

Know how.

Maximizing Eligibility and Enrollment Through Virtual Technology



Speaker



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Agenda

1. Trends
2. Consumerism
3. Patient Segmentation
4. Patient Balance Management
5. Q&A

Major Trends in the Patient Access Market



Complex regulatory landscape

Fate of the ACA or emergence of a new plan

- Patient liability and consumerism will continue to be top revenue cycle priorities.



Increase in patient responsibility

New functions, new focus on upfront collections

- Patients are doing more research about the cost of services.
- Patients require virtual health solutions.



Rise in cost and utilization

Need to do more with less

- Revenue cycle is a key component of the patient experience.
- High turnover in Patient Access makes education tools and technology enablement solutions an important aspect of a Patient Access strategy.

More than 1 in 4 Medicare beneficiaries had a Telehealth visit between the Summer and Fall of 2020



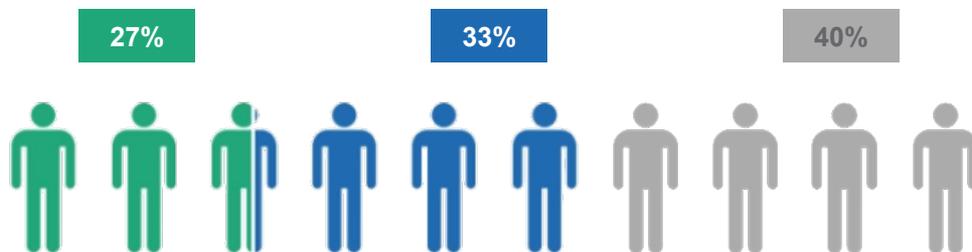
Provider offers telehealth, and beneficiary **had a telehealth visit**



Provider offers telehealth, but beneficiary **did not have a telehealth visit**



Provider does not offer telehealth, or offering unknown*



Total Number of Medicare Beneficiaries 2020: 55.3 million



Telehealth Influencing Care

PATIENT EXPERIENCE

>80%

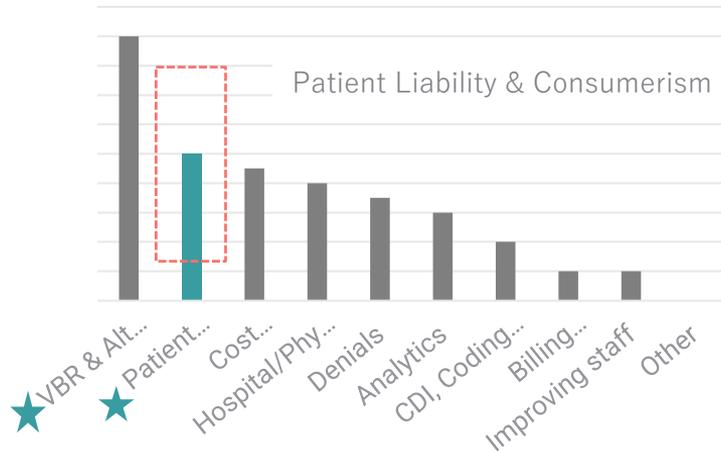
of respondents indicated that telehealth improved the timeliness of care for their patients.

[Similar percentage said that their patients have reacted favorably to using telehealth for care.]

TOP PRIORITIES

Patient Liability and Consumerism

What is your greatest RCM need over the next 3 years?



79%

Of patients consider **billing and payment experience** when choosing healthcare provider

50.5%

Of patients are concerned about **affording** their bill & insurance coverage

TOP PRIORITIES

Value-based Care and Alternative Payment Models



Both models continue to be a priority with the goal of providing the highest quality of care for patients, resulting in better outcomes and reducing the overall cost of care.

