

Creating Confidence: Enhancing Experience Through Financial Clarity

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Introductions



Jordan Real
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MU HEALTH CARE



UNIVERSITY HOSPITAL



**MISSOURI ORTHOPAEDIC
INSTITUTE**



**ELLIS FISCHEL
CANCER CENTER**



**KEENE STREET
MEDICAL CENTER**



**MISSOURI
PSYCHIATRIC CENTER**



CHILDREN'S HOSPITAL



**CAPITAL REGION
MEDICAL CENTER**



**AMBULATORY SERVICES
(80+ CLINICS)**

MUHealth.org | [Facebook/MUHealthCare](https://www.facebook.com/MUHealthCare) | [Twitter.com/MUHealth](https://twitter.com/MUHealth) | [Instagram.com/MUHealth](https://www.instagram.com/MUHealth)

Medicine.missouri.edu | [Facebook/MissouriMedicine](https://www.facebook.com/MissouriMedicine) | [Twitter.com/MUMedicine](https://twitter.com/MUMedicine)

YOUR HEALTH SYSTEM:

2025 in NUMBERS

1,187,704

clinic visits (all sites)

33,479

patient discharges

35,053

MAJOR
surgical operations

108,393

ER + trauma visits



1,383

PATIENTS
*transported
by helicopter*

318,726

TOTAL
PATIENTS



310,706 *Missourians*

8,020 *out-of-state*

7 HOSPITALS

- Capital Region Medical Center
- Children's Hospital
- Ellis Fischel Cancer Center
- Keene Street Medical Center
- Missouri Orthopaedic Institute
- Missouri Psychiatric Center
- University Hospital



3,208

BIRTHS



Health Care



469,372

radiological exams + treatments



3,250,113

lab tests



7,737,545

pharmacy orders



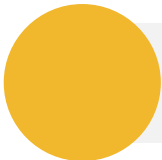
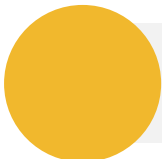
8,549 *total staff*

