Success Stories with NAHAM Access Keys

Colin Carey - Park Ridge - Adventist Health
Nicole Fountain - Saint Anthony Medical Center - OSF Health
Terry C. Kile - Regional Director - Litmos Healthcare
How DID We Get Into This Anyway?

Who is this guy and what does he have to do with our topic?
How DID We Get Into This Anyway?

Who is this guy and what does he have to do with our topic?

Justin Ford Kimball
How DID We Get Into This Anyway?

• In 1929, Vice President of Baylor University Hospital, Dallas, TX
• Designed an individual hospital prepayment plan,
• Adapted from the prepayment plans of the lumber and railroad industries.
Kimball’s Idea

Kimbal discovered that Baylor Hospital had a large number of unpaid bills, many from Dallas schoolteachers.

- Developed a plan whereby a teacher could prepay, at fifty cents a month or six dollars a year, for twenty-one days of semiprivate hospitalization at Baylor Hospital.
- The plan would take effect after a patient's first week in the hospital, with payments being five dollars a day.
- By December of 1929, 75 percent of Dallas teachers had enrolled in the plan.
- Forerunner of Blue Cross Group Hospital Insurance.
“We have entered a new era in healthcare where patients are taking more and more payment liability.

This change, born from shifting insurance models and new reimbursement issues, has many hospitals and health systems looking for ways to improve the efficiency of their Patient Access operations.”

Kathy Ford, SVP, Jellyfish Health
Today’s Presentation

- **Review of NAHAM AccessKeys**

- **Two Success Stories Using Rev Cycle Training**
  - **OSF-Rev Cycle Training**
  - **Park Ridge Health/Adventist-Focus on POS Collections**

- **Latest Education Opportunities to Improve Efficiency & Quality**
### Who is Using ACCESSKEYS?

### Focus on POS Collections
NAHAM’s Best Practice Recommendations 1-5

1. Establish a Baseline - what are your average POS collections per month? By Location?
2. Assess POS collection capabilities across campus (patient liability estimation and financial counseling availability) and in each patient type location (ED, Surgery, Outpatient, etc.).
3. Provide staff with patient liability estimation tools and train them to understand and explain insurance terminology and calculation of copay, deductible and coinsurance.
4. Train staff how to collect effectively and provide scripting with guidance on objections that align with the hospital’s financial assistance policies (FAP’s).
5. Develop collection policies (FAP’s) that empower registrars to offer discounts, payment plans, loans and charity for those who qualify, and provide them with clear parameters to reschedule non-urgent services for patients who can afford but are not willing to pay.
6. Foster a collections culture with support from the Board, Executives, Management and Physicians, where every registrar asks at every opportunity, of every patient that has an estimated liability, every location and every time.

7. Continually raise the bar when goals are met but keep goals attainable.

8. Implement Incentives - non-financial (recognition, parties, etc.) or financial (depending on facility).

9. Engage physicians and office managers to set expectations at ordering and scheduling levels.

10. Monitor POS collections performance monthly and weekly at four levels; health system, facility, location and employee, using all five collections NAHAM AccessKeys.
Working with Adventist-Park Ridge Health to Improve Time of Service Collections:

Research Historical POS Collections Results:

Establish Numerical Targets

Determine Length and Training Content— with BridgeFront Assistance:

Review Ongoing Results and Share with Management Team

Nicole Fountain

• Revenue Cycle Director at Saint Anthony Medical Center in Rockford, IL.
• BA-Millikin University & Master’s-University of Illinois
• CRCE-I and CHAM certified
• Adjunct faculty member at Rock Valley College, teaching Principles of Revenue Cycle.
• Midwestern Delegate to the NAHAM Board of Directors.
Working with Adventist-Park Ridge Health to Improve Time of Service Collections:

Research Historical POS Collections Results:
Establish Numerical Targets
Determine Length and Training Content—with BridgeFront Assistance:
Review Ongoing Results and Share with Management Team

OSF Selection and Roll-Out Process
2013 Results-POS Collections

Pre/POS Cash Collections - Payment Dollars

(thousands)