- Prospectively determined revenue stream
- Supports patients by promoting preventative health problems that can result in unplanned emergency hospital visits
- Social Determinants of Health (SDOH) is a growing shift to alternative payment models and value-based care has accelerated the interest of addressing SDOH within Managed Medicaid or Medicaid DCE through CMS
- Risk sharing reduces administrative burdens, while increasing financial protection
- Providers can be enrolled into one of these value-based care models with Managed Medicaid and/or be partnered with approved DCE providers (see list attached) and partner with them on supporting SDOH
- Can be done in a virtual environment

Consumerism and Patient Experience Impact on Providers

Patients are consumers

- Burden of health care has shifted from payors to patients
- People are in control of their health care

Providers are being measured on patient experience

- HCAHPS scores focused on experience; higher scores have greater financial performance
- 46%–56% of patients are dissatisfied with the amount of cost information available before service

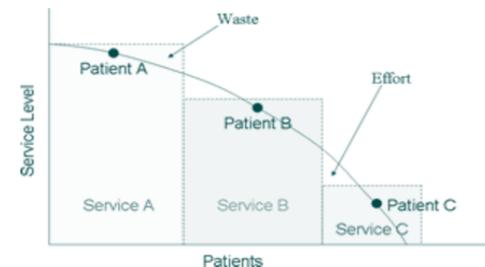
Providers are new at patient/consumer experience

- Limited capabilities in segmenting and tailoring experience (although common in other industries)
- Leveraging this data can improve patient satisfaction and lead to increased revenue at a lower cost

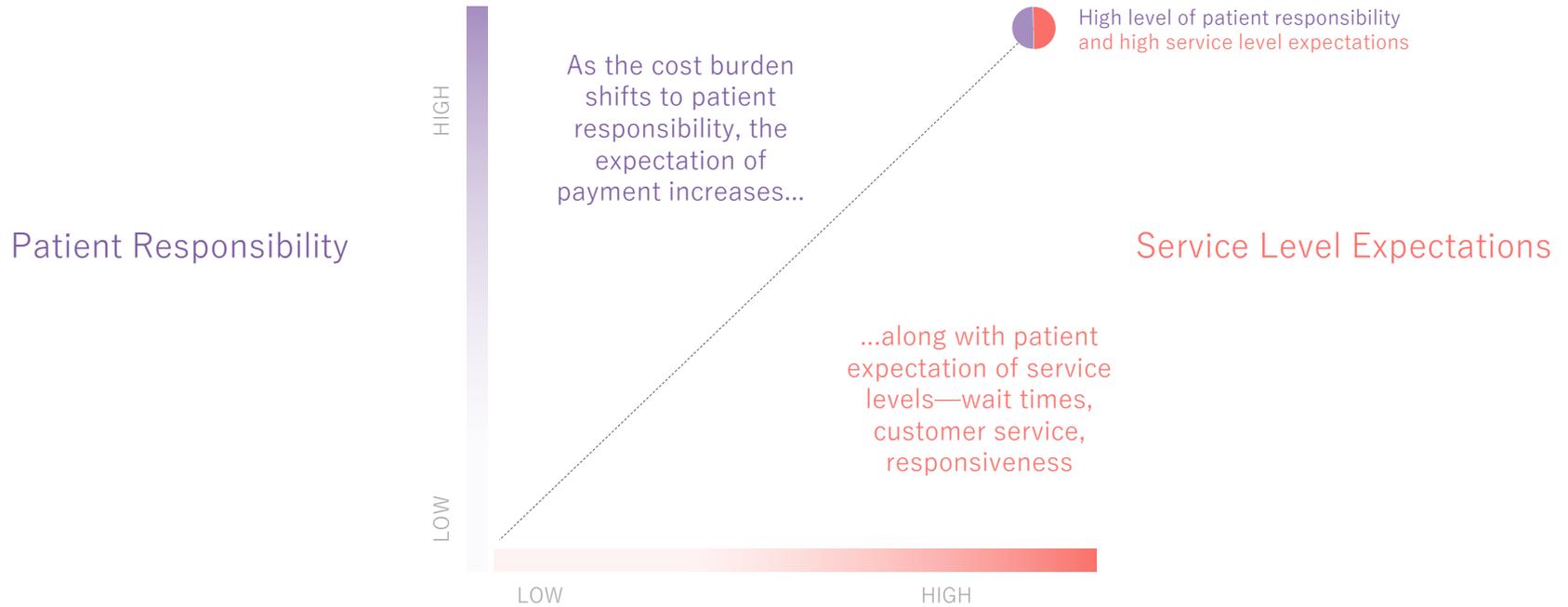
Percent of patients rating a hospital 9 or 10 on HCAHPS



