OPERATIONALIZING NEW TRANSPARENCY REQUIREMENTS & EXPECTATIONS: **THE NEW NORMAL**

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TRANSPARENCY - DEFINED

• Generally implies openness, communication, and accountability. Transparency is operating in such a way that it is easy for others to see what actions are performed. It has been defined simply as "the perceived quality of intentionally shared information from a sender". For example, a cashier making change after a point of sale transaction by offering a record of the items purchased (e.g., a receipt) as well as counting out the customer’s change on the counter demonstrates transparency.

• Infusion of greater disclosure, clarity, and accuracy into their communications with stakeholders.
Transparency is a dirty word - Every time I hear it, I wash my mouth out with chocolate.

These are the days that make me want to accomplish big things.... tomorrow.
Today’s Lessons

- **Best Practice**
  - Industry Best Practice recommendations
  - How to follow the recommendation
- **Provider Journey**
  - Provider success story: The start up and current state
    - Transparency future state
- **Transparency Gone Wild! (Going the Extra Mile)**
  - Patient I.D. - /identity proofing
  - Technology
  - Patient Engagement
  - ER and other things – How to get closer to the truth!
Can we make a complicated process simple?

I think we need to schedule another appointment...

Doc, what is Healthcare Transparency?
THE WAY WE WERE

- Bed Boards (with little paper cards)
- IBM Selectric (what’s a typewriter?)
- Typing Tests
- Correct-type tape
- Whiteout/carbon paper
- Hand written diagnostic orders (taken by Reg)
- Hand written receipts and payment logs
- Appt scheduling log books
- Dialing a phone
- No Pantyhose!
- No voice mail/no email
- No managed care contracts
- No DRG and NO UB billing
- Admitting vs. Patient Access
- BLUE PLATES
- The GOOD – OLE - DAZE
We’re so backwards that we’re “special”!
Breakdown of U.S. Healthcare Consumer Responsibility
U.S.$ billions, estimates

*Source: 2007 & 2009 McKinsey analysis
...I'll just fit this last piece in here......

These just arrived...

Health Care Puzzle
Over 1 Million Pieces

Immigration Puzzle
Over 1 Billion Pieces

Jobs Puzzle
Over 1 Zillion Pieces!

Middle East Puzzle
Over 1 Million Pieces!!
TODAY PATIENT ENGAGEMENT IS ACROSS THE CONTINUUM!
(Not related any one episode)

**Old Paradigm** – episode of care

- Office Visit…
- Scheduling…Testing…
- Admission/Reg…
- Discharge…
- Billing…for svc you provided
- Payment
- **Bill me**

**New Paradigm** – Pop Health Mgmt

- Connected to EMR’s/ACOs
- Confirm appt / Pt Arrival/ Results
- PreService Clearance prior
- Phys office + specialists + Others
- Billing=combination of providers
- Bundled Payments
- **Pay me**
<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee for Service Payment</td>
<td>Risk and/or Incentives for Keeping Patients Healthy. <strong>P4P (Pay for Performance)</strong>, Shared Savings, Capitation</td>
</tr>
<tr>
<td>Care Not Coordinated Between Providers</td>
<td>Providers Managing Continuum of Care. Right Care at the Right Place/Time. <strong>Care Coordination, Transitions of Care leveraging community resources</strong></td>
</tr>
<tr>
<td>No Shared Patient Information</td>
<td>Electronic Health Records enable information Sharing. <strong>Health Information Exchange</strong></td>
</tr>
<tr>
<td>Doctors Wait for Sick People to Show Up</td>
<td>Predictive modeling, Proactive Monitoring and Outreach. <strong>Telemedicine, Patient Centered Medical Home, Home visits</strong></td>
</tr>
<tr>
<td>Patients Wait for Providers to Tell Them What to Do</td>
<td>Patients Actively Engaged in Improving and Managing their Health. <strong>Personal Health Records, Home Monitoring Devices, Patient Engagement/Liability estimates</strong></td>
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</table>
COORDINATION CAN OCCUR WHENEVER THERE IS COMMUNICATION BETWEEN ANY TWO OF:

- Insurer
- Patient
- Primary Care Physician
- Specialist
- Ancillary testing facility
- Post Acute Care
  - Nursing Home
  - Home Health
  - Family Caregiver
  - Pharmacy
WHAT’S NEXT?

