Speakers

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AccuReg
Liability Shift from Payer to Patient Revenue Mix

Before ACA

- 90% Payer
- 10% Patient

After ACA

- 70% Payer
- 30% Patient
What are POS Collections?

• Point of Service Collections
  ▪ POS, TOS, Pre-service, Up-front, Front-end
  ▪ Various definitions:
    ▪ Prior to Arrival
    ▪ Point of Service
    ▪ Point of Service up to DC date
    ▪ Point of Service up to x days after discharge
    ▪ May include outstanding balances and bad debt recoveries
NAHAM Definition of POS Collections:

- Any and all collections posted by Patient Access prior to and including discharge date.
- This includes:
  - Collections from self-pays
  - Collections from insured patients (copay/deductible/co-ins)
  - Initial payments collected for approved payment plans
  - Prior balances and bad debt accounts
Why are POS Collections Important?

• 70% chance of collecting at point of service (30% after discharge)
  ▪ Academy for Healthcare Revenue, 2014
• The majority of patients are willing to pay when they need the service
• Reduce the cost of billing
• Reduce bad debt
• Correctly identify charity
• Accelerate cash flow for financial viability
Why Estimate and Collect at POS?

• 30% of revenue now comes from patients
  ▪ Patients want price transparency and comparison
  ▪ Patients want to know their cost after insurance
  ▪ Patients don’t like surprise bills

• Estimates enable financial assistance discussions

• Estimates reduce patient financial stress

• Easier to collect up front than after service
  ▪ Likelihood of collecting is greatest at POS
  ▪ Cost to collect is lowest at POS
## NAHAM Pre-Registration Process Tiers

<table>
<thead>
<tr>
<th>Process Tiers</th>
<th>Tasks</th>
<th>Pre-Access Component</th>
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</thead>
<tbody>
<tr>
<td><strong>TIER ONE:</strong></td>
<td></td>
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</tr>
<tr>
<td>Basic Pre-Reg</td>
<td>1</td>
<td>Review Scheduled Visits</td>
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<tr>
<td></td>
<td>2</td>
<td>Verify Physician Orders</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Create Accounts in HIS/ADT</td>
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<td></td>
<td>4</td>
<td>Assign Medical Record Number</td>
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<td></td>
<td>5</td>
<td>Collect Demographics</td>
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<td></td>
<td>6</td>
<td>Verify Addresses</td>
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<td></td>
<td>7</td>
<td>Verify Employment/Retirement</td>
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<tr>
<td></td>
<td>8</td>
<td>Determine Financial Responsibility</td>
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<tr>
<td></td>
<td>9</td>
<td>Collect Insurance Information</td>
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<td></td>
<td>10</td>
<td>Contact Patient</td>
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<td></td>
<td>11</td>
<td>Quality Review</td>
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<tr>
<td><strong>TIER TWO:</strong></td>
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<tr>
<td>Insurance Clearance</td>
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<td>Insurance and Benefits Verification</td>
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<td>Medicare Secondary Payer/COB</td>
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<tr>
<td></td>
<td>14</td>
<td>Medical Necessity Screening &amp; ABN</td>
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<td></td>
<td>15</td>
<td>Authorization Screening &amp; Obtainment</td>
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<tr>
<td><strong>TIER THREE:</strong></td>
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<tr>
<td>Collection</td>
<td>16</td>
<td>Estimate Patient Liability</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Collect Patient Liability</td>
</tr>
<tr>
<td><strong>TIER FOUR:</strong></td>
<td></td>
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</tr>
<tr>
<td>Conversion</td>
<td>18</td>
<td>Screen for Financial Assistance</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Arrange Payment Plan</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Refer to Financial Resources</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Qualify and Enroll for New Benefits</td>
</tr>
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</table>
POS Collections Potential

National standard benchmarks represent progressive phases to achieving a high performing Patient Access team and are largely dependent on the level of executive support, community and board adoption, available technology, staffing, processes and use of best practices.

<table>
<thead>
<tr>
<th>ID#</th>
<th>DOMAIN</th>
<th>AccessKey (KPI)</th>
<th>EQUATION</th>
<th>GOOD Benchmark</th>
<th>BETTER Benchmark</th>
<th>BEST Benchmark</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Early Implementation Phase or Manual Process</td>
<td>Middle Implementation Phase or Semi-Auto</td>
<td>Mature Implementation Phase or Auto Process</td>
</tr>
<tr>
<td>POS-1</td>
<td>Collections</td>
<td>POS Collections to Revenue</td>
<td>POS Collections Net Patient Service Revenue</td>
<td>1.0%</td>
<td>1.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>POS-2</td>
<td>Collections</td>
<td>POS Collections to Total Patient Collections</td>
<td>POS Collections Total Patient Collections</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>POS-3</td>
<td>Collections</td>
<td>POS Collection Opportunity Rate</td>
<td>POS Collections POS Estimations</td>
<td>30%</td>
<td>45%</td>
<td>60%</td>
</tr>
<tr>
<td>POS-4</td>
<td>Collections</td>
<td>Total POS Dollars Collected</td>
<td>Total Dollars Collected (&lt;= Discharge Date)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POS-5</td>
<td>Collections</td>
<td>POS Collected Accounts Rate</td>
<td>Accounts Collected Total Registrations</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>POS-6</td>
<td>Collections</td>
<td>Estimate to Registration Rate</td>
<td>Estimates Generated Total Registrations¹</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>POS-7</td>
<td>Collections</td>
<td>Estimation Accuracy Rate</td>
<td>Accurate Estimates Qualified Estimates</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Total POS Cash Collected compare to prior periods (no ratio or benchmark for peer comparison)
Financial Impact