1,007 MEDICAL STAFF **7,542** OTHER STAFF

760 **BEDS**

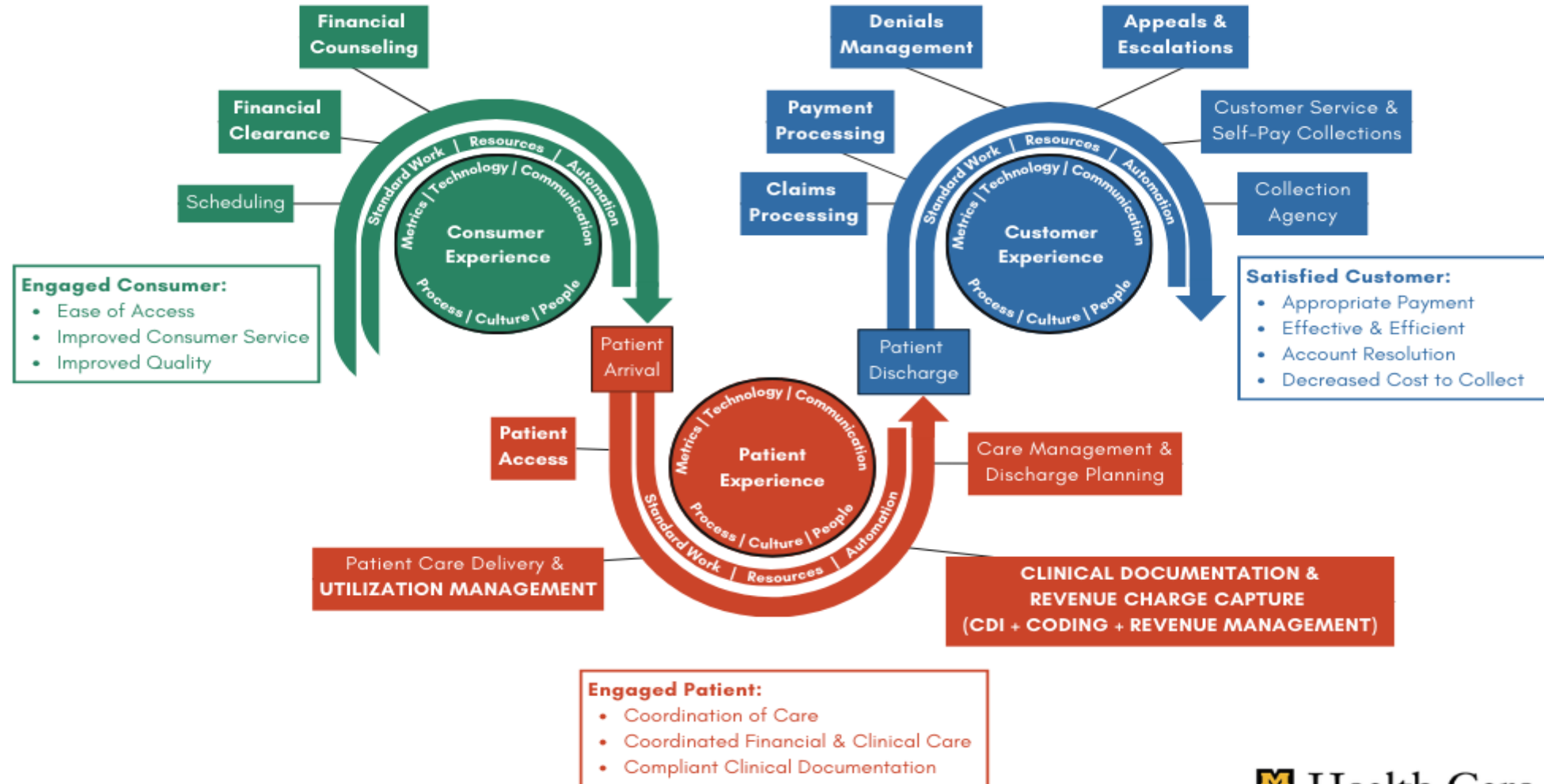
188 intensive care • 572 acute care

Agenda

-  HFMA Consumer Model Framework
-  MU Health examples leveraging the framework
-  How to align your systems, processes, & people to patient financial centric outcomes
-  Learned Lessons & Conclusion

HFMA Patient Centric Framework

Revenue Cycle Management



Why is this framework important?

- Meet patients where they are and through the right lens to ensure clarity (Consumer, Patient, or Customer)
- Aligns decision making and guiding principles
- People, Process, Systems
- Builds a culture of focus to your mission

How has consumerism in healthcare changed?



Industries and technology are advancing faster than ever

Access to information is readily available, meaning consumers and customers expect this information in real time

Digital engagement is on the rise

Generational Gaps No More

Healthcare Landscape has changed

Patients have options; brand loyalty is essential to sustainability

MU Health Revenue Cycle Case Examples

No Surprise – Good Faith Estimate

Emergent Medicaid Screenings

Simplified Combined Statements

Out of Network Post Billing Patient Support



No Surprise Act – Good Faith Estimate

Effective January 1, 2022, CMS required healthcare providers and facilities to provide a good faith estimate of charges to uninsured, and self-pay patients.

Timeline of Delivery:

Upon request **or** within 1-3 days upon date of booking if scheduled > 3 days out; patients eligible to dispute >\$400 threshold.

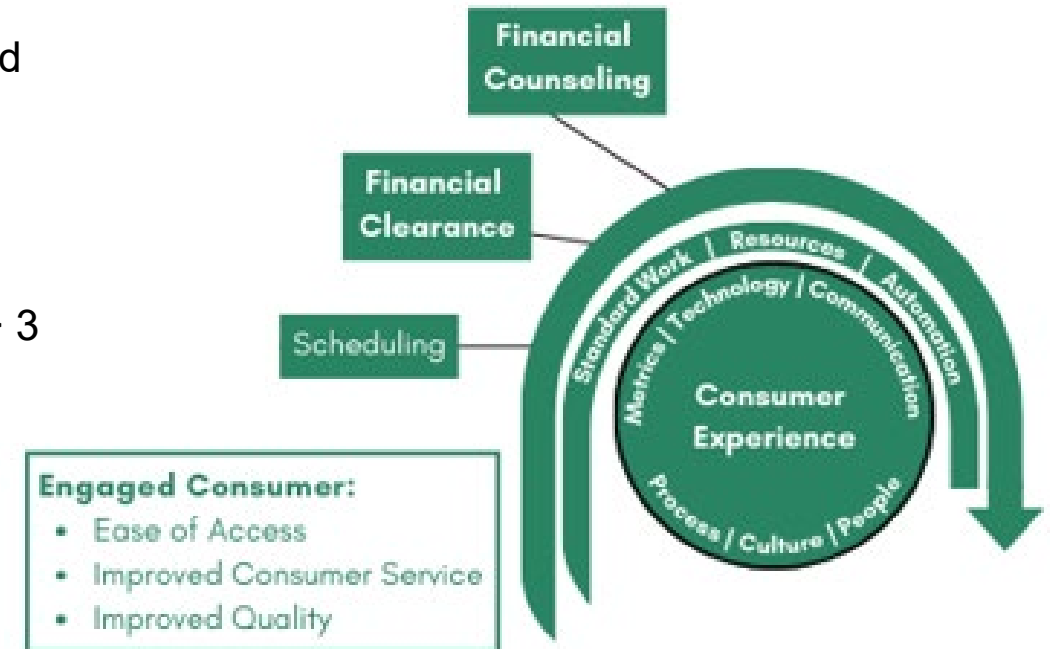
HFMA Role: Consumer

Background:

Will they, won't they? Regulation had been extended and under final review; 6-8 weeks to implement.

MU Health was 6 months post revenue cycle conversion; still stabilizing.

EMR did not have a model to support a workflow.



