

# **Creating Confidence: Enhancing Experience Through Financial Clarity**

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**Health Care**

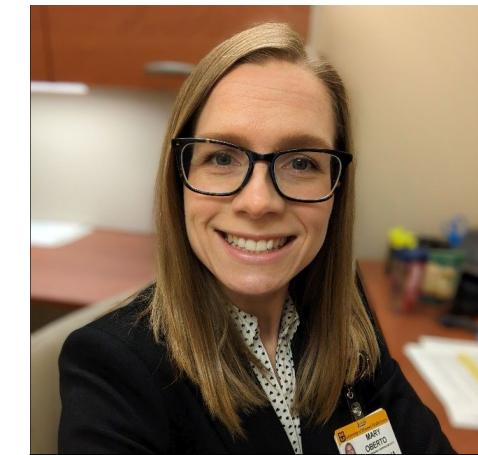
# Introductions



**Jordan Real**  
Director,  
Revenue Cycle  
Informatics

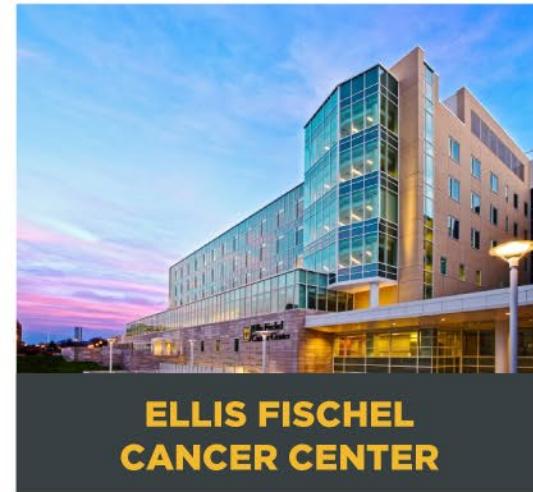
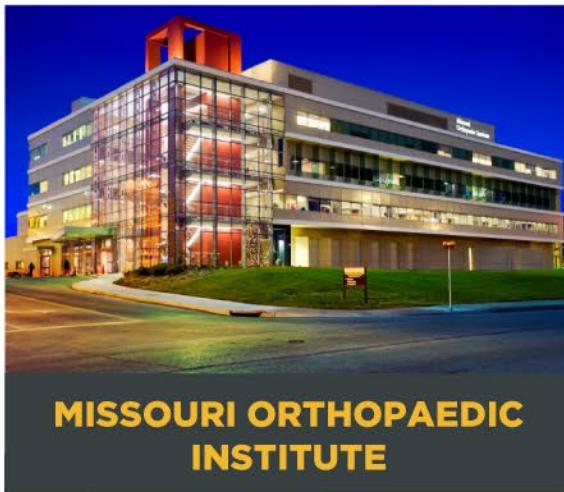


**Teresa Brooks**  
Executive Director,  
Revenue Cycle



**Mary Oberto**  
Manager,  
Financial Counseling

# MU HEALTH CARE



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

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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



