



TarHeel News

Fall 2021

**Networking, fun, and friendships from
The Summer Institute held August 24-27 at the Myrtle Beach Hilton**







A Message from Our President

Dear NCHFMA Members and Partners,

As I reflect about things during this holiday season, and especially thinking about the Thanksgiving holiday which just passed, I think about just how thankful I am. I am especially thankful for all of you, my NCHFMA family! The last year or two have been trying times for us all, and I am thankful for all of my friends and colleagues whom I have for support. I often tell our new members, and our student members, that what you get out of NCHFMA is equivalent to what you put in. But as I reflect on that, I'm not sure that is exactly accurate. I think the curve for value is exponential to what you put in – you put in a little, you get a lot, you put in more, and the value just exponentially increases. I've witnessed that in spades over the last year and a half of my presidency!

The Thanksgiving holiday has also made me reflect on the word “excess.” Excess sometimes is used in a negative way. Lord knows I ate an excessive amount of food this Thanksgiving (I hope you all did as well)! The tree my two boys picked out for our house this weekend is definitely excessive (see a crazy picture below). But having an excessive number of volunteers for NCHFMA is a great use of the word. I hope we can get to the point where that is the case for our Chapter! I think Oscar Wilde had it right when he said, “Moderation is a fatal thing... nothing succeeds like excess” – at least that's the case when it comes to volunteers.

Your leadership team works hard every day to provide as much value as possible from NCHFMA, and boy do we have some hardworking volunteers! However, we can ALWAYS use more ideas and more support, so I encourage all of you to join us on our Matrix. Reach out to Ty Carson, our Volunteer Chair, or reach out to any Board Member to see how you can get involved.

Many thanks to you all, and here is wishing you and yours a wonderful Holiday Season!

Camery Thomason, NCHFMA, President, 2021-2022



Changing the Way We Look at Secondary Bad Debt

By: Jordan Shelton-Greene

Getixhealth

Amid the pressures of COVID-19, Revenue Cycle Management (RCM) partners must continue to recognize the value of secondary bad debt placement when attempting collections. Three of the most important areas to consider are cultivating the proper mentality, valuing time, and developing patient relationships.

Cultivating the Proper Mentality

RCM partners must develop the proper mentality when dealing with secondary bad debt collections. This involves shifting the emphasis to patient needs. Fred deRivas, Vice President of Operations for ARStrat, makes this point. “We need to start taking a different approach to collections going forward. We need to start asking different questions: what can we do to help you get this taken care of? How do we make this process easier?”

deRivas emphasizes the mentality collectors cultivate is crucial to successfully bringing in cash. “You need to take the time to build relationships with patients. Who is most likely to pay? Are you offering them the tools and opportunities they need to pay? The better your approach, the higher your recovery rate will be.”

Taking the time to understand patients’ individual issues and finding a resolution for those issues, is critical in establishing trust. Utilizing the most up-to-date technology, such as mobile technology and Artificial Intelligence (AI), in conjunction with operational best practices produces the best results. The old, credit-based scoring mentality has changed. AI-based scoring is the best path forward.

Valuing Time

The value of time is also an important element to consider when transitioning from primary to secondary bad debt collections. The average primary debt collection takes eight (8) months to one (1) year and retrieves approximately 40% of possible account revenue (www.keybridgemed.com). Secondary collections take place for an additional year after primary and attempts to collect the remaining balance of the account.

Patients are better able to work with collection teams in order to close their accounts when they are allowed more time to pay. Patients who find themselves in the hospital due to unplanned emergencies want to pay off hospital debt as soon as possible. The further from the hospitalization the patient is, the more likely they are to be financially stable ([hfma.org](https://www.hfma.org)).

The key to secondary collections is establishing contact with the patient, reminding them of the balance, and ensuring they have the options which will allow them to resolve the debt amicably. One way to achieve this is to establish a quick contact strategy. This not only reminds the patient of the debt but makes sure they understand that there are methods of resolution available to them. The quicker the collector establishes a relationship, the faster the debt can be resolved, and the happier the patient.

Developing Patient Relationships

Developing a relationship with patients is the final key to successfully procuring secondary bad debt collections. A positive relationship will ensure a higher percentage of revenue collection. An RCM partner must understand the value of working closely with the patients' needs. This facilitates better long-term relationships and, in the long run, makes it easier to collect on account payments. Valuing the relationship leads to more positive patient experiences and lessens the problems associated with uncompensated care.

By allowing agents to spend the necessary time with each patient, RCM partners allow collection teams to take the extra step and go the extra mile in retrieving payments. Many patients are not aware of how their insurance works. By explaining the insurance process and even initiating a conference call with their insurance provider, agents demonstrate their willingness to assist in the patients' understanding. Establishing this relationship is essential for providing the best service and recoveries.

Conclusion

In the past few months alone, the number of people with past-due medical debt resulting from the pandemic increased from 19.6 million to 21.4 million ([nbcnews.com](https://www.nbcnews.com)). Primary bad debt agencies will cease trying to collect on many of these accounts, but as we have seen, there is value in continuing to attempt collections. People want to pay incurred debts, and secondary bad debt placement helps them through that process. When RCM collections apply the correct strategies, secondary bad debt placement returns the millions of dollars hospitals and facilities have earned. RCM partners must implement these strategies in order to facilitate higher percentages of bad debt collection returns, ensuring more revenue for the clients they service.