MU Implementation Goals – Good Faith Estimate

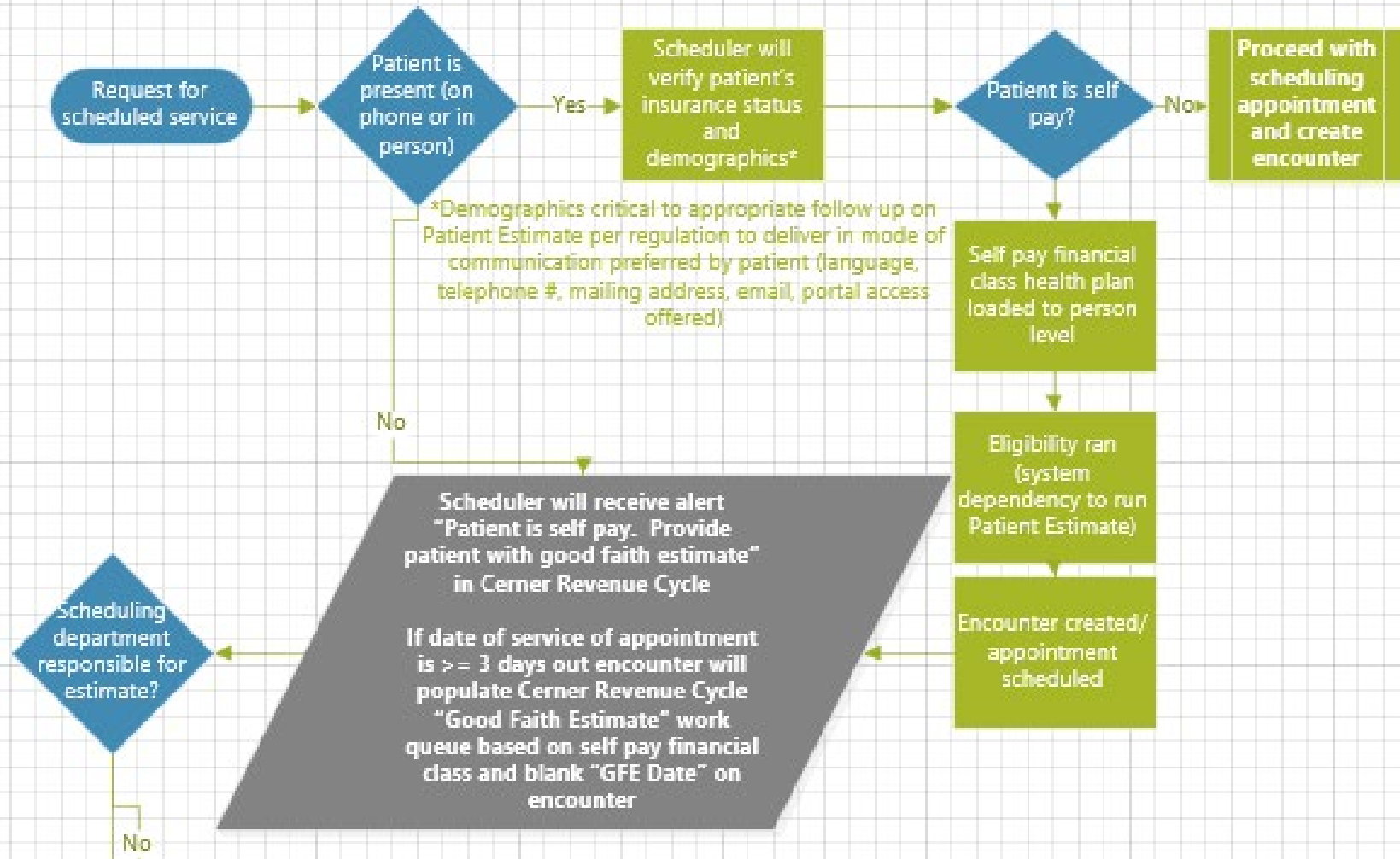
- Comply by 1/1/2022
- Don't just meet the regulation, exceed it
- Assess our opportunities and key performance metrics (KPI's)
 - Hardwire insurance verification across all access points at time of scheduling
 - Increase point of service collections
 - Reduce bad debt and customer service calls
 - Review of similar regulations and internal policies
 - Promote transparency
 - Uninsured and insured
 - Adequately screen patients for a payor source
 - Use technology to support digital engagement
- Consumer Centric

Begin with the end in mind.