- Oct-2012: $0
- Nov-2012: $0
- Dec-2012: $2
- Jan-2013: $11
- Feb-2013: $9
- Mar-2013: $12
- Apr-2013: $14
- May-2013: $16
- Jun-2013: $14
- Jul-2013: $32
- Aug-2013: $21
- Sep-2013: $31
2013 Results-POS Collections

Pre/POS Cash Collections - % of Net Revenue

- Oct-2012: 0.0%
- Nov-2012: 0.0%
- Dec-2012: 0.0%
- Jan-2013: 0.0%
- Feb-2013: 0.0%
- Mar-2013: 0.0%
- Apr-2013: 0.1%
- May-2013: 0.1%
- Jun-2013: 0.0%
- Jul-2013: 0.1%
- Aug-2013: 0.1%
- Sep-2013: 0.1%
2014 Results-POS Collections

Pre/POS Cash Collections - Payment Dollars

(thousands)

- Oct-2013: $31
- Nov-2013: $82
- Dec-2013: $45
- Jan-2014: $55
- Feb-2014: $61
- Mar-2014: $106
- Apr-2014: $91
- May-2014: $98
- Jun-2014: $110
- Jul-2014: $99
- Aug-2014: $72
- Sep-2014: $64
2014 Results-POS Collections

Pre/POS Cash Collections - % of Net Revenue

- Oct-2013: 0.1%
- Nov-2013: 0.3%
- Dec-2013: 0.2%
- Jan-2014: 0.2%
- Feb-2014: 0.3%
- Mar-2014: 0.4%
- Apr-2014: 0.3%
- May-2014: 0.3%
- Jun-2014: 0.3%
- Jul-2014: 0.4%
- Aug-2014: 0.3%
- Sep-2014: 0.2%

Target >= 1.5%
2015 Results-POS Collections

Pre/POS Cash Collections - % of Net Revenue

- Oct-2014: 0.3%
- Nov-2014: 0.2%
- Dec-2014: 0.2%
- Jan-2015: 0.3%
- Feb-2015: 0.3%
- Mar-2015: 0.4%
- Apr-2015: 0.3%
- May-2015: 0.3%
- Jun-2015: 0.2%
- Jul-2015: 0.2%
- Aug-2015: 0.1%
- Sep-2015: 0.1%

Target >= 1.5%
2015 Results-POS Collections

Pre/POS Cash Collections - Payment Dollars

(thousands)

Oct-2014: $74
Nov-2014: $48
Dec-2014: $65
Jan-2015: $80
Feb-2015: $63
Mar-2015: $94
Apr-2015: $73
May-2015: $78
Jun-2015: $62
Jul-2015: $65
Aug-2015: $38
Sep-2015: $44
2016 Results-POS Collections

Pre/POS Cash Collections - Payment Dollars

(thousands)

- Oct-2015: $54
- Nov-2015: $55
- Dec-2015: $51
- Jan-2016: $54
- Feb-2016: $55
- Mar-2016: $90
- Apr-2016: $4
Meet Colin Carey...
Working to Improve Rev Cycle at AHSS

• Began with Orlando Discussion on Helping With Total Rev Cycle Training
• Maintain Mission While Improving Results
• Presentation at July 2015 AHSS Rev Cycle Conference
• Identify Specific Pilot Project Goals & Locations
Potential Pilot Project Focus

• Project Supports Specific Rev Cycle Challenges
• Creates Immediate Learning ROI
• Goals via KPIs Are Easy To Identify
• Promotes Team Accountability
Potential Pilot Project Choices

• Time Of Service Collections
• Registration Error Improvement/Data Integrity
• Understanding Medicare-Improving Results
Working with Adventist-Park Ridge Health to Improve Time of Service Collections:

Management Team includes:
• Jimm Bunch CEO
• Wendi Barber, CFO
• Colin Carey, Manager Patient Access

Goal for Pilot Project:
To Increase Upfront Collections at all touch points.
Improvements at Park Ridge Health

Working with Adventist-Park Ridge Health to Improve Time of Service Collections:

Research Historical POS Collections Results:

Establish Numerical Targets

Determine Length and Training Content—with Litmos Healthcare (formerly BridgeFront) Assistance:

Review Ongoing Results and Share with Management Team
RESULTS SO FAR
POS Collection Trends

Park Ridge Health
Upfront Collection Percentage Change
Year over Year

<table>
<thead>
<tr>
<th>Month</th>
<th>2014-2015</th>
<th>2015-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>-13%</td>
<td>-3%</td>
</tr>
<tr>
<td>Feb</td>
<td>14%</td>
<td>-2%</td>
</tr>
<tr>
<td>Mar</td>
<td>20%</td>
<td>3%</td>
</tr>
<tr>
<td>Apr</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Jul</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Aug</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Sep</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Oct</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Nov</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Dec</td>
<td>26%</td>
<td></td>
</tr>
</tbody>
</table>
POS Collection Trends

Park Ridge Health
Upfront Collection Trends - Emergency Department

Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec

$-  | $10,000 | $20,000 | $30,000 | $40,000 | $50,000 | $60,000

2013 | 2014 | 2015 | 2016
POS Collection Trends

Park Ridge Health
Upfront Collection Trends - Total Collections

$300,000
$250,000
$200,000
$150,000
$100,000
$50,000
$-

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

2013 2014 2015 2016
Staff Comments

• “BridgeFront sat me in front of a conversational mirror and helped me understand why I might be uncomfortable when speaking with patients about their financial responsibility. Once I understood my own “issues”, I was able to move beyond them and have a genuinely confident, professional, and productive conversation.” Kevin Morgan

• “We started using BridgeFront collection training in late March. It is very concise, plain speaking training that motivates and helps staff understand what is expected and how to help patients understand why we expect to be paid. We have seen at least a 20% uptick in collections from the very beginning.” Pam Mease

• “BridgeFront was a useful tool in allowing me to be aware of the many ways in which to collect money from patients. Helpful in wording a catch phrase for collecting, “How would you like to take care of that today?” -- Getting straight to the point and informative, makes the patient feel more at ease with paying their bill.” Lisa Allen
Adventist Health Program Expansion

• Rolled collection training modules out to 44 physician offices.
• Regional expansion to the 5 hospitals of the Appalachian region
• Offered MSP training to physician offices
• Use of Revenue Cycle training courses for department leaders and those identified as future leaders.
BridgeFront Clients Report Results:

- Reduced A/R Days
- Increased Front / Back End Productivity, Accuracy, Efficiency
- Reduced Denial Rates
- Lower Training Costs (vs. Classroom, Off Site, Creating/Maintaining Content)
- Increased POS Collections
- Increased Employee Readiness, Satisfaction & Retention
- Increased Payer Reimbursements
- Rapid New Employee Onboarding
- Career Development Path & Better Retention
- Like NAHAM / AAHAM / HFMA CEU
Connecting Your KPIs

- Nationally Recognized Measures
- Learning Plan Supports Your Specific Challenges
- Creates Immediate Learning ROI
- Goals via KPIs Are Easy To Identify
- Promotes Team Accountability
Most Important Key Performance Indicators?

1. Patient Satisfaction
2. Registrations/shift
3. Pre-Reg Verification
4. POS Collections
### NAHAM Access Keys - Collections

<table>
<thead>
<tr>
<th>TYPE</th>
<th>PATIENT ACCESS KPI</th>
<th>EQUATION</th>
<th>GOOD Benchmark Early Implementation Phase or Manual Process</th>
<th>BETTER Benchmark Moderate Implementation Phase</th>
<th>BEST Benchmark Mature Implementation Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Collections</td>
<td>POS Collections to Revenue</td>
<td>POS Collections / Net Patient Revenue</td>
<td>1.0%</td>
<td>1.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>2 Collections</td>
<td>POS Cash Collections (HFMA MapKeys adopted)</td>
<td>POS Collections / Total Patient Payments Collected</td>
<td>30%</td>
<td>45%</td>
<td>60%</td>
</tr>
<tr>
<td>3 Collections</td>
<td>POS Collection Opportunity Rate</td>
<td>POS Collections / POS Estimations</td>
<td>30%</td>
<td>45%</td>
<td>60%</td>
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| 4 Collections | Total POS Dollars Collected                      | Total dollars collected prior to and including discharge | Best Practice Recommendations:  
1. Establish Baseline - what are our average POS collections per month?  
2. Assess Collection Opportunities across campus (liability estimation and financial counseling availability)  
3. Provide staff with liability estimation tools  
4. Train staff on how to collect effectively and provide scripting  
5. Develop collection policies that empower registrars to offer prompt pay discounts, setup simple payment arrangements  
6. Foster a collections culture, where every registrar asks at every opportunity, every patient, every time  
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| 5 Collections | POS Collected Accounts Ratio                      | Accounts with collections / accounts registered      | 20%                                                       | 40%                                           | 60%                                       |
KPI Connection Examples