Goshen Health Transforms Patient Experience and the Revenue Cycle with Integrated Patient Access, Intake and Engagement

By Sue Plank, Director of Patient Access

Goshen Health

It's fair to say that the state of patient access in many hospitals is disjointed, manual, inefficient, outdated or some combination of all of these, leaving both patients and hospital staff frustrated and ready for change. This was certainly the case at Goshen Health. Then we implemented [AccuReg EngageCare®](#), a single platform to manage digital patient engagement, intake and access, and it has made consumerism a reality for our patients. We not only transformed how our patients access and receive care, we also optimized our workflow and interdepartmental communication and collaboration.

Patient Access is Key to Patient Satisfaction and Revenue Cycle Success

[Patient access](#) is the patient's first encounter with the hospital, so our ability to serve patients quickly and efficiently sets the tone for their care visits. Further, patient access is critical to maximizing revenue cycle management success. It's critical our team maintain data integrity by capturing and auditing all required patient registration information, such as demographics and [insurance eligibility](#). Having accurate data on the revenue cycle front-end significantly reduces the rework, denials and write-offs that unnecessarily increase costs and erode revenue.

I knew that to meet patient satisfaction and revenue goals and to retain qualified staff, Goshen needed to make a digital transition. Our registrations weren't centralized, nor was patient information. Our colleagues lacked the tools to quickly and easily communicate between departments. They were leaving patient arrival instructions on handwritten notes or making numerous, and sometimes redundant phone calls because there was no digital record of the communication. Not only did this put unnecessary stress and frustration on our colleagues, our patient experience times (registration times plus wait times) were unacceptable.

How Digital Patient Engagement Created a New Patient Experience

COVID-19 presented new challenges as the safety of both patients and staff became a priority. We needed to address overcrowded waiting rooms and reduce person-to-person contact, and fast. COVID accelerated our digital transition timeline. Digitally engaging with patients through a single, automated platform has been our key to success.

The first step was reducing our walk-in traffic and shifting our colleagues from registration to pre-registration efforts. This increase of pre-registrations combined with an implementation of a kiosk allowed us to increase our registration capacity in the main lobby by 55 percent. At the same time, we reduced our patient experience wait time by 57 percent. These numbers are still holding true post-COVID.

Maintain Data Integrity, Maximize Revenue Capture

By integrating digital patient engagement and intake with patient access processes on one platform you maximize revenue from both patients and payers. Automating critical patient access functions ensures the data integrity needed to secure payer reimbursement while digital patient engagement and intake tools give patients the opportunity to participate in their healthcare experience and enable consumerism that increases up-front cash collections.

Our patients have quickly adapted to our digital transition, which enables them to:

Complete [online pre-registrations](#), where they can verify demographics, take photos of ID and insurance cards and read and [sign consent forms](#) in advance of appointments

Receive automated [appointment reminders](#) with the ability to confirm, cancel or reschedule their appointments in advance

Communicate with patients through email or text

Complete COVID screenings on their devices prior to appointment arrival to save time

Complete check-in via QR scanning that allows patients to expedite the screening and check-in process.

POS Collections increased 38% from Q1 2020 to Q1 2021

Within six months of implementation and with little promotion or communication of this new technology, we were pleased to see an overall adoption rate of 50 percent. That was a huge win for us to know that half of our patients were embracing and utilizing the new technology. And thanks to appointment reminders, we have seen reduction in no-shows, which is saving tangible revenue that would have otherwise been lost. These are patients that are showing up for appointments and bringing revenue because we are able to engage with them from the moment they schedule their visits.

Some of our colleagues wondered if the move to digital would pose as a concern for older populations, ages 55+, who are often stereotyped as being resistant to new technology. So far, our user engagement data debunks that theory. While our highest engagement comes from patients in their 20s at 46 percent, patients ages 30-79 are close behind at 40 percent.

Communication, Collaboration and Cash Collections

EngageCare gives our colleagues the tools they need to do their best work. It optimizes patient flow, improves coordination between service areas, decreases wait times and reduces anxiety for our patients and their loved ones. Our colleagues can access patient information in one place and can quickly notify service areas of any important updates or changes. Digital monitors in patient access and service areas ensure consistent visibility to patients' status and improve hand-offs between departments. This implementation provided us an opportunity to collaborate and significantly improve our processes and communication

With streamlined tools for both patients and colleagues, we've increased our POS collections by 38 percent Q1 2021 compared to Q1 2020. Collecting more dollars on the revenue cycle front-end helps us reduce our overall costs to collect, while mitigating the write-offs that also reduce revenue and increase costs. EngageCare is preparing Goshen for revenue cycle management success by optimizing the front-end to maintain data integrity as patients assume more tasks traditionally handled by registrars and by making it faster and easier to collect patient payments and payer reimbursement.