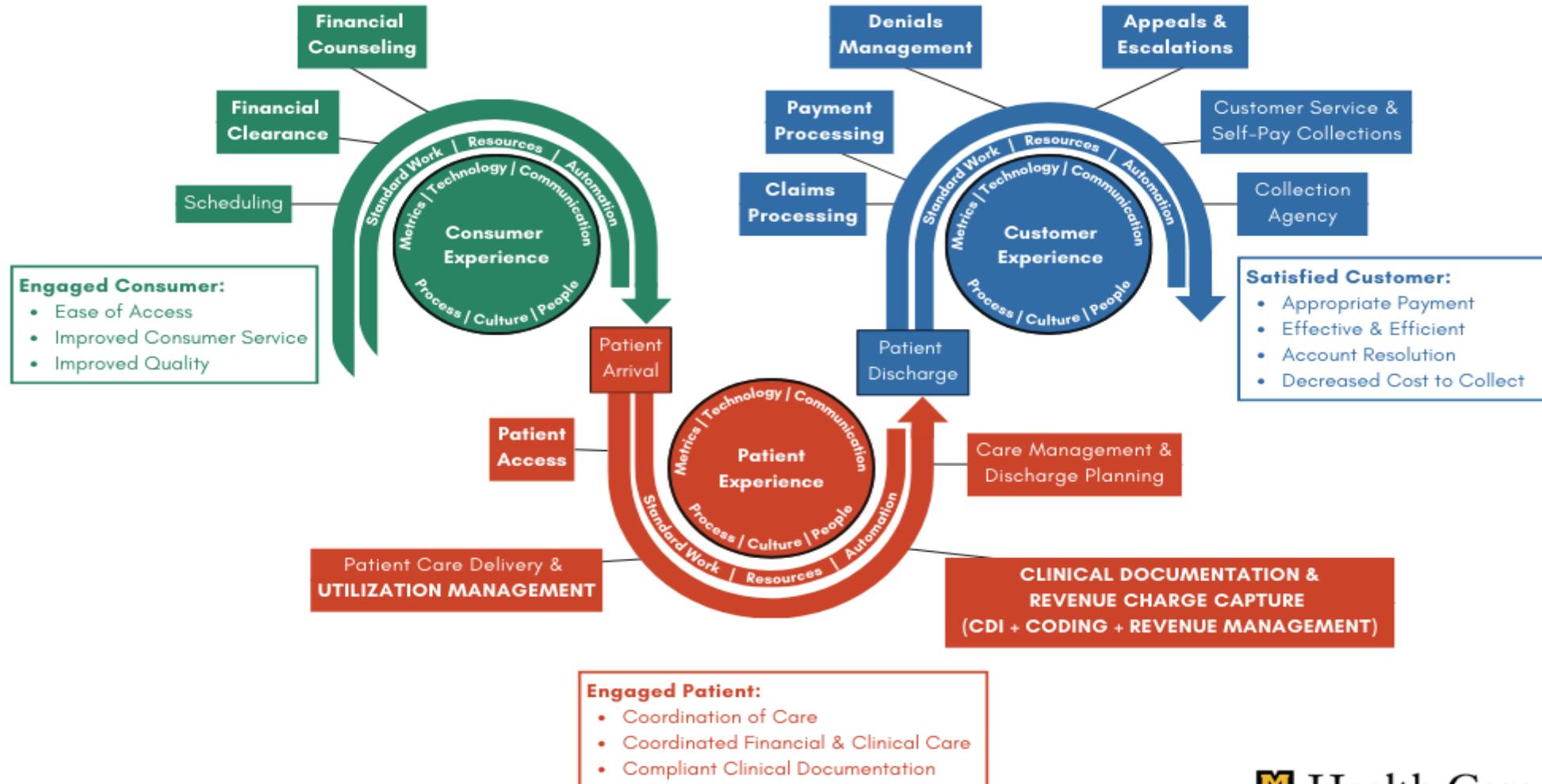
How to align your systems, processes, & people to patient financial centric outcomes



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.

