

**MISSION
IMPOSSIBLE:**

Increasing Revenues and Bring
Patients to Tears
(of joy)



Southwest Mississippi
Regional Medical Center
Southwest Health

Who is Southwest Mississippi Regional Medical Center



- One of the most comprehensive healthcare resources in Southwest Mississippi.
- Comprised of
 - Southwest Mississippi Regional Medical Center with 160 beds
 - Cardiovascular Institute of Mississippi
 - Mississippi Cancer Institute
 - Ambulatory Surgery Center
 - Home Health & Hospice
 - Digestive Diseases Center
 - Southwest Center for Rehabilitation
- ~100 Clinical Providers

Who is Qualify Health

We partner with providers and patients to solve patient healthcare costs and physician prior authorization burdens with our proprietary technology solutions - to positively impact your revenues

We consider ourselves a **PARTNER**, not an outsourced provider or vendor.

Our partnership is designed to allow you to return to focusing on the patient and not the heavy administrative lifting of managing advocacy programs and prior authorization approvals.

Why we are doing this....

Reason #1: The Patients!

I called Mrs. X and told her she was approved for a Health Equity grant of \$16,000, and she started crying. She is so grateful for the assistance – she wasn't sure what she was going to do with all the bills that are coming in. She said they were over \$8,000. Her disability check doesn't cover the OOP expenses, and the bills just keep coming in. She said she set up a payment plan that she's paying \$10 a month on because that's all she can afford. She moved to the area about a year and a half ago – and truly loves it there. She doesn't want to move back to Michigan but wasn't sure what to do. She said to THANK everyone involved in helping her – she truly is grateful for everything!

Breast Cancer Patient – Double Mastectomy

Why we are doing this....



Reason #2:
Hospital Financial Benefits

Out-Of-Pocket Costs are too high for Most Americans

Insurance companies have shifted costs to patients by increasing premiums, deductibles, copayments, coinsurance, and other out-of-pocket costs

Most Americans
spend almost
one-quarter of
their household
income on
healthcare

If I win the lottery,
the first thing I'll
do is meet my
deductible.

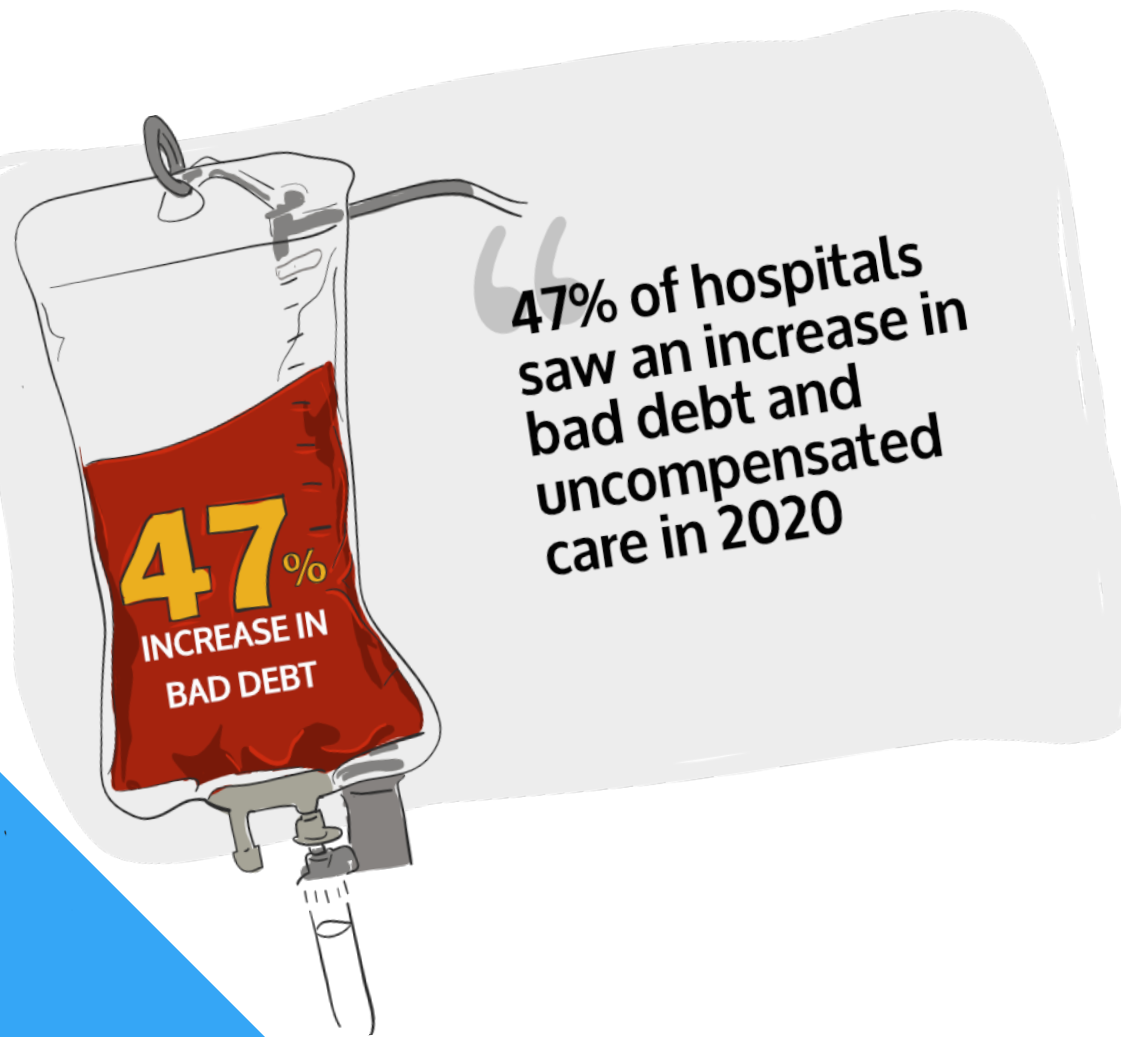
There were \$88
Billion in past
due healthcare
debts in 2021