The Future of Digital Engagement at Goshen

As we continue to roll out EngageCare at Goshen, we'll enable one-touch mobile payments, which will further increase our POS collections without any additional burden on staff and take consumerism to the next level. We've increased staff utilization of EngageCare from 25 to 217 users. And whereas patient access used to represent 69 percent of total users, we now represent just 15 percent. Cross-departmental collaboration has soared and the value in this new technology is recognized throughout the health system.

From patients, to patient access and clinical staff within Goshen, I'm encouraged by the positive feedback I've received about EngageCare. One patient said, "I don't know who is responsible for all the changes going on at the hospital, but I really enjoyed the experience." I'm excited about the partnership with AccuReg and our continued success using EngageCare.

Want to learn more about Goshen Health's six-month digital transformation? [Read the case study](#).

Your 2021-22 NCHFMA Board



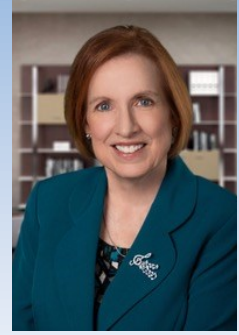
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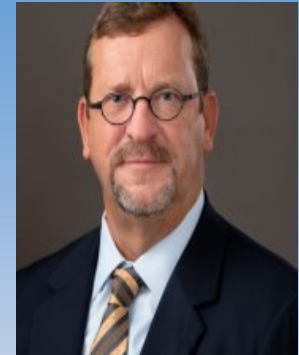
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**Our board Learning with members of
Region IV at Leadership Training
In Orlando - July 2021**



Welcome to our Newest Members

	Name	Organization	Title
Madeline	Cunningham	AccessOne	Director, Implementation
Kevin	Fisher	AccuReg	Regional Sales Director
Aaron	Daiker	Alliance Health	Capitation Manager
Chris	Nordberg	Atrium Health	Assistant Vice President Treasury
Dakota	Bull	Baker Tilly US	Consultant
Annika	Anchia	CarePartners Health Services	Operations Manager
Laura	Brito	CarePartners Health Services	In-Home Services Manager
Adam	DeCoteau	Cone Health	Manager - Financial Analysis
Arthur	Khalikov	Duke University Health System, Inc.	Financial Analyst II
Nicole	Haas	Duke University Health System, Inc.	Administrative Fellow
Lymari	Rentas Gonzalez	Duke University Health System, Inc.	Revenue Cycle Auditor (Financial Analyst II) Quality Control
Riley	Rice	Ensemble Health Care	Bedded Insurance Authorization Specialist
Amy	Reynolds	Granville Health System	Controller
Deborah	Essex Willocks	HQ Resources	CEO
Vickie	Morf	Iredell Physicians Network	Revenue Cycle Manager
John	Deslauriers	J.P. Morgan	TS Solutions Sales Spec
Chad	Edwards	MedStream Anesthesia	Chief Accounting Officer
Michelle	Allen	Novant Health	Corporate Coding Audit Response Lead
Bernard	Evans Jr.	Novant Health	Clinic Administrator
Vickie	Borg	Novartis	Field Reimbursement Manager
Luis	Serrano-Villa	Optimum Healthcare IT	CareerPath Analyst
Garry	Kauffman	Respiratory Therapist educator and consultant	Manager
joelle	lambert	Trinity Health	Payment Poster II
Kisha	Poindexter	Trinity Healthcare	billing/follow up resolutionist
Karlyle	Lim	UC SAN DIEGO HEALTH	Organizational Consultant
TIFFANY	SMITH	UNC HEALTHCARE	Patient Financial Service Rep
Daniel	Sweet	USI Insurance	Risk Consultant
Pansy	Chase	Vidant Duplin Hospital	Director of Accounting/Controller
Jennifer	Worsley	Vidant Health	Controller

Welcome to our Newest Members

Darren	Anderson	Vidant Health	Director, Clinical Denials Management
Abby	Washington	WAKE FOREST BAPTIST HEALTH	Financial Analyst
Michael	Ginsberg	WAKE FOREST BAPTIST HEALTH	Executive Talent Consultant
Zack	Davis	WAKE FOREST BAPTIST HEALTH	Business Administrator
Tiffani	Coleman	Not provided	
Ashlee	Lobe	Student	
Stephanie	Somra	Not provided	Regional Sales Director
Shayna	Cash	Student	
Shayna	Cash	Student	
Mary Kathryn	Kimray	Student	Administrative Assistant
Shamarius	Sanders	Student	
Veronica	Roach	Student	
Leah	Nichols	Not provided	
Sandra	Ejisimekwu	Student	

UpComing Chapter Events

Winter Conference

Wednesday, March 23 – Friday, March 25, 2022

Pinehurst Resort

<https://www.hfma.org/chapters/region-4/north-carolina/events.html>

Matrix 2.0

Wednesday, March 23, 2022

Pinehurst Resort

<https://www.hfma.org/chapters/region-4/north-carolina/events.html>

Member News

Linda Yang, has transferred into the new role as Chief Information Office for healthcare start-up Discover Claims. Congratulations Linda.