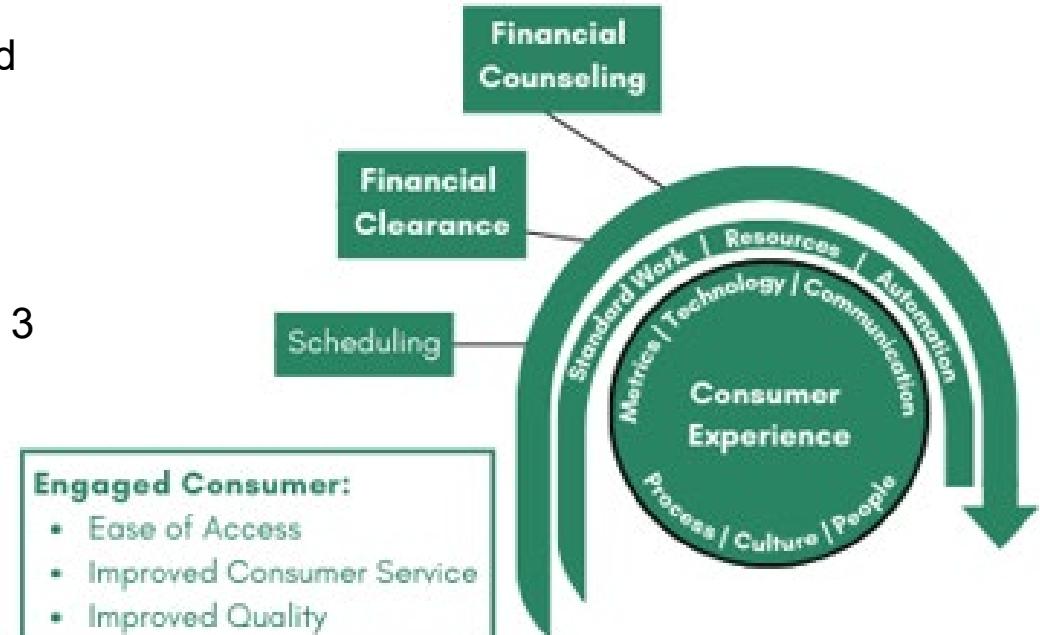
## HFMA Role: Consumer

## 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

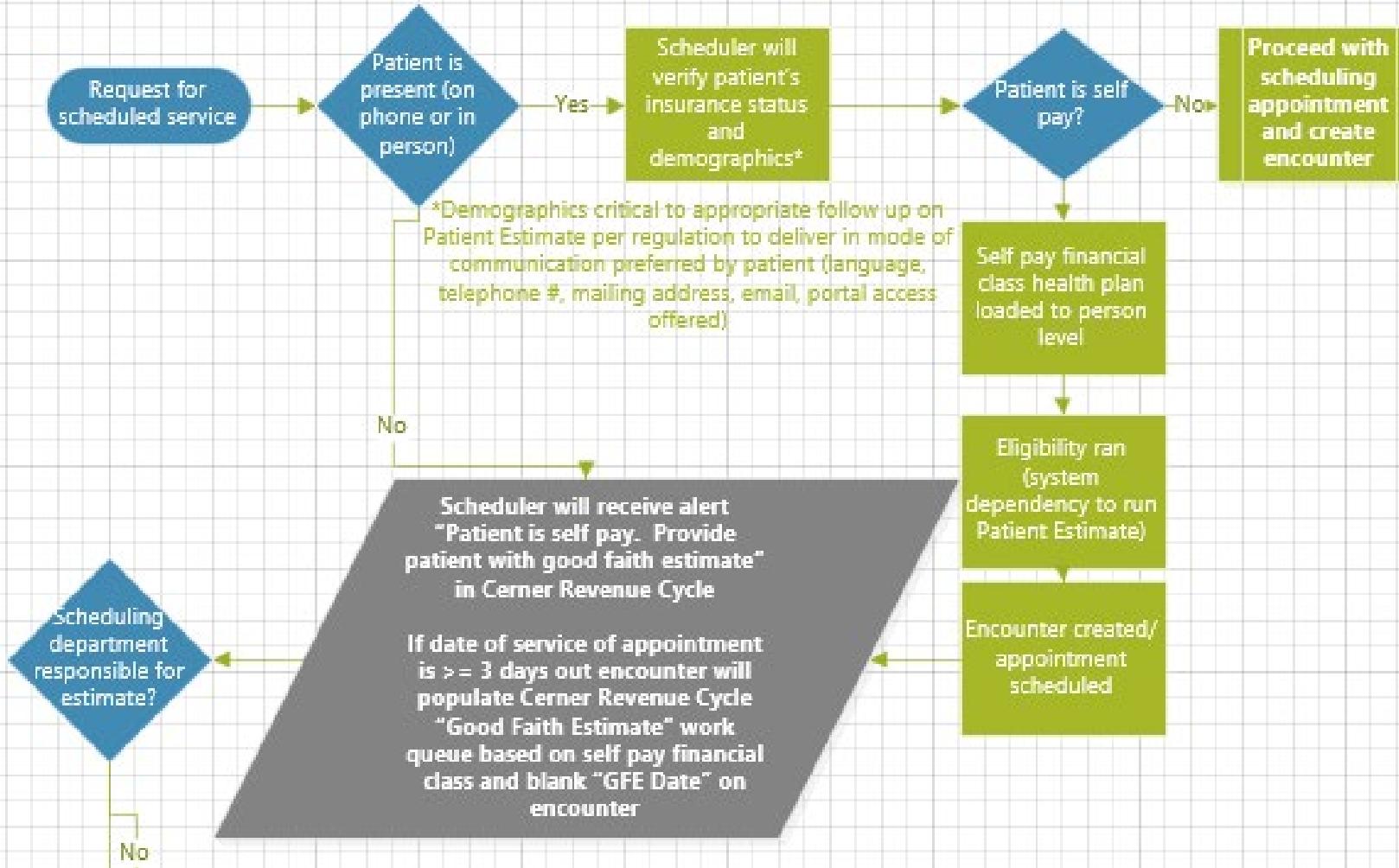
- Comply by 1/1/2022
- Don't just meet the regulation, exceed it
- Assess our opportunities and key performance metrics (KPI's)
  - Hardwire insurance verification across all access points at time of scheduling
  - Increase point of service collections
  - Reduce bad debt and customer service calls
  - 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.*