- Population Health Management requires **Coordination** of Care

- **Coordination** requires communication & Patient Engagement

- Providers
- Patients / Consumer education
- Insurers
- T-R-A-N-S-P-A-R-E-N-C-Y
NEW BUSINESSES

- C__ _ _ _ _ _ _ t is helping patients select the best price, and quality service. Are you ready? Consumerism has reached healthcare and patients will be better educated. If you’re not offering competitive prices and high quality outcomes employers and patients using this service may start taking their business elsewhere. Wall Street appears to have casted their vote in favor of patient consumerism.
PROVISION OF CARE

- Provider organizations will have clear policies on how to interact with patients with prior balances choosing to have elective or non-elective procedures. They will also have clear definitions for elective and non-elective procedures. These policies will be made available to the public.

- Brochures, Website, all documents

- Patients do not speak ABN, RAC, UB, in from out!
- Lasix vs Furosemide
BEST PRACTICES FOR TRANSPARENCY

- Have defined processes for all patient types: EMR - OPT - INPT - Pre

- Discussion with Participants - not to disrupt workflow


- Include Financial Screening along with Estimation
  * Use of consumer data
  * Toll Free number / Business Cards

- Appropriate Discussion Settings & Script

- Pre - Point - change in discharge process (fast pass?)
WHO, WHERE, WHEN?
HOW EASY IS THIS FOR YOU?

- Prior Balance Discussion
- Balances across their continuum of care
- Payment plans tailored to successful collection
- Summary of Care Document
- Annual Training of Registration - MSP, Collections, Payer Skills, Industry trends & updates
• Display Confidence!

• Be sensitive to the situation (emotional intelligence)

• Be aware of cultural differences

• Be humane, respectful and honest

• Determine what leverage you have

• Be realistic - understand the strategy and policy

• Hire with these traits in mind
The law aims to control health care cost growth through a number of mechanisms, including the creation of new commissions and agencies to monitor and enforce the health care cost growth benchmark, wide adoption of alternative payment methodologies, increased price transparency, investments in wellness and prevention, an expanded primary care workforce, a focus on health resource planning, and further support for health information technology.
RETAILERS HAVE THE ANSWER
(OOPS : 26 - 40% OF COST AT A HOSPITAL IS ADMINISTRATIVE!)

<table>
<thead>
<tr>
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<th>US health care</th>
<th>US Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>AR/Revenue</td>
<td>15-30%</td>
<td>5%</td>
</tr>
<tr>
<td>Cost of Collections</td>
<td>15-20%</td>
<td>2%</td>
</tr>
</tbody>
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Why is Healthcare so high?

<table>
<thead>
<tr>
<th></th>
<th>US health care</th>
<th>US Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paper Processing</td>
<td>80-90%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Manual interaction</td>
<td>30-40%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Exceptions</td>
<td>20-30%</td>
<td>1%</td>
</tr>
<tr>
<td>Collection Point</td>
<td>30-60 Days Post-Service</td>
<td>Point of Service</td>
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Retailers process payments electronically, automatically, at point of service without rework.
THE BEST PAYMENT PROMISE

Providers must...

• Know who is in front of them. I.D. your patient – Keep patient SAFE & STOP RETURN Mail
• Define the medical language in CONSUMER language
• Have the correct insurance and benefit information.
• Tell patients what they will owe at the time of service.
• Enroll for Financial Assistance before rendering service.
• Extend hospital charity to those who qualify.
• Securely accept payment upfront for smaller balances.
• Extend payment terms and fundraising options for larger balances.

Every patient leaves knowing what they owe & how their services will be paid for!

Excellence in Patient Financial Triage includes determining the Patient’s Preferred method for future Communications!
• Collections / accuracy
• Consumer satisfaction Surveys / real time
• Host Focus Groups
• Define Medical and Legal terms and provide access to them - See handout

• Access success - Reduction in Dups, return mail & patient complaints, cancellations, no-shows
• Increase - patient satisfaction scores, collections, employee satisfaction, positive internal relationships
CREATE THE VISION & GO THERE!

“Do you want to sell sugar water for the rest of your life, or do you want to come with me and change the world?”

— What Steve Jobs said to Pepsi executive John Sculley to lure him to Apple.
PROVIDER OVERVIEW

- Faith Based organization
- Bangor Maine, Population 33,000
- St Joseph Hospital / Covenant Health System
- Licensed for 112 beds
- Volumes
- Transparency & collection = new concept to patients
- Delicacy in rolling out the changes and keeping within the mission
BENEFITS OFFERED

- Provider discounts
- Financial Counseling Services
- Card give to patient for Counseling hours
- Establishing a Physical Space and staffing in the ED (certified counselor for HIX)
CENTRALIZED & DECENTRALIZED OVERSIGHT

**Challenges**

- **Training staff** - 2 day with pre-reg staff and time with education trainers

- **iPad swipes / kiosks (where, which patients)**
Role connectivity between rev cycle, ancillary and I.T. departments to make process improvements

Automated process developed allows for Patient Access + PFS transparency.