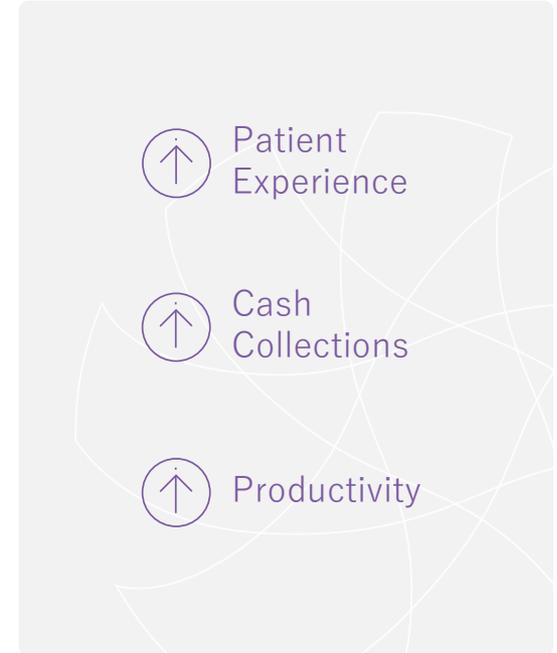
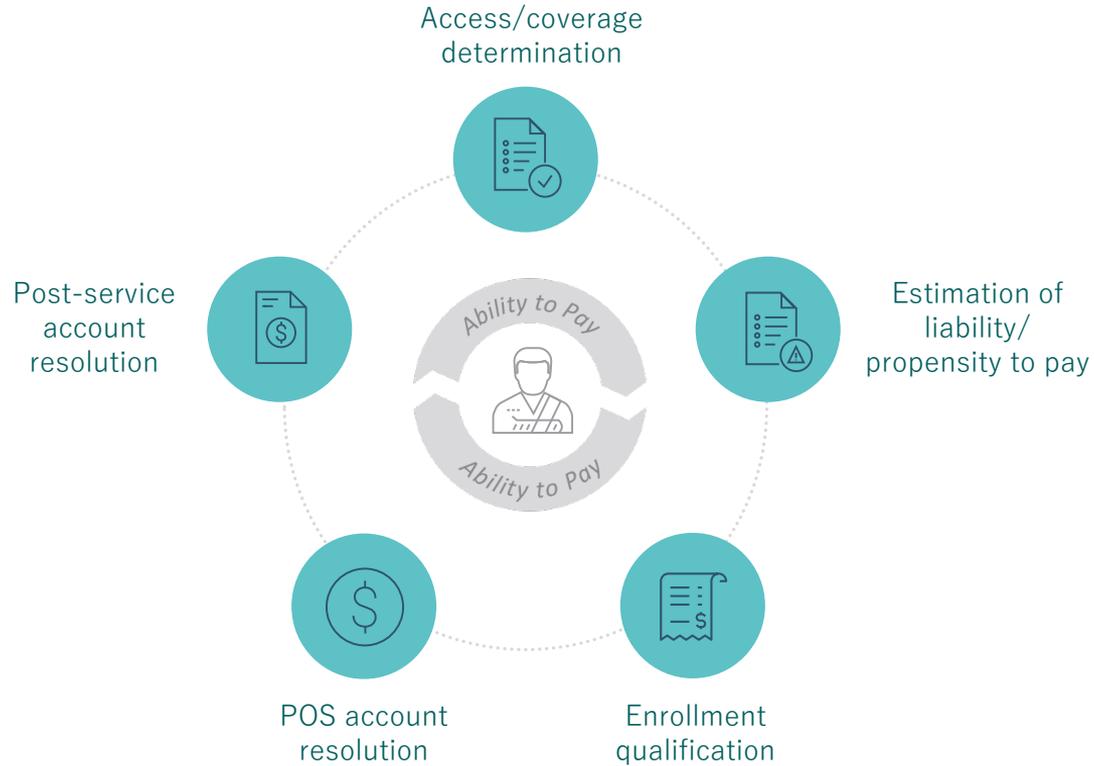
Sources: Accenture analysis, HCAHPS Hospital Survey, Centers for Medicare and Medicaid Services



Symbiotic Relationship between Patient Liability and Service Level Expectations



Connecting the Patient Revenue Cycle



Utilize Patient Segmentation to Reduce Costs

Know how.



