

Revenue Cycle Management



Keeping your Patient at the Heart of your Revenue Cycle?

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Seek First to Understand and Then be Understood

Video:

Empathy: The Human Connection to Patient Care. Retrieved from http://www.youtube.com/watch?v=cDDWvj_q-o8&feature=em-share_video_user

Patient care is more than just healing -- it's building a connection that encompasses mind, body and soul.

If you could stand in someone else's shoes . . . hear what they hear. See what they see. Feel what they feel. Would you treat them differently?

CEO Toby Cosgrove, MD, shared this video, titled "Empathy," with the Cleveland Clinic staff during his 2012 State of the Clinic address on Feb. 27, 2013.

Take a moment...



Patient Experience-Customer Service

- Customer Service is paramount for the future success of health service providers.
- Utilize your Revenue Cycle team to help build loyalty both on and off campus.
- View touch points that occur after care as another sales opportunity.
 - Elicit patient feedback
 - Build lasting patient loyalty
 - Obtain permission to send information about other services provided by your network.
 - Think holistically about your patient to include other family members



Patient Perception

- Patients perceive the billing process as difficult and frustrating.
- There is also a perception that revenue cycle teams do not understand their coverage.
- They do not have faith in the estimates given for out of pocket expenses.



Questions to ponder??

- Does your revenue cycle staff help to build a better business for your organization?
- Are your customers pleased with the outreach of your revenue cycle staff?
- Are your staff leaving a negative perception on patients after a great clinical experience?



Relationships

- Economic Relationships - Increases in the number of patients who carry a balance with your facility.
- Health Management Relationships - Revenue is at risk through readmission penalties and other penalties.
- Revenue Cycle operations – to keep costs to collect under control.

Stay Connected

Sometimes in the midst of making changes to improve things, we inadvertently lose the patient.

- Literally – they do not like how your facility is changing and make arrangements to go elsewhere
- Figuratively – The patient feels lost in the shuffle and we forget to keep them informed

How can we keep our patients even during these changing times and in the midst of our quest to stay viable...

Direct Financial Advocacy

- “Traveling” financial counselors(TFC) – To visit every non-Government patient
- The mission of the TFC
 - Provide an easy to understand view of the revenue cycle process
 - Connect patients and their families with resources (not just revenue cycle)
 - Most importantly, to offer a warm Thank you for Choosing us...

Your revenue cycle team can be an agent for patient satisfaction and ultimately, loyalty and relationship management.



Change their experience

- Try to see things through your patients eyes. Remember that we all process good news and bad news in different ways.
- Connect with your patient, each individually – try to make a mental note of the color of their eyes.
- Even though we may not understand how they came up with their expectation – try to do your best to explain using empathy. Let them know that their needs are important to you.
- Ensure that all staff understand the policies – NEVER answer patient questions with “That’s our Policy”



Make it an Exceptional Experience

- Introduce yourself, Smile and make eye contact
- When helping a patient use: “It was my pleasure” instead of “No Problem”
- Smile when you are on the phone – keep a mirror at your desk.
- Shake hands with your patient – softly. The first touch is so important.
- Smile when you see patients, family members, vendors and other staff members.



Keep them informed

- Verbal explanation along with written explanation
 - Create a brochure explaining the financial process
 - Give them a link to your web site for further details
 - Make your website a one-stop destination for facility information, health information, forms and secure messaging with your facility
 - Give a phone number in case they have further questions
 - Repeat the same scripting at EVERY visit. Keep it consistent.
 - Invite the patient to become a friend on your social network. Then keep it updated with Facility News, Health News and Local events

»»» Make it easy for your patients

A recent study showed that 82% of patients will seek services from facilities that make it EASY for them to do business with them.

- Give them many ways to complete their forms, to make an appointment, to communicate with you, to pay a bill...
- Keep pens and paper in your waiting room – so they can write down questions
- Ask them how they would like to be communicated with. (Phone – work, home or cell, Mail, Text, Email)
- Have a computer in your waiting room, provide Wi-Fi for your patients, have a list of medical web sites that your providers recommend for viewing

Immediate Service Recovery

- Do real time Patient Registration/Access Satisfaction survey's. Review them real-time and speak with your patient before they leave the facility.
- When the patient is leaving ask – “Were all of your questions answered” If not get the answers immediately if possible.
- If the patient expresses an unhappy experience – give them a gift card and a **sincere** apology.
- If they have had a negative experience with a staff member, hand write an apology note.