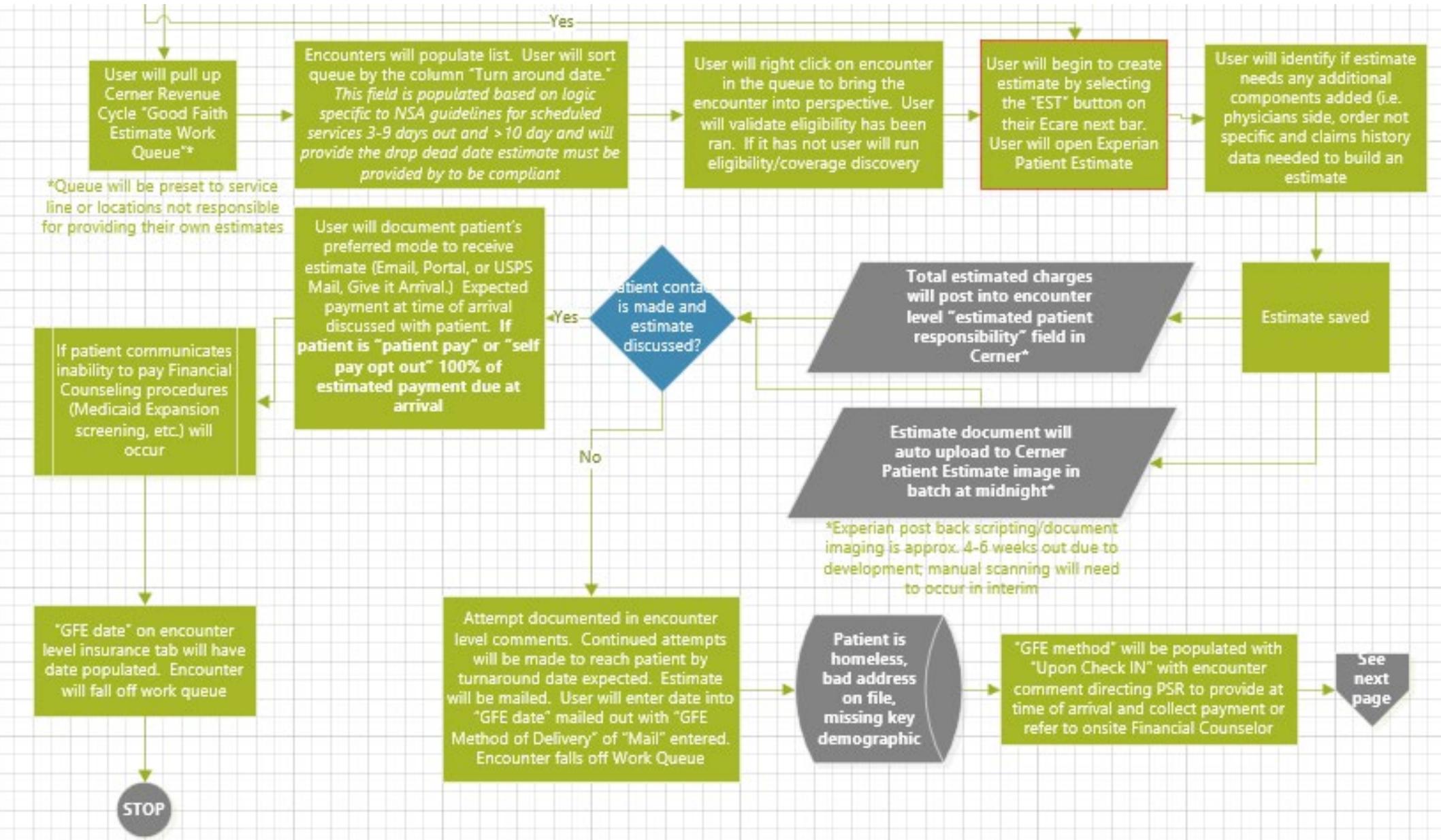
# Workflow - Scheduler

## Good Faith Estimate Scheduled Hospital/Ancillary Services

Scheduler

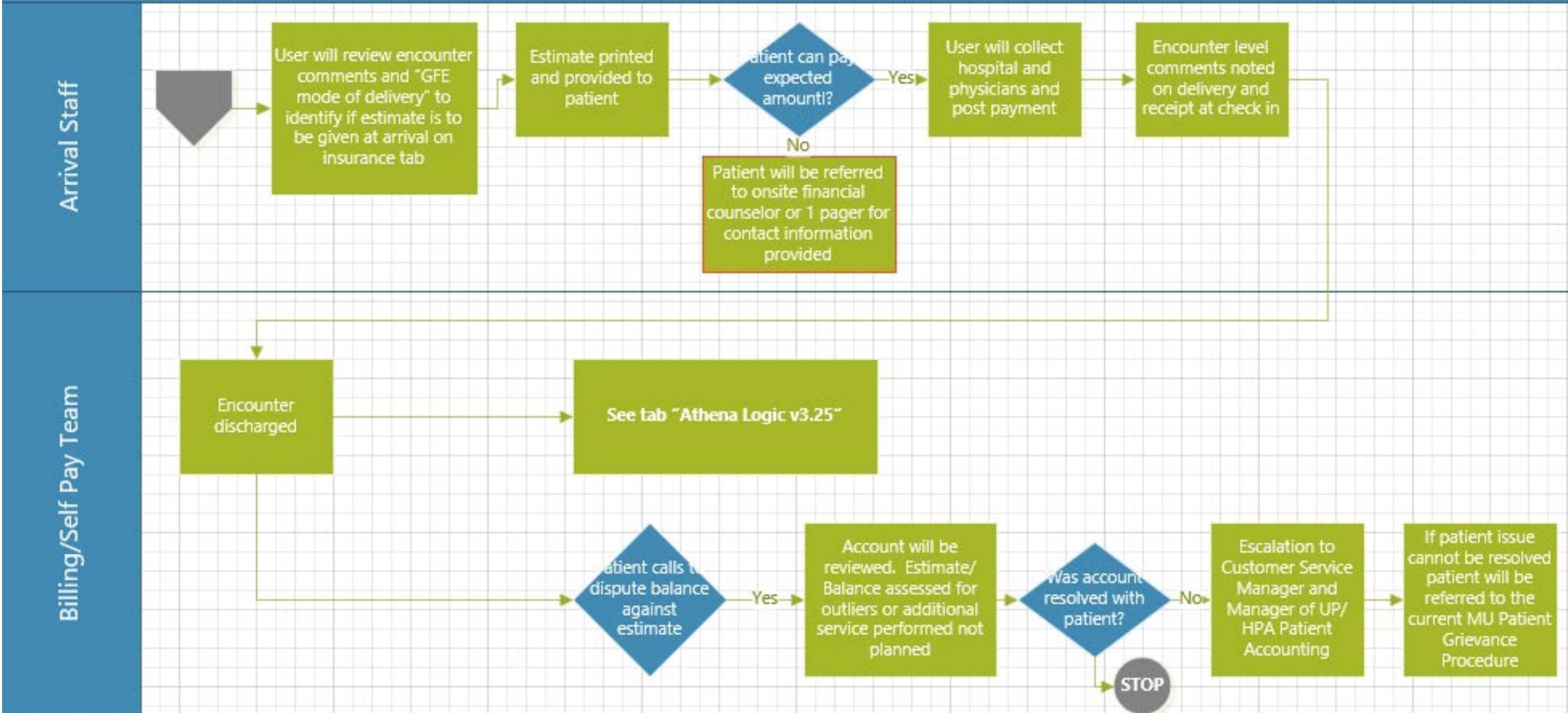


# Workflow – Financial Counseling

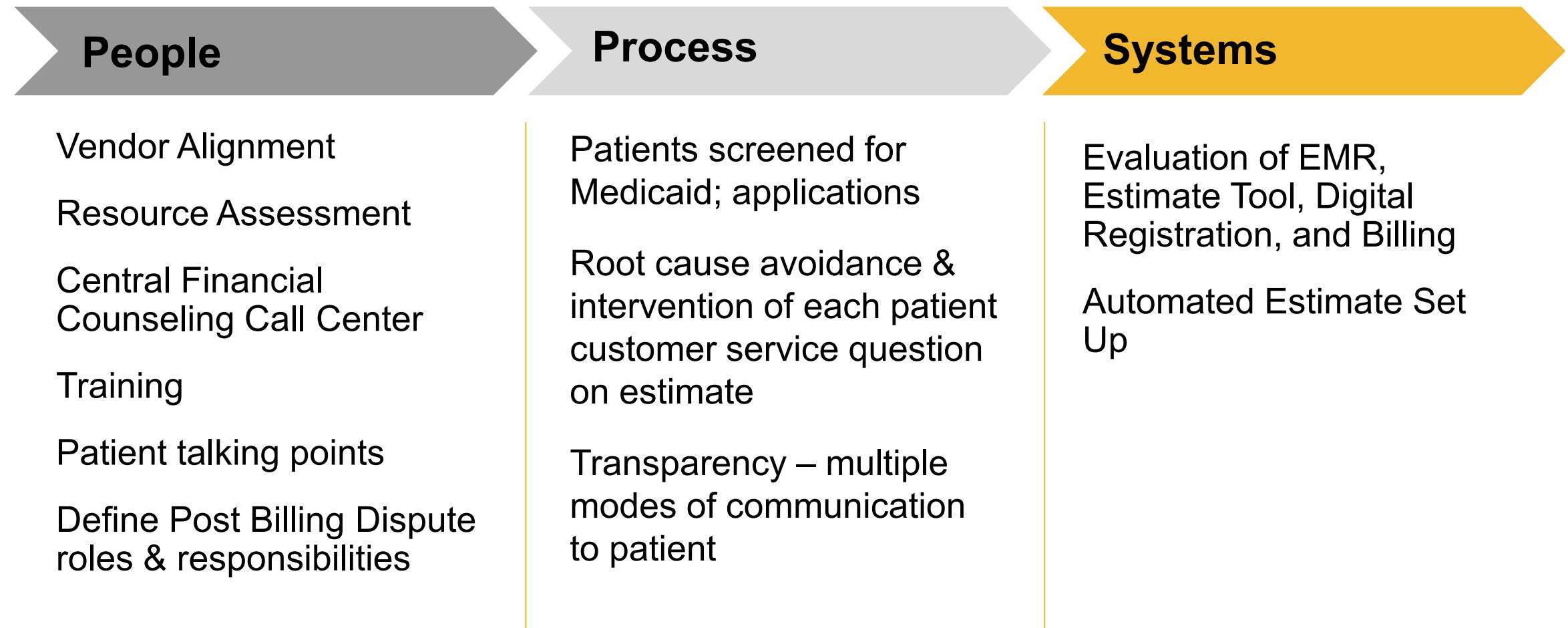


