Providers, Payers and Patients

3 PS TO SUCCESSFUL CLAIMS & REIMBURSEMENTS PROCESSING; PROVIDER, PAYER, & PATIENTS

SHEILA AUGUSTINE  |  ANDY HASKINS
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Director of
Patient Financial Services

ANDY HASKINS
Associate Vice President of Specialty
Healthcare Services
01. Payers
Payer Healthcare Trends
Maximizing Relationships

02. Providers
Provider Healthcare Trends
Process, Practice, Performance

03. Patients
Patient Healthcare Trends
Enhancing the Patient Experience
01.
PAYERS
Payer Integration

CVS/pharmacy + Aetna

OPTUM + UnitedHealth Group

Walmart + Humana

EXPRESS SCRIPTS + Cigna
Payer Trends

- Ever-changing coverage and billing policies
- Narrowly designed plans or provider networks
- Shifting Risk: Emphasis on value-based contracting
- Shifting care outside the hospital setting
- Increasing Payer and Provider Partnerships
PAYERS:

MAXIMIZING RELATIONSHIPS
• 809 licensed beds
• 2 Hospitals
• 40 Specialty & Primary Care Clinics
• 1,000+ Physicians

MISSION:

To lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research and extraordinary patient care.
### Key Drivers & Catalysts for Change

<table>
<thead>
<tr>
<th>WHY</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Failed Collections</td>
<td>Consolidate Groups</td>
</tr>
<tr>
<td>Desire to Focus on Patient Care</td>
<td>Change Processes</td>
</tr>
<tr>
<td></td>
<td>Strengthen Relationships</td>
</tr>
</tbody>
</table>
Key to Success: Strong Payer Relationships

Simplify patient billing and increase collections
• Understanding each payer's requirements

Reduce claim denials and aging
• Payers have an incentive as well to keep your aging down

Reduce customer service calls
• Proactively finding issues before the patient

Influence payer coverage and coding policy
• Payers are not right all the time.
April 1, 2019

Re: 

Dear [Name],

In an effort to keep you informed of your account status, this letter is to notify you that we are in receipt of a denial from your insurance company for charges related to the visit on [Date] in the amount of $[Amount]. At this time, Nebraska Medicine is appealing the denial from the insurance company as we believe payment should be made on this account.

It is important for you to understand that although you may not have a balance due at this time you may have one when a response from the appeal has been received. Your exact liability will be determined when the appeal process has been completed. Balances listed as your liability will be billed to you upon receipt from the insurance company. You will also receive a new Explanation of Benefits from your insurance company.

If you have any questions, please contact us at (402) 559-3140.

Sincerely,

[Your Name]

Patient Financial Services
Nebraska Medicine
## Collection Conversations: Insurance Follow-Up

### PROVIDER SECTION

<table>
<thead>
<tr>
<th>Group Number</th>
<th>Subscriber Number</th>
<th>Pt First Name</th>
<th>Pt Last Name</th>
<th>Provider Tin</th>
<th>Icn / Claim Number</th>
<th>Frst Date Of Srv</th>
<th>Lst Date Of Srv</th>
<th>Total Billed Chg</th>
<th>Patient Account Number</th>
<th>Provider Claim Issue Comments</th>
<th>Issue Comments</th>
<th>Who Added To The Spreadsheet</th>
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<tbody>
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</tbody>
</table>
02. PROVIDERS
Provider Trends

Vertical Integration: 94%
Technology: 69%
Entry of Non-Traditional Players: 63%
Employer Activism: 31%
Health System M & A: 25%
Emergence of Alternative Models: 13%
Other: 6%

PERCENT OF HEALTH SYSTEMS
Provider Trends

- Lower Reimbursement Rates
- Significant Days in Cash Flow
- Changing where and how services are provided
- Shifting EFT Mandates and Fees
- Changing the Remittance Process
PROVIDERS:

PROCESS, PRACTICE, AND PERFORMANCE
Keys to Success

- Cultural Integration
- Employee Engagement
- Training and Education
- KPI’s and Metrics
Keys to Success