Reduce Cost by Investing in Advanced Segmentation



Reduce employee turnover

through alignment and training of colleagues



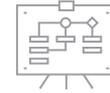
Reduce financial risk

by addressing liabilities before they become resource-intensive to collect



Defer low-touch patients

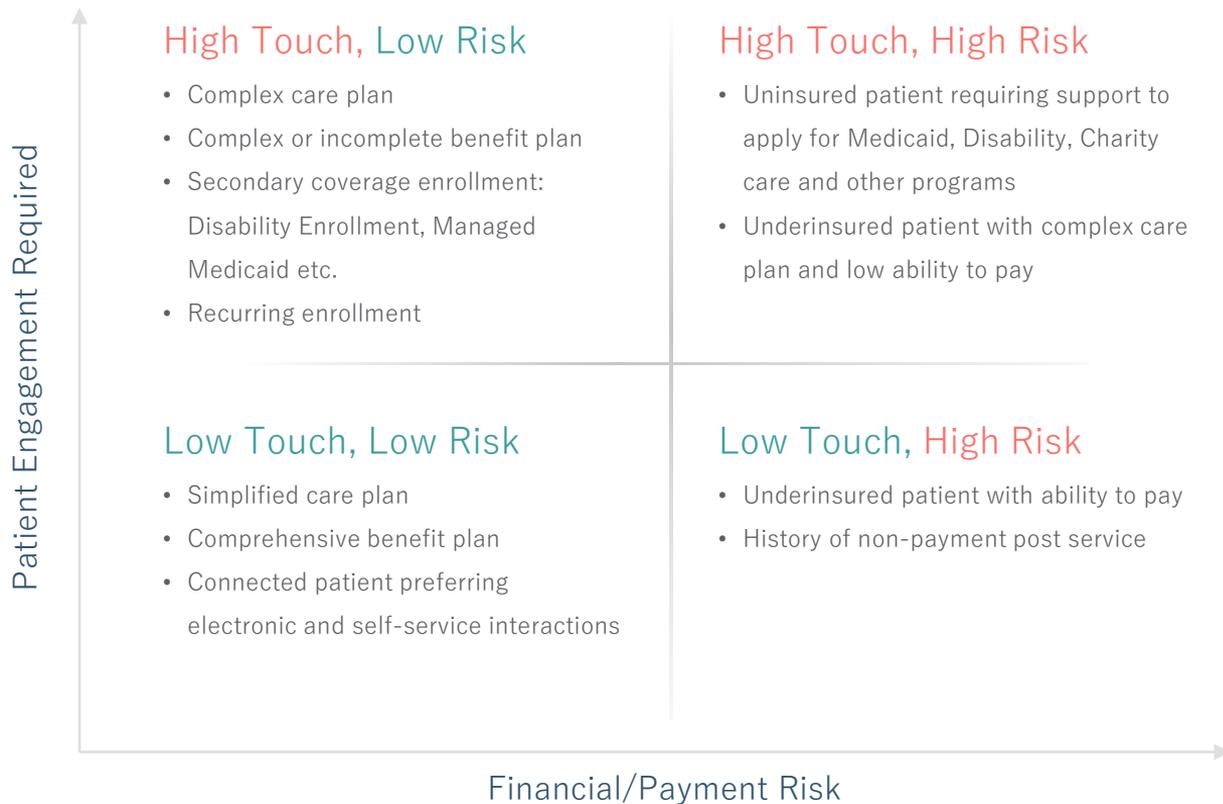
to automatic/digital channels



Utilize high-cost resources

effectively through deployment of scheduling algorithms

Patient Engagement in the Revenue Cycle





QUADRANT 1 PATIENTS

High Touch, Low Risk

What does this patient look like

- Complex care plan requiring ongoing treatment and services from multiple providers
- Typically insured by commercial or Medicare payer plan
- Complexity in benefit application due to payer plan or as a result of complexity in care plan
- Preventative care needs
- May be at-risk to become self-pay patient

Strategies for Supporting Patients

- ✓ Patient Advocacy Program. Assistance to organize bills, explain coverage, understand and help manage out-of-pocket expenses
- ✓ Patient Insurance Education. Representative handles and explains the insurance process during the stressful situation