64% of patients
delay or avoid
care due to
anticipated out-
of-pocket costs

1 in 8 adults with
health care debt
have been
forced to declare
bankruptcy



The Financial Impact on Hospitals



Hospitals typically collect less than 20 percent of the patient's financial responsibility after insurance for outpatient services

By pre-identifying patients with high out-of-pocket costs, providers can better search for alternate means of payment

In 2019, Hospitals provided \$41.6 Billion in uncompensated care

Average past due debt is sold at about 1% of the face value

Unsatisfactory Outcomes

Patient Financial Toxicity

The consequences of patients not being able to afford care means that:

1. Medical bills are not paid, charges are written-off to bad debt and patients are sent to collections
2. Patients choose not to receive treatment, thereby impacting their health, their ability to work, along with their family's financial welfare and the overall impact this can have on their community
3. A hospital does not meet its broader responsibility which combines Patient Care + Profits; and becomes particularly impactful in a value-based care environment
4. Patient satisfaction scores will suffer due to the direct correlation between patient financial experience and overall patient experience





- Large population of uninsured and under-insured patients
- Heavy burden on the financial assistance plan of the hospital
- Increasing bad debt
- Difficulty managing the need for FTE's to find advocacy for patients when they are filling many different roles
- Hospital initiative to provide more community & financial support options for patients

Options for Patients to Help with Out-of-Pocket Costs

There are thousands of options to help patients cover their expenses

340+

Over 340 Patient Assistance Programs for free medication, each with different rules and requirements

1,300+

Over 1,300 Programs that help patients with all kinds of financial help, based upon a specific diagnosis

1,500+

Over 1,500 different copay programs, rebate programs and free trial drug programs to help patients cover their out-of-pocket medication costs