# Workflow – Arrival, Billing, Customer Service

## 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.

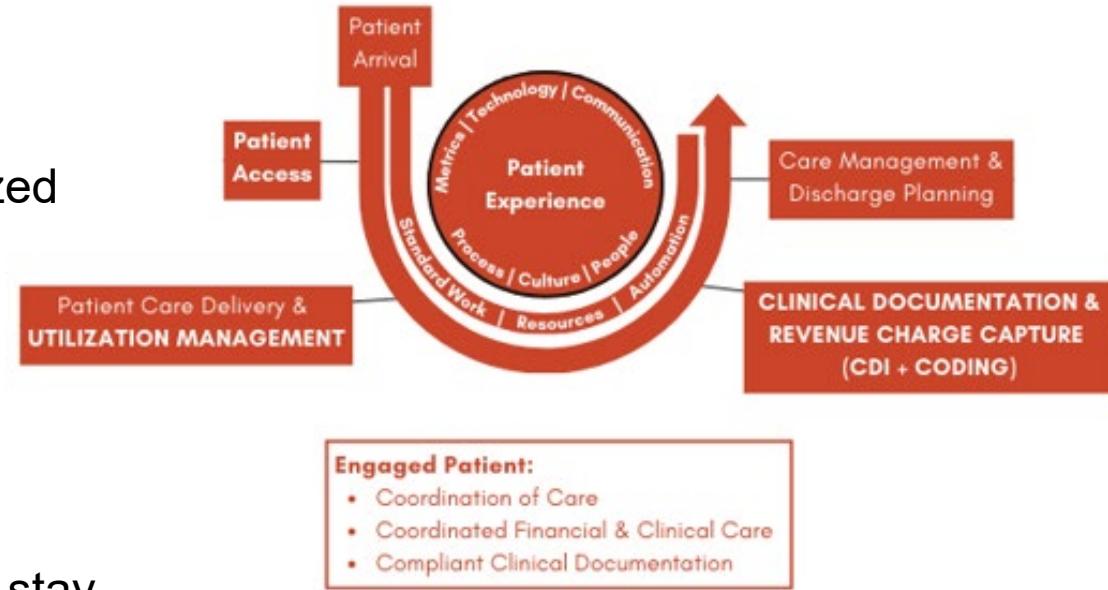
**HFMA Role:** Patient

## **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

## People

- Office of Patient Experience
- External Communication Plan
- Marketing approved digital language/website/statement

## Process

- Process Alignment
- Training
- Timing

## Systems

- Call Tree
- Routing internal vs. external reviews

# 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 30<sup>th</sup>, 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?