Contributors to Success



Service Attributes

- ✓ Singular focus on helping with bills and insurance
- ✓ Proactive service to review all bills and insurance statements
- ✓ Service covers ALL bills, including outside physicians, labs, and pharmacies
- ✓ Utilizes technology and patient portal
- ✓ Independence



Impact

- ✓ Extends capabilities of your staff – does not duplicate efforts
- ✓ Improves the patient experience, increases and accelerates collections
- ✓ Patients appreciate the comprehensive service
- ✓ Improves physician relationships, as benefits extend to their practices
- ✓ Create transparency and ease of communication with patients
- ✓ Patients trust their advocates, which increases satisfaction and enables collection



QUADRANT 2 PATIENTS

High Touch, High Risk

What does this patient look like

- Uninsured
- Underinsured
- English may not be the first language
- Unfamiliar with healthcare process and policy

Strategies for Supporting Patients

- ✓ Comprehensive financial counseling program to include identifying and supporting coverage for all available programs
- ✓ Upfront charity care evaluation
- ✓ Case management of uninsured patients to support access to preventive and outpatient levels of care
- ✓ Thorough delivery model consisting of people, process, technology

Solutions for Quadrant 2



- ✓ Community Education
- ✓ Financial Counseling
- ✓ Financial Clearance
Eligibility for all available programs
Applications and follow up
- ✓ Charity/Financial Assistance
Applications and follow up
- ✓ Disability Enrollment
- ✓ QHP Enrollment
- ✓ Financial Discharge Planning
- ✓ Clinical Certification
(Clinical Team)

Leverage innovative services to revolutionize the patient experience, just when you need it most.

- Reduce uncompensated care and bad debt by identifying and securing all available financial coverage
- Enhance the patient experience with a patient-centric enrollment process and supporting technology
- Rely on a trusted partner to provide support beyond traditional enrollment including process innovation, program development and community support



Virtual screening in the eligibility enrollment space provides an opportunity for increased revenue and an improved patient experience.

Virtual Health Value Drivers



Why is virtual option important?

- ✓ Patient/Professional safety
- ✓ Health systems have made tangible investments in virtual health
- ✓ Traditionally high turnover in patient access
- ✓ Rise in cost/utilization

Benefit

- ✓ Increase revenue
- ✓ Reduce self pay overtime
- ✓ Reduce uncompensated care in bad debt
- ✓ Reduce cost by eliminating the need for additional onsite personnel
- ✓ Enhance the patient experience by providing flexibility and options
- ✓ Protect the patient and staff while continuing to meet the needs of the under and uninsured

Contributors to Success



People

- ✓ Quantity and staff levels
- ✓ Implementation planning
- ✓ Support patient screening and enrollment
- ✓ Deliver appropriate patient contact
- ✓ Feedback with staff

Technology

- ✓ Equipment
- ✓ Use of virtual tools

Process

- ✓ Appropriate compliance standards
- ✓ Workflow
 - Modalities for outreach
- ✓ Define key objectives
- ✓ Reporting goals

Types of coverage and programs

Federal

- Medicare
- Social Security Programs
- Veterans Assistance

State

- Primary Medicaid programs (Childless Adult, Pregnant, Parents, Minors, CHIP)
- Medicaid Health Insurance Premium Payment (HIPP)
- Medicaid secondary to primary insurance (Medicare: QMB, SLMB, QI, Commercial)
- Newborn assistance
- Aged, Blind, Disabled
- Long Term Programs (Institutional Care)
- Medicaid Waiver Programs (in home, hospice)
- Nursing Home Coverage