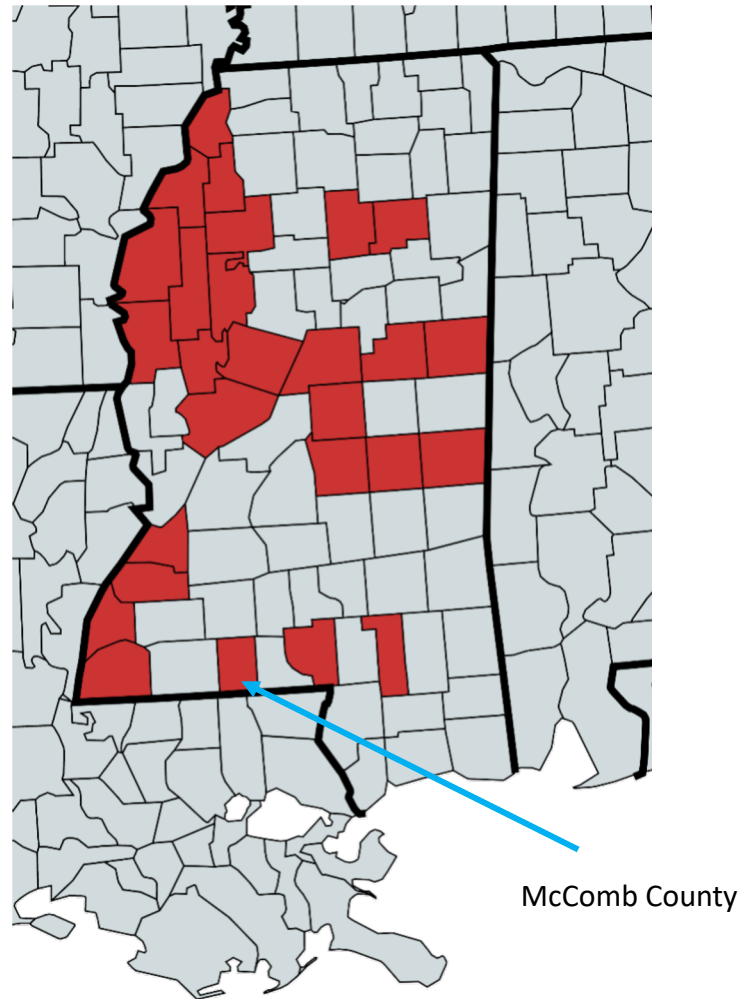


Hospitals have financial assistance policies and foundations that can help cover patient costs



Special MS Service Areas

- Health Equity Funds have been developed to get assistance to people and places who need it the most.
- Using the CDC's Social Vulnerability Index (SVI) and Disease Incidence data, these funds serve people living in 220 counties across the country



McComb County

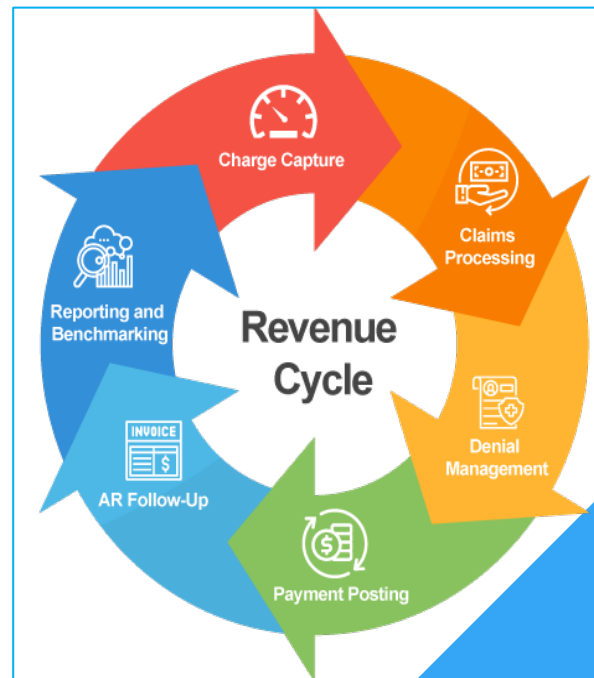


So....

Why is there a Problem?