Workflow - Scheduler

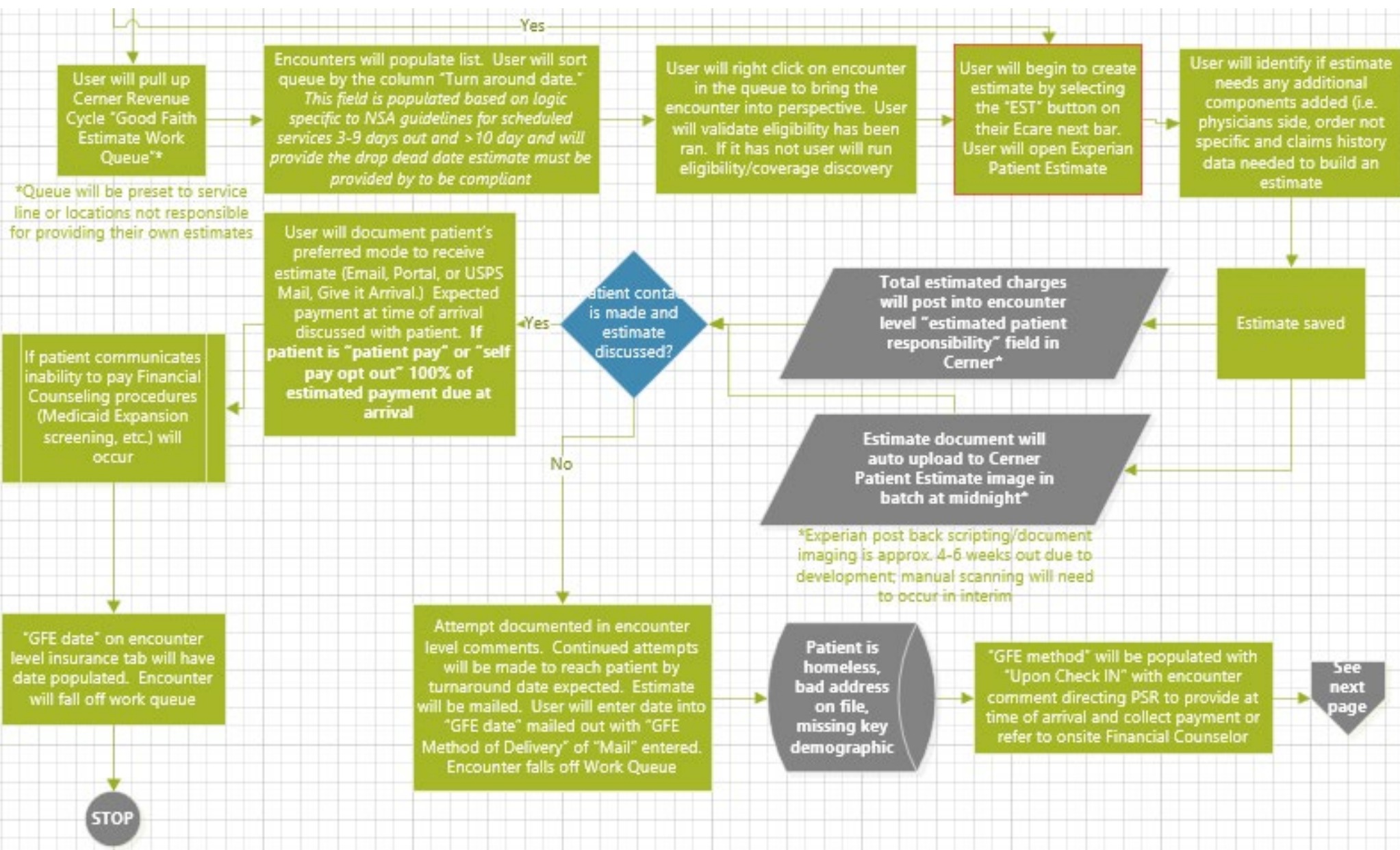
Good Faith Estimate Scheduled Hospital/Ancillary Services