CULTURAL INTEGRATION

EMPLOYEE ENGAGEMENT

TRAINING AND EDUCATION

KPI’S AND METRICS
Keys to Success

CULTURAL INTEGRATION

EMPLOYEE ENGAGEMENT

TRAINING AND EDUCATION

KPI’S AND METRICS
Keys to Success

Cultural Integration

Employee Engagement

Training and Education

KPI’s and Metrics
### Patient Financial Services QA FY

<table>
<thead>
<tr>
<th>Staff are excluded from report for first 120 days</th>
<th>Dept Prod - Rolling Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: June 2018</td>
<td>To: May 2019</td>
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</table>

<table>
<thead>
<tr>
<th>Department</th>
<th>Tot Collgs w/Prod</th>
<th>Tot Collgs Mtg Stds</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Auth/Pre Reg</td>
<td>383</td>
<td>345</td>
<td>90.08%</td>
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<tr>
<td>Operations HB/PB/Denials</td>
<td>665</td>
<td>575</td>
<td>86.47%</td>
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<tr>
<td>PFS Customer Svc/Collections</td>
<td>190</td>
<td>75</td>
<td>39.47%</td>
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<tr>
<td>PFS Support - Cash Apps/Claims</td>
<td>149</td>
<td>138</td>
<td>92.62%</td>
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<tr>
<td>PFS Support - Credits/Contract Var (UC)</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Dept Grade</th>
<th>Dept Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bel</td>
<td>81.69%</td>
</tr>
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</table>

1,387
1,133
# Patient Financial Services Productivity FY

### Dept QA - Rolling Year

- **From:** August 2018  
- **To:** July 2019

<table>
<thead>
<tr>
<th>Department</th>
<th>Tot Collgs Audited</th>
<th>Tot Collgs Mtg Stds</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Auth/Pre Reg</td>
<td>422</td>
<td>411</td>
<td>97.39%</td>
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<tr>
<td>Operations HB/PB/Denials</td>
<td>771</td>
<td>660</td>
<td>85.60%</td>
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<tr>
<td>PFS Customer Svc/Collections</td>
<td>204</td>
<td>117</td>
<td>57.35%</td>
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<tr>
<td>PFS Support - Cash Apps/Claims</td>
<td>157</td>
<td>155</td>
<td>98.73%</td>
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<tr>
<td>PFS Support - Credits/Contract Var (UC)</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

- **Dept Grade:** Bel  
- **Dept Score:** 86.42%  

*Staff are excluded from report for first 120 days*
# Weekly Training Schedule

<table>
<thead>
<tr>
<th>Time / period</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12/17-21</strong></td>
<td>New Colleague Orientation 8:00 - 12:00 Lower Storrs 1 &amp; 2 New Colleague Applications Training 1:00 - 3:30 LCR 2 Revenue Cycle Training to meet employee at main complex 3:30 - 4:30</td>
<td>Care Provider Orientation 8:00 - 12:00 Lower Storrs 1 &amp; 2 Revenue Cycle Core Training 8:00 - 4:30 pm ECCP 2050B Trainer: Chris</td>
<td>Revenue Cycle Core Training 8:00 - 4:30 pm ECCP 2050B Trainer: Chris</td>
<td>Revenue Cycle Core Training 8:00 - 4:30 pm ECCP 2050B Trainer: Chris</td>
<td>Revenue Cycle Core Training 8:00 - 4:30 pm ECCP 2050B Trainer: Chris</td>
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<tr>
<td><strong>12/24-28</strong></td>
<td>Medical Biller Training 8:00 - 4:30 ECCP 2090A Trainer: Alida</td>
<td>Medical Biller Training 12:00 - 3:00 ECCP 2090A Trainer: Travis</td>
<td>Insurance 101 8:00 - 4:30 pm ECCP 3024 Trainer: Jerrod</td>
<td>Medical Biller Training 12:00 - 3:00 ECCP 2090A Trainer: Travis</td>
<td>Medical Biller Training 8:00 - 4:30 pm ECCP 2090B Trainer: Cathy</td>
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<tr>
<td><strong>12/31/20</strong></td>
<td>Medical Biller Training 8:00 - 4:30 ECCP 2090B Trainer: Chris</td>
<td>Medical Biller Training 8:00 - 4:30 pm ECCP 2090B Trainer: Chris</td>
<td>Insurance 102 8:00 - 4:30 pm ECCP 2090B Trainer: Dawn</td>
<td>Medical Biller Training 8:00 - 4:30 pm ECCP 2090B Trainer: Cathy</td>
<td>In Department TBD</td>
</tr>
</tbody>
</table>
Keys to Success

- Cultural Integration
- Employee Engagement
- Training and Education
- KPI’s and Metrics
03.