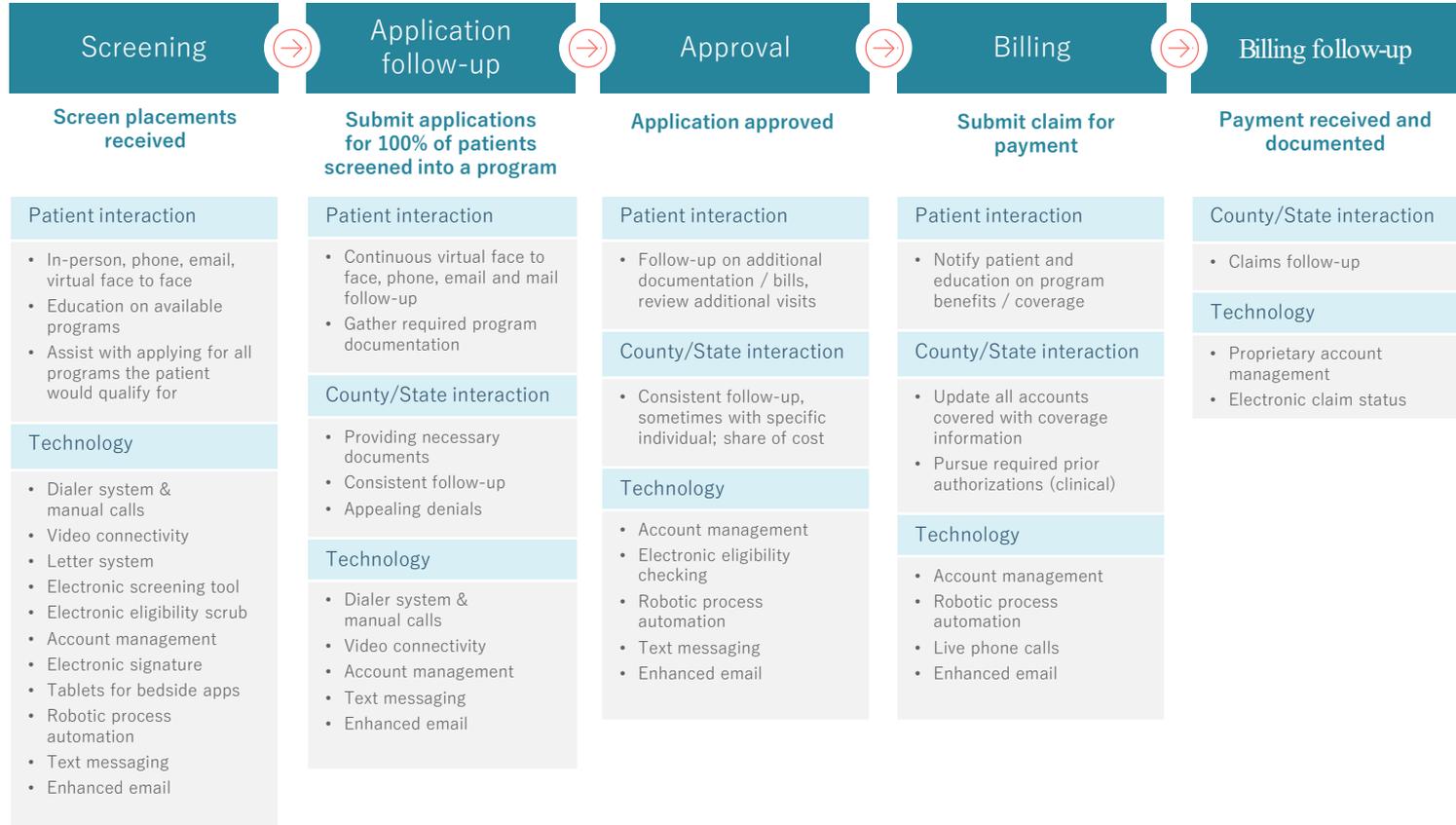
Community

- Food Stamps
- Maintaining coverage (renewals)
- Living Assistance
- Transportation
- Pharmacy & medication assistance

Other Programs

- Marketplace (Qualified Health Plans)
- Victim of Crime
- COBRA
- Indian Health
- Liability

Eligibility Enrollment Process Overview



Measuring Performance



- ✓ Screening Rates
 - Duration of screening
- ✓ Application Rates
- ✓ Aging Statistics
- ✓ Call Center Metrics
 - Abandonment rate
 - Avg speed to answer
- ✓ Quality Audit
- ✓ Gross Conversions
- ✓ Net Conversions



QUADRANT 3 PATIENTS

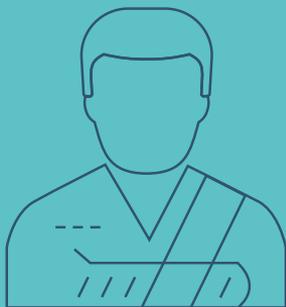
Low Touch, Low Risk

What does this patient look like

- Patient is well educated on accessing the healthcare system
- Patient is insured and understands their benefit plan
- Patient is willing and able to make payments when requested
- Complexity of care plan low