Scheduler



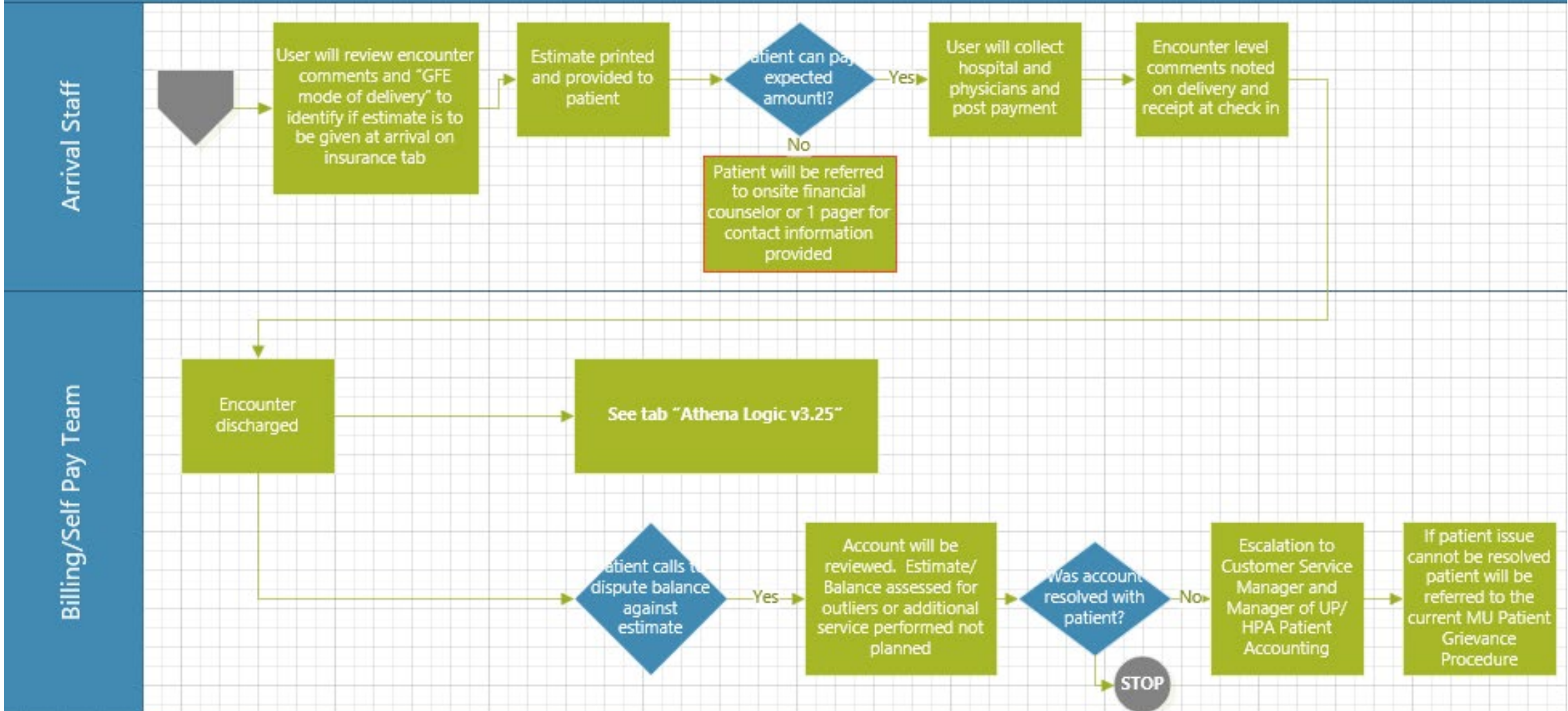
Workflow – Financial Counseling

Centralized Patient Financial Estimate Team

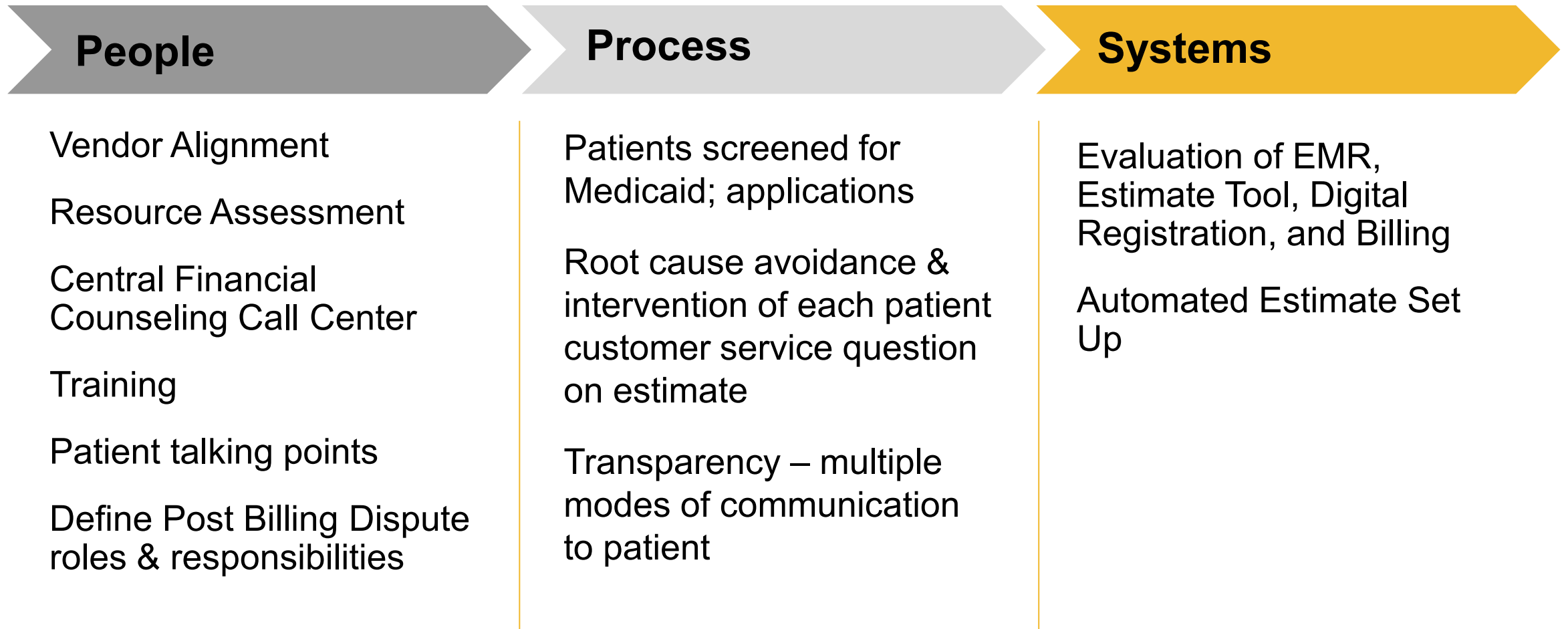


Workflow – Arrival, Billing, Customer Service

Good Faith Estimate Scheduled Hospital/Ancillary Services (cont.)