- The qualification criteria are complicated and difficult to navigate
- Qualification and availability of funds are constantly changing
- Hospitals are understaffed with qualified personnel to search for funds
- Applications can be difficult and time-consuming

Why We Chose Qualify Health



1. **EMR Access:** No IT resources except for login passwords
2. **2 Points of Contact:** 1 for Patients & 1 for Billing
3. **Revenue Cycle Software Access:** No Finance resources are needed after login permission provided

Step One: Pre-Identify the Patients

1. Cancer Center and GI Infusion Clinic
2. Look at the infusion schedule every day for the upcoming week
3. Identify patients that will have out-of-pocket expenses of any size by evaluating their insurance, money owed, and treatment
4. Notify our client which patients will be in the infusion center that week and have costs
5. Clinic support staff receive signed permission from the patient, allowing us to seek financial assistance on their behalf



Step Two: Secure Funding

5. The Initial Screen helps us to identify what type of assistance patients are eligible for. These include:
 - Copay Cards
 - Open Disease Foundations
 - Manufacturer Patient Access Free Drug Programs
 - Other Funding Sources: Insurance Premium Payments
 - Closed Disease Funds and a proprietary solution that is in place for instantaneous notification when a fund opens so that patients can be added immediately and before the fund becomes fully subscribed



Patient Advocate Foundation
CO-PAY RELIEF SM

DISPENSING HELP, DELIVERING HOPE

6. Using the information from the signed ATR and the Patients Medical Record we apply for all available financial assistance on the patient's behalf

Step Three: Contact the Patient



Explain the program that the patient was enrolled in

Request additional information that is occasionally needed

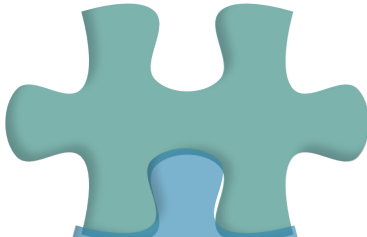
Explain how the program works

Advise the patient that we will submit all bills on behalf of the patient as soon as they are processed through the EOB platform

Give the patient our telephone number, ask if they have any additional questions and suggest they call us if anything else arises

Step Four: Payments

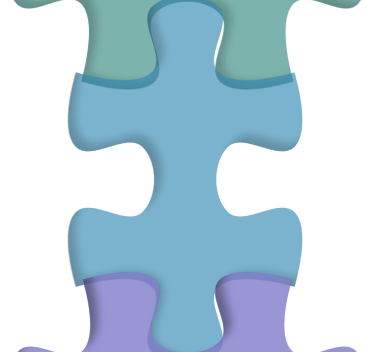
1



EOB Check

Weekly check of all active patients for any new EOB's

2



EOB Submission

EOB and other necessary information uploaded or faxed to program

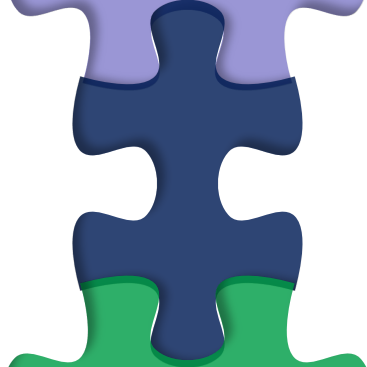
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Confirmation of Receipt