- Revenue Generation:
  - Earlier cash
  - Prior balance resolution
  - Divert bad debt

- Expense Reduction:
  - Cost to collect
  - Time value of money
  - Early out and collections fees
1. **Establish a Baseline** - What are your average POS collections per month? By Location?

2. **Identify Gaps** - Assess the current POS collection policies, practices, training needs and technology at each Patient Access location (ED, Surgery, Outpatient, Pre-Reg, etc.)

3. **Provide staff with** - Patient liability estimation and payment tools and training on insurance terminology and calculation of copay, deductible and coinsurance.
Estimator System Questions

- Automated? (from scheduled procedures)
- Accurate? (POS-7 Estimation Accuracy Rate = 85% ± 10%)
- Workflow: Alerts & Scripts?
- Employee and/or patient facing (kiosk/portal/mobile)?
- Integrated with payment processing?
- POS collections reporting?
- Integrated financial assistance scripting?
  - Payment options personalized to each patient
  - Line up with the hospital’s Financial Assistance Policies
    - Charity Care, Payment Plans, Discounts, Loans
- Integrated Payment Processing?
Payment System Questions

- E-cashiering?
- Auto-post payments via 835?
- Reconciliation reporting?
- Multiple payment methods?
  - Credit/debit/ACH/cash
  - Flexible payment plans
  - Prompt pay discounts
  - Patient loans (bank vs hospital)
- Patient payment portals and mobile apps
- Integration to estimation tools
  - To save time and error
  - Estimate to payment KPI reporting
- Retail and EMV?
Payment System Questions

- Monitoring
- Dashboards
- Public Display
Segmentation

- **Little ability to pay**
  - No available credit, low credit score
  - Potential charity care or Medicaid

- **Strong ability to pay**
  - Credit available
  - Collect payment at time of service

- **Borderline ability to pay**
  - High credit score
  - Consider for financing solutions

- **Identity issues**
  - Incorrect data
  - Potential fraud
Ability and Willingness

Credit Score

FPL
The Affordability Tipping Point
4. **Train Staff** - How to collect effectively (soft-skills customer training) with scripting, objection handling, and financial assistance options they can offer patients which are pre-approved by the hospital’s financial assistance policies (FAPs).

5. **Develop Collection Policies** - 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 that decline financial assistance.

6. **Foster a Collections Culture** - With support from the Board, Executives, Management and Physicians, where every registrar asks at every opportunity, of every patient with an estimated liability, at every location and every time.
7. **Continually Raise the Bar** - After goals are met, but keep goals attainable.

8. **Implement Incentives** - These can be 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** - On a monthly, weekly and daily at four levels; health system, facility, location and employee, using all 7 POS Collections AccessKeys.
Oneida Healthcare (OHC) is a 101-bed acute care hospital and a 160-bed extended-care facility (ECF) and short-term rehab facility licensed by the State of New York and operated by Oneida Health Systems, Inc., a New York not-for-profit corporation and Joint Commission accredited.
Background

• 4 Primary Care Health Centers
• 1 Maternal Health Clinic
• 4 Outreach Laboratory Draw Stations
• Physical Therapy Center
• 2 Offsite Imaging Centers
• Quick Care Center
• Sleep Study and Pulmonary Function Testing
• Neurology Services, Orthopedic Specialists and ENT Specialists
Organizational Structure

• Decentralized – oversight of:
  ▪ Main reg
  ▪ ED
  ▪ Pre-reg
  ▪ Authorization team

• 28 FTE’s, 1 team leader, 1 certified application counselor and director
Patient Access Staffing (24/7 hours of operation)

Insurance/Verification (days only) = 3 FTE's
Pre-Registration (3rd shift) = 1 FTE
Certified Appraiser/Cashier/Payment Rep. (days only) = 1 FTE

Patient Registrar's
(2 shifts all rotating between Main Admitting & Emergency Department Registration)
1st Shift (7am - 3pm) = 8 FTE's
2nd Shift (3pm - 11pm) = 3 FTE's
3rd Shift (11pm - 7am) = 4 FTE's
Access to 3 PT Per Diem staff members

Updated: 5/4/15
Created by: Jeff Darling
Get Started – Why Wait?