Key Decisions



Key Performance Metrics - 2025

- Internal Disputes Root Caused
 - 28 encounters
- No Surprise Adjustments
 - 23 encounters; \$27,672.85 self pay charges
- Independent Disputes (IDR)
 - 0 - 2025
 - 1 since inception of the regulation
- Financial Counseling Call Center
 - 78% Service Level
 - Anthem impact
- Manual estimates tied to payments (Financial Counseling Department)
 - 15,056 Insured Estimates = \$4,438,704.57
- Automated Estimates (Organization)
 - 57,995 delivered
- Medicaid Applications (scheduled)
 - 3078 patients converted

Learned Lessons & Next Steps

Learned Lessons:

- Must understand your EMR set up
- Understand what your procedural orders entail in your set up
- Alignment across vested stakeholders (Access, Contracting, Billing)
- Review of Self Pay Billing practices & uninsured community discount
- Receive questions vs. complaints
- Combined Automated Estimate lacks peer community

Wins:

- Internal dispute & root cause avoidance
- Medicaid Screenings demonstrated to our patients – we care
- Prepared for Out of Network Period; expand across system
- Medicaid Screening & Application training and processes have prepared us for the One Big Beautiful Bill Medicaid changes
- External Compliance Audit
- Expanded to surgical insured estimates

Next Steps:

- Ongoing evaluation of procedural estimate improvements
- Spread, Align, and Centralize Financial Clearance
- Continued focus on optimizing our systems and understanding billing process that impacts estimates
- Vendor selection for email/text communication to patients

ER & Urgent Care Medicaid Application Screenings

MU Health implemented Medicaid screenings to the Emergency Rooms in August 2022.

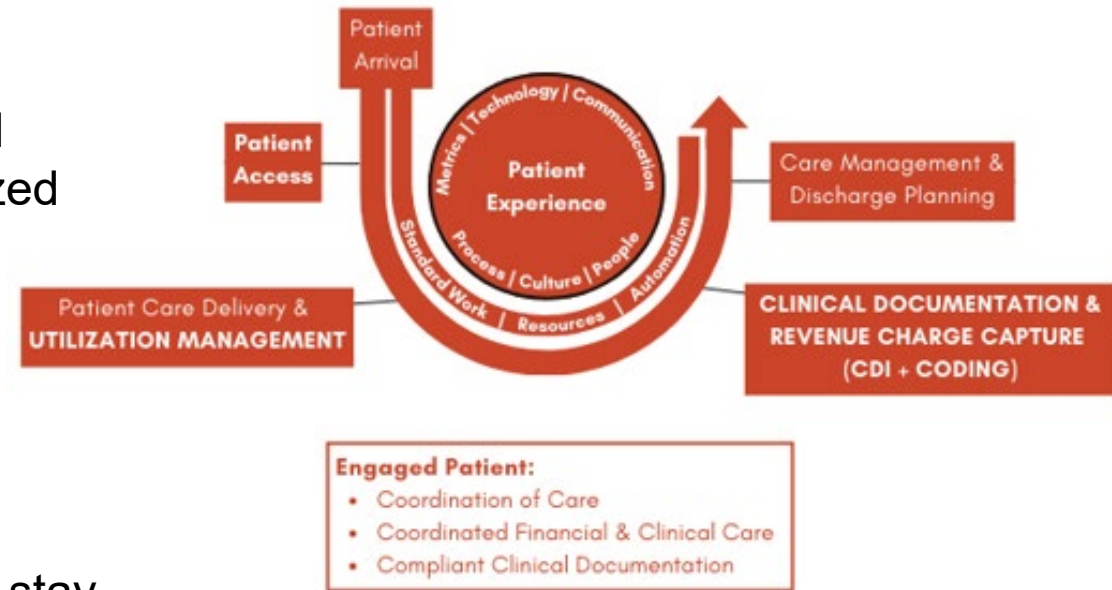
HFMA Role: Patient

Background:

Historical focus on urgent/emergent admissions not treated and released. Initially tried outsourcing. ER's do not have a centralized discharge process or dedicated space.

Implementation Goals:

- Screen our most vulnerable patient population
- Take Medicaid application as early as possible (pre-admission)
- Medicaid approvals prior to discharge; remove length of stay barriers due to placement/insurance
- Reduce health care disparities and improve access to care in the outpatient setting and prescriptions
- Eliminate patient stressors on finances to focus on their care



Key Decisions

People

- Clinical Leader Buy IN
- Pilot to demonstrate proof of concept
- Partner with State of Missouri Family Support Division
- Community Education & Screenings
- Training – Registration & Financial Counseling

Process

- Define application follow up process and communication cycle with patient

Systems

- Build system to identify self pay – post registration interview
- Reporting

Learned Lessons & Next Steps

Learned Lessons:

- Recognize what you do well
- Clinical engagement took time
- Set realistic metrics
- Share Mission Moments
- Limited by staffed hours