Verification of receipt of EOB and request for payment

4



Chasing the Money

Regularly check the status of the payment until it is received

5



Payment

Record the check number or copay card details to provide to client

Step Four: PAP / Free Drug Process

Patient Approval



Patient placed on the QH
PAP Maintenance Schedule

01

02



Notify Pharmacy

QH Notifies pharmacy,
clinical staff & patient.
Patient is flagged in EMR

Order Medication

QH orders medication in
line with manufacturer
requirements



03

04

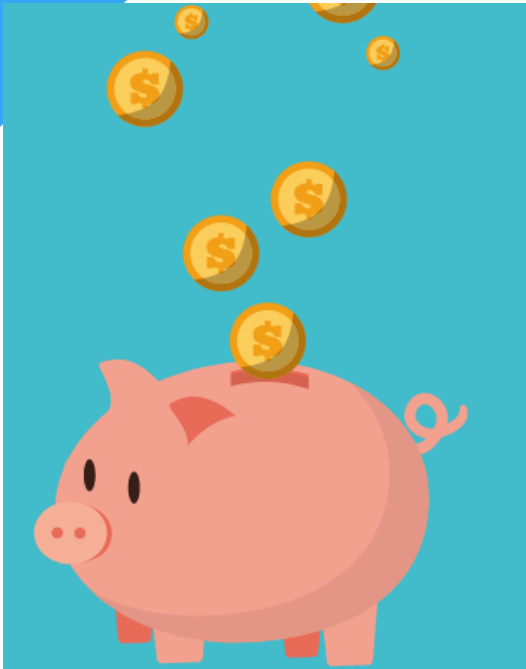


Shipping / Tracking

QH Notifies pharmacy of
tracking number, patient
details & date of service

Free Drug / PAP management is
typically a significant burden on
understaffed pharmacies – we
relieve them of this burden and
take on order management

Other Support



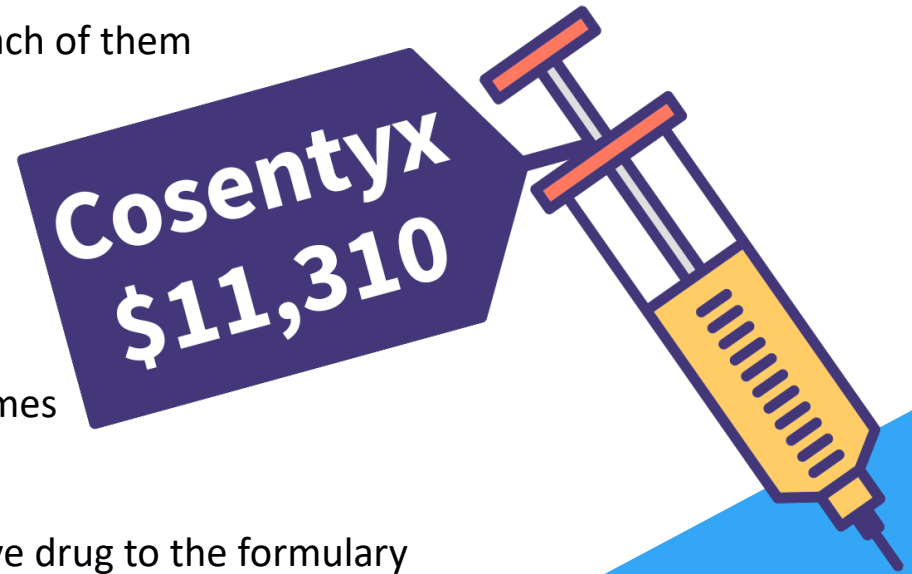
Medicare Patients

1. Average Medicare patient has ~\$7,000 of copay responsibilities for all medications
2. Patient joint household income of \$52,000 and cost was an unaffordable burden
3. Eliquis cost is approximately \$500 per month until the \$7,000 is met
4. Our support team worked with the patient to determine their total cost spend on medications and was able to sign the patient up for a patient assistance program that not only provides the medication for free but ships it monthly to the patient and ensures they receive it
5. Patient Compliance Improves = Patient Outcomes Improve
6. Patients are thrilled with the help, and it is reflected in patient satisfaction scores



Employees

1. Two employees prescribed high cost medication for Rheumatoid Arthritis
2. Both had the hospital's insurance plan
3. Household income of less than \$40,000 for each of them
4. Medications Costs
 - \$15,000 Retail
 - \$4,500 at 340B
5. Both patients eligible for free drug program due to Prior Auth. denial and household incomes
6. Hospital benefits by:
 - Not having to add a prohibitively expensive drug to the formulary
 - Savings of at least \$9,000 for the two employees per month
 - Both employees receive their medication, delivered monthly, to their door at no cost
 - Working on \$40,000 medication for one employee



Why we are doing this....

#2: Hospital Financial Benefits

- In just two months since launching the program
 - Cancer Center Launch at this time only
 - Over \$50,000 in additional profit
 - Assisted 22 unique patients
- Expect to move into infusion center, diabetes patients, sickle cell and HIV
- **\$500,000+ anticipated for additional profit for 2023**

Thank You



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