»»» AHA: Patient Bill of Rights

While most of the document pertains to the clinical practices with in the healthcare environment there are specifics regarding the financial obligations that accompany treatment options.

- #12”The patient has the right to be informed of the hospitals policies and practices The patient has the right to be informed of available resources for resolving disputes... . The patient has the right to be informed of the hospital’s charges for services and available payment methods.
- ...”Patients are responsible for providing necessary information for insurance claims and working with the hospital to make payment arrangements, when necessary.

<http://www.aha.org/resource/pbillofrights.html>



PPACA – Patient Protection and Affordable Care Act

Among other things the PPACA will:

- Require ALL Americans be insured with a minimum coverage
- Require Insurers to:
 - Not deny based on a pre- existing conditions
 - Not drop patients when they receive a diagnosis
 - Not impose spending caps or life-time maximums
- A penalty will be imposed through the “individual mandate” for patients that did not obtain coverage prior to the March 31, 2014 deadline.
- Patients who meet specific financial benchmarks will qualify for Federal Tax Subsidies



2014 – ACA Changes to your Revenue cycle

- Expect more patients exploring their options, asking more questions and in many cases being very confused.
- Train your team at all access points as well as points of care:
 - To answer “Market Place” questions
 - To articulate coverage options
 - To discuss payment options
 - To know when and who to escalate to

2014 – ACA Facility Action

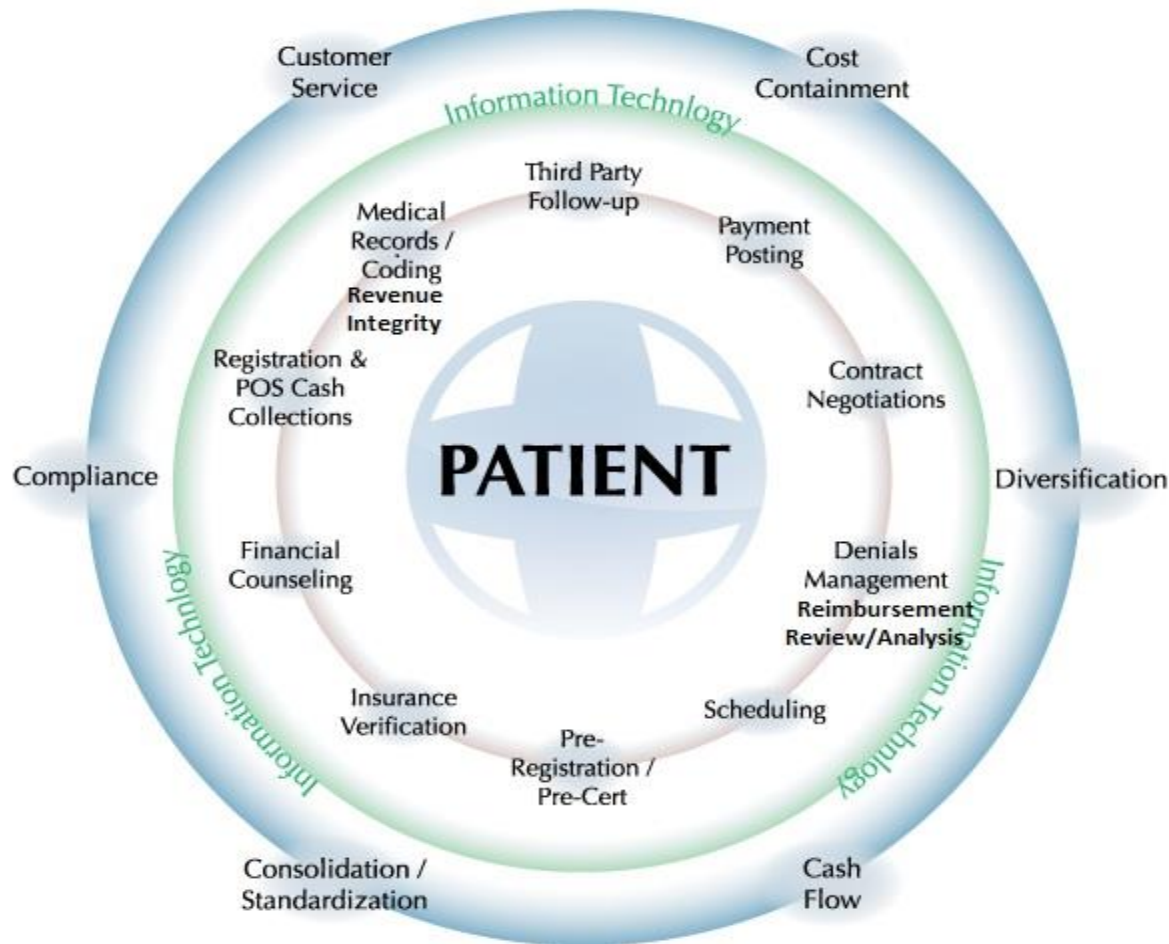
- Be strategic and develop ways to assist your patients on understanding how to enroll
 - This will help reduce unnecessary bad debt and charity expenses
- Consider reviewing your workflows to ensure that your front line has the proper education
 - Investigate having your registration team become Certified application counselors
 - Consider having extra computers at patient access points to navigate your policies, exchange questions, Centers for Medicare & Medicaid services
- Create Brochures and display Posters
- Do Outreach services at Community Centers etc.