Wins:

- ROI proof of concept
- Reduced revenue leakage
- Reduced good faith estimates
- Financial Assistance approvals
- Expanded presence to large Ambulatory Facilities
- Patient readiness for 2026 Medicaid Changes
- Aligned to the MUHC Mission
- Community Education & Screenings

Next Steps:

- Expanded to MUHC Urgent Cares
- Onboarding vendor to support Digital Communication

Key Performance Metrics - 2025

- Medicaid ER screening rate
 - 40.6%
 - 1,960
- Conversion Rate to Medicaid
 - 85.47%

Simplified Combined Statements

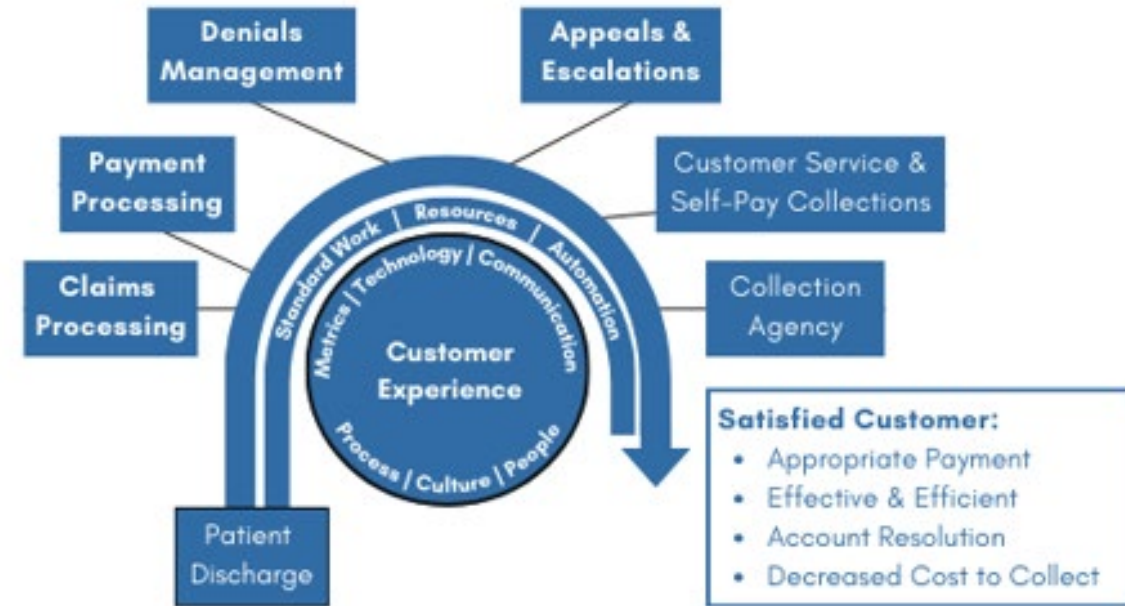
Summer 2025 MU Health migrated from individual facility/physician statements to a combined billing statement.

HFMA Role: Customer

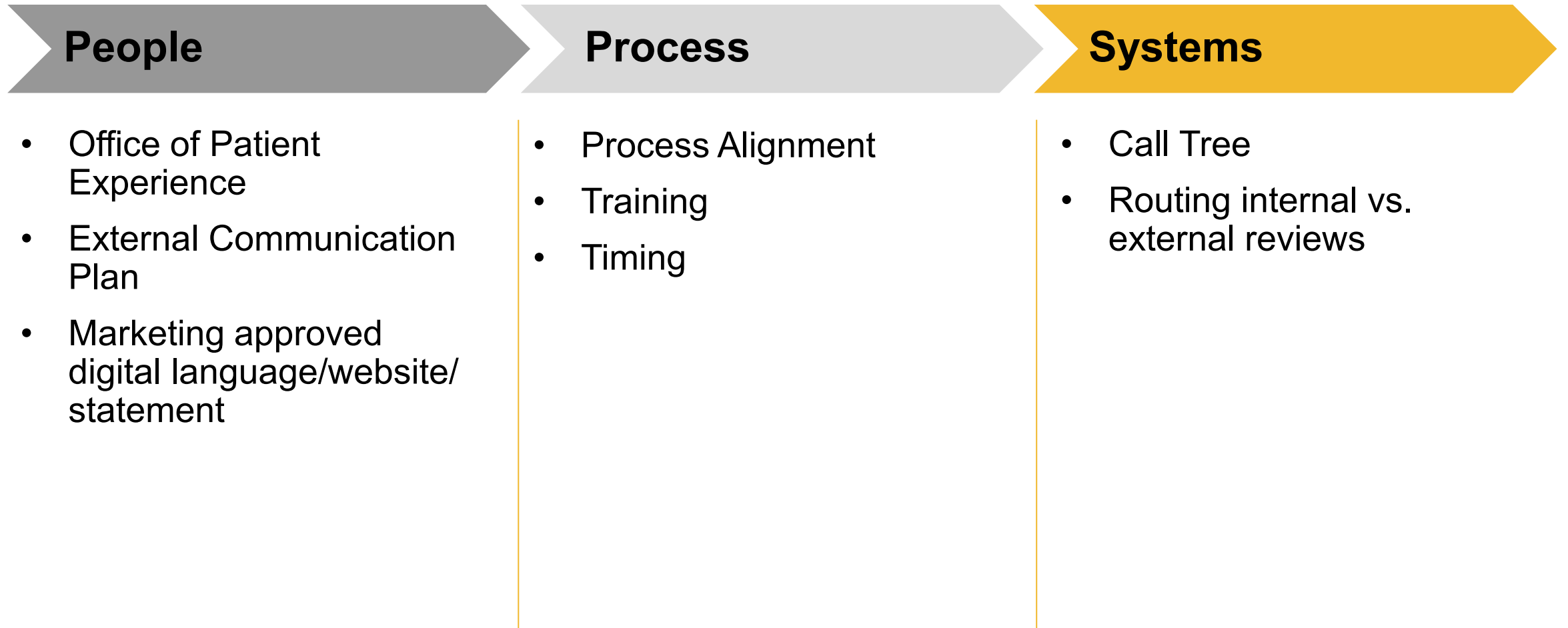
Background: Culture readiness behind patient readiness