Revenue Cycle Metric: POS Cash Collected / Total Revenue: 2-3%
KPI: POS Cash collected / Total estimated patient self-pay balance Inpatient 50%-65% Outpatient 65%-75%

- BF80901 - Understanding Patient Balances
- BF80902 - The Collection Flow
- BF80903 - Payment Options & Solutions
- BF80920 Assumptions, Presumptions and Misconceptions in Collections
- BF80921 Triaging for Better Collections
- BF80904 - 4 Steps of Requesting Payments from Patients
- BF80905 - Managing Patient Balances
- BF80906 - Why Collecting Patient Balances Matters
- BF80922 Breaking Down Communication Barriers During Collection process
- BF80923 Three Keys to Effective Collection Communication
- BF80924 Matching Communication Styles for Improved
KPI Connection Examples

Revenue Cycle Metric: Total Patients with Eligibility Verified / Total Patients
KPI:
• Scheduled Patients: 100%
• Unscheduled Patients: 98%

• BF80701 Insurance Verification Terminology
• BF80702 Insurance Verification process Step by Step
• BF80703 Why Insurance Verification Matters
• BF80601 - Reading an Insurance Card
• BF80103 - Critical Steps in Payer Identification
• BF80801 – Introduction to Coordination of Benefits
• BF80802 – Determining Coordination of Benefits
• BF80811 – Multiple Plan COB Determination Process
• BF80812 – Why Coordination of Benefits Matters
• BF80701 Insurance verification Terminology
• BF80702 Insurance verification process Step by Step
• BF80703 Why Insurance verification Matters
• BF80601 - Reading an Insurance Card
KPI Connection Examples

Revenue Cycle Metric: Total Patients with Registration Errors / Total Registered Patients: <2%

- BF80202 - Patient Intake Points Within Healthcare
- BF80203 - Patient Intake Methods
- BF80401 - Master Patient Index Search & Assignment
- BF80403 - Patient Interviewing Techniques
- BF80404 - Getting Correct Information from patients & guarantors
- BF80405 Why Patient Demographic Data Matters
- BF80502 Gathering Essential Visit Information
- BF80503 Why Patient Encounter Data Matters
- BF80704 - Medical Necessity Concepts & the ABN
- BF80705 - Explaining the ABN to Medicare Beneficiaries
- BF80607 Why Accurate Health Insurance Data Matters
- BF80202 - Patient Intake Points Within Healthcare
- BF80203 - Patient Intake Methods
KPI Connection Examples

Revenue Cycle Metric: Gross Dollars in A/R (Not Final Billed) / Average Daily Gross Revenue : < 5 Days

- BF81201 - Introduction to Validating a Bill
- BF81202 - Validating a Basic Inpatient Bill
- BF81203 - Validating an Acute Inpatient Bill
- BF81204 - Validating a Combined Admit Inpatient Bill
- BF81205 - Validating a Mental Health Inpatient Bill
- BF81206 - Validating a Rehabilitation Inpatient Bill
- BF81207 - Validating Mom & Baby Inpatient Bills
- BF81208 - Validating a Basic Outpatient Bill
- BF81209 - Validating an Emergency Outpatient Bill
- BF81210 - Validating an Observation Outpatient Bill
- BF81211 - Validating a Surgery/Procedure Outpatient Bill
- BF81212 - Validating Other Outpatient Bills
- BF81213 - Validating a Therapy Outpatient Bill
General Discussion