Dedicated price estimation line and dedicated Financial Counseling line.

Keep it Simple - allow for Patient Engagement via patient portal, smartphones etc.
PATIENTS - SHOPPERS

- How are they managed (PAR process)
- What can be done
- Consumer response
- Staff challenges
- Going from Manual to Automated - the journey
- Implementing automation to take payments and set payment plans.
- Setting expectations upfront for customers
SUPPORT FROM INTERNAL RESOURCES

- ED and ancillary staff
- Revenue Cycle Departments
- Senior Management - on board
- I.T.!
- Working to budget much needed resources
- Provider owner physician practices & entities
- All staff physicians
- Their Office staff
- Marketing

**Educating consumers and supporting the vision is everyone’s job.**
QUALITY MANAGEMENT – IT’S WHAT’S UPFRONT THAT COUNTS!

• Without quality data you cannot be transparent with any sense of accuracy
• Scrub accounts upfront
• Auto scripting corrections means less rekeying and less chance for error.
• Snapshots of electronic trx and info kept for audit trail
• Reports! Communicate Success!

Ya Gotta Be a Team Player
FUTURE STATE

- Kiosks in all areas
- Scrubbing tool integrated with PFS
- Patient Portal for test results/appts and financial and clinical communications
- Automated PreAuth
- Work closely with Provider owned practices to move processes even farther to the front of the patient experience
- Physician liaison role to assist with the physician office relationships
- Automated phone calls to encourage pre-processing
How do you make this possible?

Accurate Data

Benefit data

Contract Data

Payment Estimate

Financial Triage & PIV

Cashiering Tools

Skills!

Through technology!


2. Segment: to prioritize inventory and produce optimal collection and treatment strategies.

3. Route: assign accounts to the most appropriate role pre/post
4. Performance Management: Real-time dashboards and reports target key performance indicators and benchmarks to support and drive business decisions.

*5. Monitor: Perpetually monitor unpaid accounts for changes in a patient’s ability to pay and timely updates to contact information.

6. Collaboration, Consultation and Analytics: identify best practice collection strategies on going, evaluate reports for opportunities and anoint someone to oversee & champion process.
1. Calculations...ded...copay...include/exclude in OOP?
2. Integration of Order Entry with Patient Liability Estimates
3. Transparency with Manage Care contracting
5. Provide Feedback to all stakeholders
6. Transparency across generations and learning types
7. Transparency across integrated providers
8. Transparent management when patient not longer present
9. Standardize language use
10. Do it to avoid utilization risk when our patients need it most!
VENDOR SELECTION

Integration of Tools

Ease for End User
WHAT OTHER KIND OF THINGS?

• Telemedicine

• Gamification applied to healthcare engagement

• Change your process to meet the needs for customers of all ages. Being intuitive and innovative will pay off. Customers are more confident of your facility if they are met with the latest & greatest at Patient Access

• Hospitals compete for patients by developing their expertise in niche markets. This could just be quality customer service, consumer friendly processes, and confidence in experiencing the latest technology in place right at the start.

• Servant Leader Management Style
TRY NEW THINGS! COLLABORATE WITH YOUR BUSINESS PARTNERS TO MANAGE THE NEW MODELS

Passport a part of Experian
Gates: "This is the Dream, but it works only if frontline workers are inputting data, health ministries are acting on it, and patients are using the information that they receive on their phones. A decade ago, people said that this would happen quickly. It didn’t, because the pieces just were not there. Now they are starting to come into place."

The TRAIN has left the station!
BE USER FRIENDLY & INTUITIVE. SHOW HEALTHCARE CONSUMERS THE LOVE!

Meaningful use: More than 50 percent of all unique patients online access to their health information. Precisely I.D. your patients and enroll in your Patient Portal!

500,000 known, verified fraud records
CREATE THE VISION & GO THERE!

“Do you want to sell sugar water for the rest of your life, or do you want to come with me and change the world?”

—

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**Translation:** Do you want to just register patients for the rest of your life or Do you want to help change their world?
END GOAL

Healthy Happy Consumers  A healthy Provider revenue cycle
Ham & Egg Breakfast

• The Chicken is invested

• The Pig is committed!

• Achieving Successful comes at a price
TAKE-AWAYS FROM TODAY'S LESSON?

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