Implementation Goals:

- Alignment on patient financial experience
- Call Center support – Incoming & Automated Outbound
- Digital engagement – add text/email statements
- Increase collections
- Evaluate facility/physician self pay collection practices
 - Prompt pay discount
 - Financial Assistance thresholds



Key Decisions



Learned Lessons & Next Steps

Learned Lessons:

- Shared decision making
- Vendor test environment
- Clear communication on internal support channels
- Linked guarantors
- Final Notices
- Patient Engagement Council Follow Up
- Payment Posting Timeframe

Wins:

- Patient communication preferences – Digital!
- Increase in collections
- Weekly Post Implementation Meetings
- Patient Satisfaction
 - Digital Adoption
 - Financial Experience

Next Steps:

- Final Notices Resumed
- Evaluate Bad Debt Impact
- Uninsured Discount Evaluation
- FIFO payment logic
- Apple Pay

Out of Network Period – Billing Patient Support

Background: MU Health was out of network with a large commercial payor April 1-June 30th, 2025; short implementation timeframe; bills and statements were held during and after the negotiation period.

HFMA Role: Customer

Implementation Goals:

- Provide a dedicated, concierge service to impacted patients from statement delivery thru payment
- Collaboration between Hospital & Physician Billing Group.
- Customer Service Call Center
- External & Internal Marketing Communication and Comprehension
- Focused billing follow up - during the OON period and post.
- Root Cause Avoidance



Key Decisions

People

- Outsourced OON period claims to a new partner
- Dedicated Call Center
- Shifting resources from follow up to support statement release
- Partnership with our current vendors
- Organizational Talking Points; Situational Awareness

Process

- Weekly Denial Root Cause Avoidance Meetings
- Weekly Patient Experience Meetings
- Weekly Onboarding Meetings
- Daily review of Call Center statistics; abandonment rate
- Evaluation of patient experience surveys
- Vendor partner had defined, direct communication pathway to Revenue Cycle Directors

Systems

- Statement Build Decision Making
- Release of statements
- MU Billing System changes
- Merchant ID Set Up
- Patient payment portal verbiage

Learned Lessons & Next Steps

Learned Lessons:

- Consider time of year (HSA/FSA)
- Merchant ID set up; Google/Apple Pay
- Set a realistic implementation timeframe

Wins:

- Release statements in batches
- Work with your other partners
- Shift and proactively allocate resources for high volume calls
- Deviation from the norm is okay
- Revenue Cycle Daily Huddles set the alignment early
- Root Cause Avoidance

Next Steps:

- Evaluate Root Cause Avoidance Findings across other commercial payors
- Independent Dispute Resolution (IDR) request for bid
- Unwind

Key Performance Metrics

- Patient Concierge Call Center Data
 - October: 321 calls; 1.25% abandonment rate
 - November: 991 calls; 2.02% abandonment rate
 - December: 5,311 calls; 2.2%
 - January: 5,215 calls; 4.83%

- Patient Survey (Out of 5.0)

Courteous	Information	Outcome
4.6	4.6	4.4

Summary

- HFMA framework guides the perspective of the patient – use it in decision making.
- HFMA framework is educational to all staff to understand the role every person in the organization serves
- Take advantage of new regulations, challenges to say, “What other problems can we solve for us or our patients?”
- Ensure your partner vendors are aligned to your mission
- Take opportunities to improve KPIs
- Root Cause Avoidance
- Build a revenue cycle culture that promotes free thinking and patient centricity
- A patient issue is an opportunity for organizational improvement and to build customer loyalty
- Growth mindset
- Don't be afraid to pivot

Conclusion

- How can you implement the HFMA framework at your organization?
- Key principles in building a patient centric revenue cycle culture
- Using opportunities to achieve multiple goals
- Learned Lessons

Questions?