PATIENTS
Consumerism in Healthcare

- Immediate Access to Care
- Digital Healthcare
- Cost of Care
- Health Data Ownership
- Precision Medicine
Patient Healthcare Trends

- Shift in who pays
- Price transparency and simplification of statements
- New patient payment models
- Connection between patient satisfaction and payments
- Employer defined benefit plans
PATIENTS:

ENHANCING EXPERIENCE
Payment Evaluation

• Reorganizing revenue cycle and improving processes

• Analyze patient payment trends and preferences

• Identify options to solve for gaps and drive payments

• Communicate and education staff, payers, patients on options
Patient Experience: Collection Conversations

1. Insurance follow-up
2. Patient insurance information request
3. Proactively reaching out to identify potential issues and find solutions
4. Transparency regarding non-covered charges
5. Improves patient experience
Collection Conversations: Patient Information Request

Denial Received

Contact Patient
- Received information, update account, make note on account
- Voicemail, set tickler/deferral, make note
- No contact, make note on account, send CINS letter

Account Becomes Active
- Identify insurance information was received, make note on account
- If yes, add new insurance if applicable
- If no, term current insurance

Check EHR For Additional Insurance
- If other insurance is located, update coverage
- If not proceed to next step
Implementing New Patient Payments Options

1. Payment Process
2. Attempt to get full payment
3. Full payment with an informal payment discount
   • Offer short-term payment plan
   • Individuals: minimum $25 per month over 6 months
4. Employees: Payroll deduction for up to 36 months
5. Offer long-term payment option through Patient Financing Plan
6. Collections
1. Full historical data and customized reporting
2. Funding and Credit Transactions Trending
3. Patient Payments Analysis
4. Uncollectable Accounts Analytics
5. Aging Breakdown
Patient Financing Program
Since November 2016

- 7,225 Enrolled
- 61,862 Transactions
- 17,659,065 Funded
Health Services Financing Plan (HSF®)
By the Numbers

Before HSF®

• Managed 3 year and 6 month plans with $8 Million in funding

After HSF®

• Manage 6 month plan with $2 Million in funding
• HSF managed by Commerce Bank, funded in 14 days
• 92% Collection Rate
## Transaction Summary

**JOE DEMO**

<table>
<thead>
<tr>
<th>Transaction Amount</th>
<th>Reference ID 1</th>
<th>Reference ID 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500.00</td>
<td>123 TEST</td>
<td>ABC</td>
</tr>
<tr>
<td>$3,000.00</td>
<td>456 TEST</td>
<td>XYZ</td>
</tr>
</tbody>
</table>

I am going to read statements regarding the Line of Credit program so that it is clear what is being offered. Please feel free to ask any questions.

**The Annual Percentage Rate (APR)**
- Your Annual Percentage Rate (APR) is 0%, regardless of your balance or term.

**Health Services Financing Program**
- Your current outstanding balance at **Sample Provider** is $5,500.00.
- Your estimated required minimum monthly payment would be $152.78.
- Your repayment period may be longer if you incur late fee charges. The late payment fee is $15.00 on balances greater than $25 per occurrence.
- Your repayment period may be shorter if you pay more than the required minimum monthly payment.
- There is no setup fee or penalty for paying off early.
- You will receive periodic billing statements from Commerce Bank, approximately monthly.
- You will be given a credit limit in an amount necessary to pay our outstanding balance due.

**Get Verbal Acceptance from the Financial Responsible Party (FRP)**
- Do you authorize **Sample Provider** to initiate a transaction on your behalf with Commerce Bank in an amount equal to your total balance with us? **Yes**  **No**
PAYERS
Payer Healthcare Trends
Maximizing Relationships

PROVIDERS
Provider Healthcare Trends
Process, Practice, Performance

PATIENTS
Patient Healthcare Trends
Enhancing the Patient Experience
• Get internal revenue cycle experts focused on the work where they can produce highest return.
• Communication is key for staff, payers, patients. Leaders need to invest time.
• Develop automation with payers.
• Focus on the patient & simplify the payment process and create options
• Select financial partner with focus on ROI, can track and measure performance
Q&A
Thank You

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Lead with confidence.

hfma.org