cycle customer service.

Engage employees in revenue cycle customer service initiatives. “I think what is so innovative about our patient satisfaction council is that staff and leaders are coming together to generate ideas to enhance customer service. They ask, ‘What can we do? What challenges can we solve?’” says Cornicelli of Sharp Grossmont Hospital. “They have journals, and they write down their observations in their own areas and in their interactions with patients, their peers, and other departments, looking for ways to improve patient satisfaction in the revenue cycle.”

“Engaged employees provide better customer service,” agrees Meier of Alegen Health’s Bergan Mercy Medical Center and Midlands Hospital. “We monitor employee engagement scores every year and create action plans for improvement based on the feedback we receive from our staff.”

Consider ways to expand self-service technologies related to revenue cycle for added convenience. For example, Alegen Health is currently planning to increase its self-scheduling options for patients through the health system’s patient portal and is considering options for releasing patient test results through the portal. “We’re also looking at ways to maximize use of hospital check-in kiosks so that we’ll have the ability to collect payments through the kiosks,” Meier says. “Currently, our physician billing system is different from the system we use for hospital billing, so we’re looking at ways to streamline the registration process between the health system and physician offices so that there is not a lot of duplicative effort from patients and their families. And we’re considering the use of biometric identification for patients—using fingerprints or eye markings to identify patients, which would accelerate the registration process, protect patients from identity theft, and make care processes more secure.”

Speidel of Henry County Health Center recommends reviewing other hospitals’ patient portals to determine whether there are new features the organization should

consider incorporating to improve customer service. “Be mindful of the ease of access your customers have to online technologies,” she says. “Review feedback from customers regarding your patient portal and adjust its features to enable a more positive customer experience.”

Reengineer revenue cycle processes, where appropriate, to provide greater transparency and convenience. For example, Sharp HealthCare continually looks for ways to leverage technology so that revenue cycle staff will have “first-touch success,” increasing satisfaction for both customers and employees. Examples of this include automated batching of eligibility requests, system edits designed to prevent deficiencies that lead to denials, and more. The organization also has incorporated biometric palm vein scanning in its registration areas to prevent unintentional duplicate and overlapping registrations and to help protect patients from medical fraud, identity theft, and misidentification.

Establish community advisory groups to gain feedback on ways that revenue cycle processes and other services can be improved. Henry County Health Center has formed four community advisory groups that meet with the CEO to offer feedback on hospital programs and services and to generate ideas for improvement. Task forces at the health system then review the feedback and make enhancements based on advisory group input. “We figure the people who are using the hospital are members of the community. Who better to ask how we can improve customer service than the people who use our hospital every day?” says McClure of Henry County Health Center.

Continually seek ways to improve customer service in revenue cycle. “Don’t ever think that you’ve done it all,” Betancourt of Sharp Grossmont Hospital says. “Always look for ways to improve upon your processes in revenue cycle, and when you put a new process in place, circle back and make sure that they are working in the way that you thought they would. It’s about letting your patients know that you’re there to serve them, you’re professional, and you want to provide excellent customer service at all times and in all places.”

PUBLISHED BY



hfma

healthcare financial management association

The Healthcare Financial Management Association (HFMA) provides the resources healthcare organizations need to achieve sound fiscal health in order to provide excellent patient care. With more than 35,000 members, HFMA is the nation's leading membership organization of healthcare finance executives and leaders. We provide education, analysis, and guidance; we lead change and innovative thinking; and we create practical tools and solutions that help our members get results. Addressing capital access to improved patient care to technology advancement, HFMA is an indispensable resource on healthcare finance issues.

HFMA'S PATIENT FRIENDLY BILLING PROJECT:

Case Studies in Customer Service

October 2011

Copyright 2011

**Healthcare Financial Management Association
Two Westbrook Corporate Center, Suite 700
Westchester, Illinois 60154-5700**

All rights reserved.

Correspondence: resourcecenter@hfma.org

ABOUT THE SPONSOR OF THIS HFMA REPORT



Emdeon is a leading provider of revenue and payment cycle management and clinical information exchange solutions, connecting payers, providers, and patients in the U.S. healthcare system. Emdeon's product and service offerings integrate and automate key business and administrative functions of its payer and provider customers throughout the patient encounter. Through the use of Emdeon's comprehensive suite of products and services, which are designed to easily integrate with existing technology infrastructures, customers are able to improve efficiency, reduce costs, increase cash flow, and more efficiently manage the complex revenue and payment cycle and clinical information exchange processes. For more information, call (877) EMDEON.6 (877-363-3666) or visit www.emdeon.com.