Action

- You must first understand the choices that your patients have.
 - Study your State Exchange
 - Understand if your State will participate in Medicaid Expansion and what the might mean to your facility
- Educate your staff on key topics regarding the ACA and the Exchanges
 - Not just Revenue cycle staff

Revenue Cycle Control Points



Traditionally hospitals focused their collection efforts on the back end of the Revenue Cycle.



The Patient

Create a customer sensitive positive “Patient Experience”. As you can see the patient is at the center of the Revenue Cycle Control Points.

- As you move through the financial clearance process remember that your patient does not always understand how HEALTHCARE works!
- Always treat your patients (no matter what their financial state) with Compassion, Dignity and Respect

»»» Patient Engagement – Touch points

- Identify/outline all aspects of Patient Access
- Group all aspects into three key areas: Pre-Encounter, Encounter, Post- Encounter
 - Pre-encounter: (examples: referral services, patient assessment, pre-registration, patient and family education, payer authorization, clinical and financial prerequisites, benefits verification, financial clearance.

»»» Patient Engagement - Touch points

- Encounter: (concierge, transport coordination, directing patients, information, family liaison, order entry, consent forms/education, ADT system, charge capture, billing, customer service, financial counseling, benefit verification, scheduling, patient identification.
- Post-encounter: patient billing, insurance follow up, payment verification, cash posting, Medicare regulations, collections.



Measure for Success

- Continually engage your patient in feedback
 - Focus Groups
 - Surveys
- Compare internally
 - Benchmark against yourself for customer service scores
- Understand external comparison to help identify areas for improvement

How to Measure

- Define your indicator - What do you want to measure
- Purpose – Why do you want to measure that – how will it help to improve
- Value – What will it do for your patient, department, facility as a whole

- What data elements will you need to calculate
- How will you retrieve this data
- How often will you need to measure (Daily, Weekly, Monthly, Quarterly, Annually)



Move toward best practice benchmarks

- Hospitals with less than 250 beds average number of FTE's in front end revenue cycle functions: 35
 - Includes: Scheduling, Pre-Registration, Registration, Front End Financial Counseling
- Over all revenue cycle spending by functional Area:
 - Access: Low Cost = 30%, Mid Cost – 30%, High Cost = 29%
 - Business Office: Low Cost = 35%, Mid Cost = 33%, High Cost = 40%

Source: Financial Leadership Counsel 2013 Survey of Hospital Revenue Cycle Operations. The Advisory Board Company



Success

- Create a Culture – of understanding and education
- People – Love People, Use Money never the opposite
- Process – Create Processes that support your Culture and the People you encounter
- Technology – Infuse the right technology

Patient Encounters

- Next in the four part series we will explore the Financial Clearance and Pre-Registration processes.
- At each step you should keep your patient at the heart of the interaction. We will explore how to interact with patients and others prior to their on-site visit.



Disclaimer

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