• Don’t procrastinate – Get started today
• Track manually or via technology, if available
• Release results monthly – Department-specific as well as on an individual level
  ▪ Creates healthy competition
• Don’t need to have monetary incentive – Can provide small tokens of recognition.
  ▪ Dress down day, free lunch, certificate
  ▪ Top collector, most improved, etc.
• Empower a preceptor or a champion who has experience collecting – I don’t have one?
• Lead by example – show them how
Takes Off Like Wildfire

• Start in your direct areas of responsibility
  ▪ Will spread to outside areas
  ▪ Bring back to rev cycle meeting
  ▪ Bring in departments to assist in collection efforts
• Educate patient via Pre-Registration process
  ▪ Inform patient of responsibility
  ▪ Attempt to collect over phone at that time
  ▪ Patient must stop at cashier or reg on day of service
  ▪ Work with greeter or security (front desk) to direct patients
Identified Need for POS Collections

Four years ago brought forth the concept to collect...
• POS Collections was an opportunity for revenue
• Needed technology for efficiencies
  ▪ Verifying eligibility
• New management supported POS collections to collect
  ▪ Lack of education – no scripting
  ▪ Resistance (reg, patients and nursing)
  ▪ Lack of support from previous leadership
• Needed a system to track results – manual
• Accelerate patient registration times
Project Prerequisites and Goals

- Verify eligibility
  - How to check eligibility
  - How to interpret responses

- Staff education
  - Clinical and non-clinical
  - Support from department managers

- Manual versus automated process
  - Labor intensive and time consuming
  - Scripting
  - Reporting and recognition

- Needed a champion
Changes Made

• Automated Registration QA – 2014
• Automated Eligibility Verification – 2015
• Automated Estimation – 2016
• Integrated Payment Processing – 2016
• Began Staff Training on POSC – 2016
Changes Made

- Implemented Quality Assurance Tool – 2014
- Implemented New Eligibility Tool linked directly to QA – 2015
- Implemented Estimation Tool – Also linked to same application – 4/2016
  - All while still driving POS collections in an upward trend
  - Staff education must focus on their role and the importance registration plays in the rev cycle
### POS Collections March 2016

<table>
<thead>
<tr>
<th>Main Reg &amp; ER</th>
<th>Amount Collected</th>
<th>Number Collected</th>
<th>Monthly Goal 1st Shift</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Shift</strong></td>
<td></td>
<td></td>
<td>$15,000.00</td>
<td></td>
</tr>
<tr>
<td>Linda Shaffer</td>
<td>$3,323.47</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bonnie Starkey</td>
<td>$1,493.07</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tina Dillman (per Diem)</td>
<td>$1,999.31</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alexandra Nicholson</td>
<td>$1,561.55</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christine Wood</td>
<td>$2,695.34</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alyssa Collins</td>
<td>$1,347.35</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heidi Wilson-Miner</td>
<td>$2,934.57</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total 1st Shift</td>
<td>$15,354.66</td>
<td>189</td>
<td></td>
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</tbody>
</table>

| **2nd Shift** |                  |                  | $6,000.00             |       |
| Maureen Caraher | $1,039.00       | 15               |                        |       |
| Courtney Netzband | $65.00         | 2                |                        |       |
| Pam Staudt | $615.30          | 9                |                        |       |
| Margaret Reese (PT) | $290.00        | 2                |                        |       |
| Rose Lomonaco (per Diem) | $505.00       | 8                |                        |       |
| Karen Stearns | $858.00          | 12               |                        |       |
| Patricia Cross | $2,237.00        | 31               |                        |       |
| Brandie Stevenson (PD) |             |                  |                        |       |
| Total 2nd Shift | $5,609.30       | 79               |                        |       |

| **Pre-Registration** |                  |                  | $3,000.00             |       |
| Cindy Crill (Pre Reg) | $920.00           | 11               |                        |       |

| **3rd Shift** |                  |                  | $1,500.00             |       |
| Suzanne Robles (PT) | $210.00          | 2                |                        |       |
| Lindsay Rossello | $243.00          | 4                |                        |       |
| Ella Bowman | $215.00          | 2                |                        |       |
| Teri Secord | $100.00          | 1                |                        |       |
| Wendy Netzband | $240.00          | 5                |                        |       |
| Total 3rd Shift | $1,008.00        | 14               |                        |       |

| **Grand Total Registration** | $29,509.26 | 386 |       |
POS Collections to Revenue

AccessKey® POS-1 Goal >1%

![Graph showing POS Collections to Revenue with NPR and POS to Rev as axes. The graph shows monthly collections from January 2015 to February 2016, with collection amounts ranging from $0 to $6,000,000. The percentage change ranges from 0.0% to 0.6%.](image-url)
Future Goals

• Achieve 1% (Good – NAHAM KPI #1) of net patient revenue by 12/2016

• Achieve 1.5% standard (Better) by 6/2017

• Implement POS collection incentive by 6/2016

• Track NAHAM KPI #3 – POS Collection Opportunity Rate – Collections/Estimates
Questions?

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