Strategies for Supporting Patients

- ✓ Electronic communications
- ✓ Self-service portals
- ✓ Efficient processes when human interaction is required
- ✓ Transparency with information including price estimation



**How can we
respond** to the
connected patient?

Telehealth

Self-service

- Scheduling
- Registration

Access to quality &
outcomes data

On-demand

- Pricing
- Appointments
- Access to records

Remote
Monitoring

Online
Communication

Payment

- Support
- Alternate Methods



QUADRANT 4 PATIENTS

Low Touch, High Risk

What does this patient look like

- Patient is insured or underinsured
- Patient is unable to or unwilling to pay patient responsibility portion
- Complexity of care plan is low or patient

Strategies for Supporting Patients

- ✓ Strong point of service collections program
- ✓ Upfront charity care assessment
- ✓ Ability to make each patient interaction an opportunity to collect
- ✓ Education to support accessing healthcare in non-acute setting

Additional Ways to Support

Know how.



Patient Balance Management: What's the Value?

40%

of patients said their interactions with hospital billing influenced whether they would recommend the hospital to a friend

5x

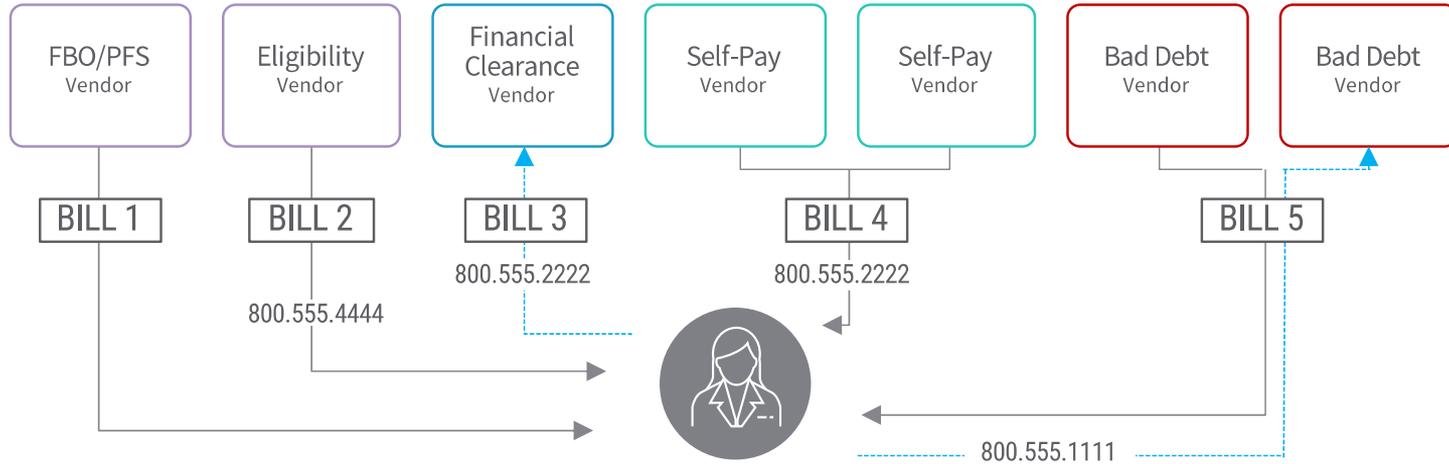
Patients with negative billing experience are more likely to complain about that experience to another patient



Goal

Address patient experience and consumerism to provide streamlined, clear communication

Current Process



Multiple communications with the patient from different teams for each bill including disparate patient outreach

Est. 9 Statements from multiple vendors



Patient

Patients experience multiple:

- Points of contact
- Bills/statements
- Incoming and outgoing phone numbers
- Hands-off between vendors and departments

Total outstanding balance = \$3,000

Patient Balance Management: What's the Value?

Consolidated team with visibility into the **full patient balance**



Streamline and simplify the patient billing experience by unifying patient data and process to drive higher patient satisfaction and higher patient collections

Questions

Know how.

Thank You

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