Point of Service Collections

Tuesday, October 18, 2016
10:40 a.m. - 11:40 a.m.

Jeff Darling, CHAM
Manager, Patient Access Service Center
Oneida Healthcare

Scott Dalgety
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Speakers

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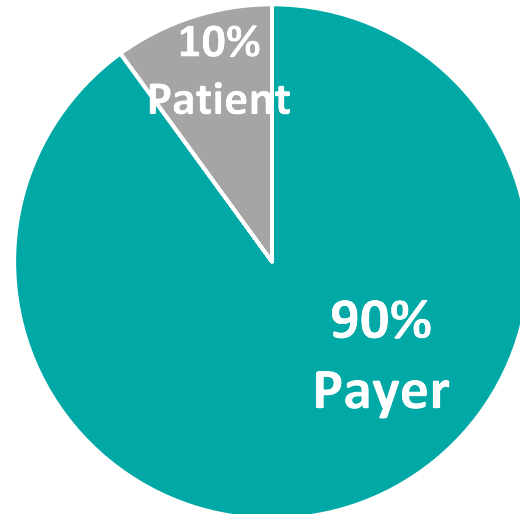
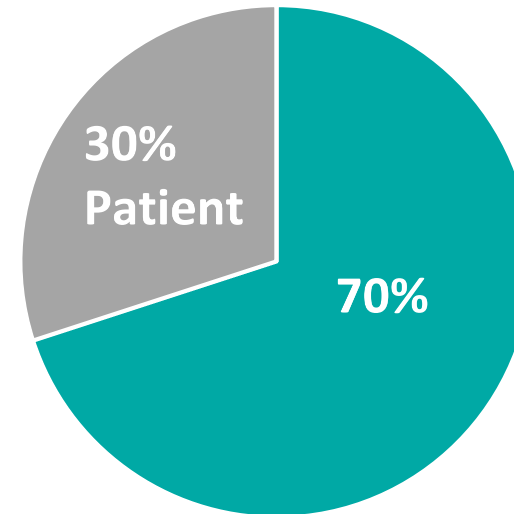
Liability Shift from Payer to Patient Revenue Mix





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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

- 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

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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

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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

Process Tiers	Tasks	Pre-Access Component
TIER ONE: Basic Pre-Reg	1	Review Scheduled Visits
	2	Verify Physician Orders
	3	Create Accounts in HIS/ADT
	4	Assign Medical Record Number
	5	Collect Demographics
	6	Verify Addresses
	7	Verify Employment/Retirement
	8	Determine Financial Responsibility
	9	Collect Insurance Information
	10	Contact Patient
	11	Quality Review
TIER TWO: Insurance Clearance	12	Insurance and Benefits Verification
	13	Medicare Secondary Payer/COB
	14	Medical Necessity Screening & ABN
	15	Authorization Screening & Obtainment
TIER THREE: Collection	16	Estimate Patient Liability
	17	Collect Patient Liability
TIER FOUR: Conversion	18	Screen for Financial Assistance
	19	Arrange Payment Plan
	20	Refer to Financial Resources
	21	Qualify and Enroll for New Benefits

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POS Collections Potential

NAHAM AccessKeys 3.0

ID#	DOMAIN	AccessKey (KPI)	EQUATION	GOOD Benchmark Early Implementation Phase or Manual Process	BETTER Benchmark Middle Implementation Phase or Semi-Auto	BEST Benchmark Mature Implementation Phase or Auto Process
				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.		
POS-1	**Collections**	**POS Collections to Revenue**	POS Collections / Net Patient Service Revenue	1.0%	1.5%	2.0%
POS-2	**Collections**	**POS Collections to Total Patient Collections**	POS Collections / Total Patient Collections	30%	40%	50%
POS-3	**Collections**	**POS Collection Opportunity Rate**	POS Collections / POS Estimations	30%	45%	60%
POS-4	**Collections**	**Total POS Dollars Collected**	Total Dollars Collected *(<= Discharge Date)*	*Total POS Cash Collected compare to prior periods (no ratio or benchmark for peer comparison)*		
POS-5	**Collections**	**POS Collected Accounts Rate**	Accounts Collected / Total Registrations	20%	40%	60%
POS-6	**Collections**	**Estimate to Registration Rate**	Estimates Generated / Total Registrations[1]	**30%**	**40%**	**50%**
POS-7	**Collections**	**Estimation Accuracy Rate**	Accurate Estimates / Qualified Estimates	**85%**	**90%**	**95%**

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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

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NAHAM POSC Best Practices

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.

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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?

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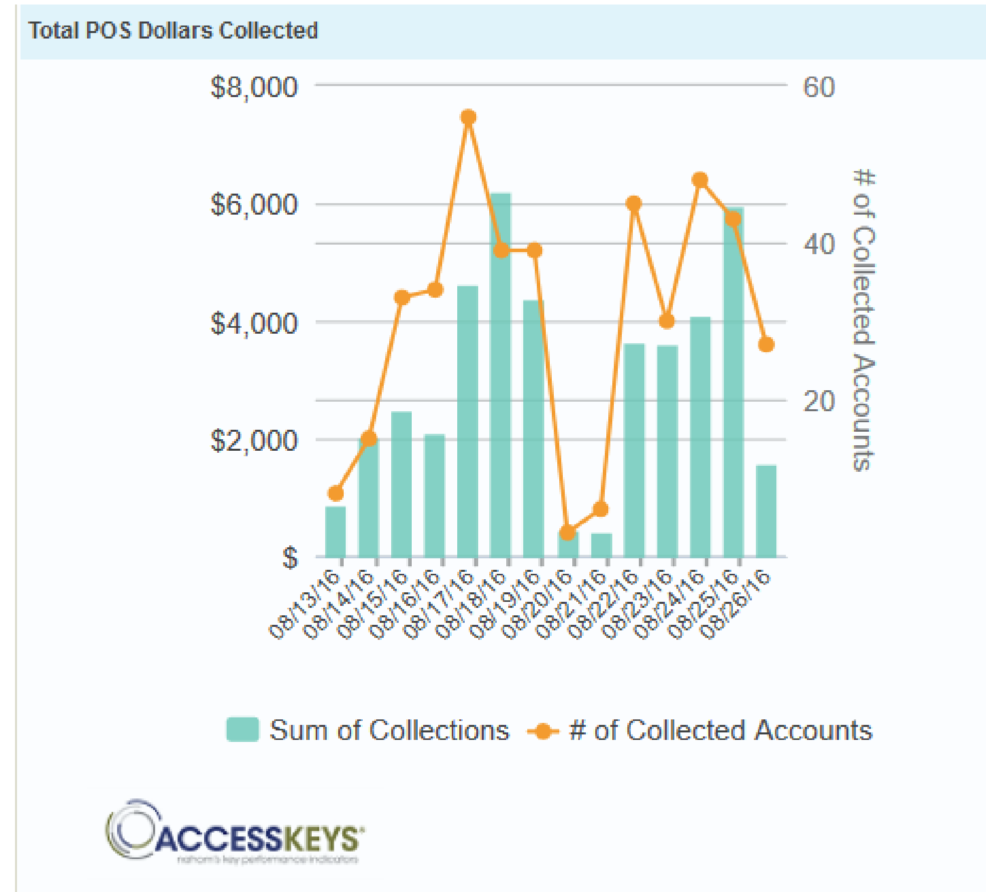
Payment System Questions

- 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



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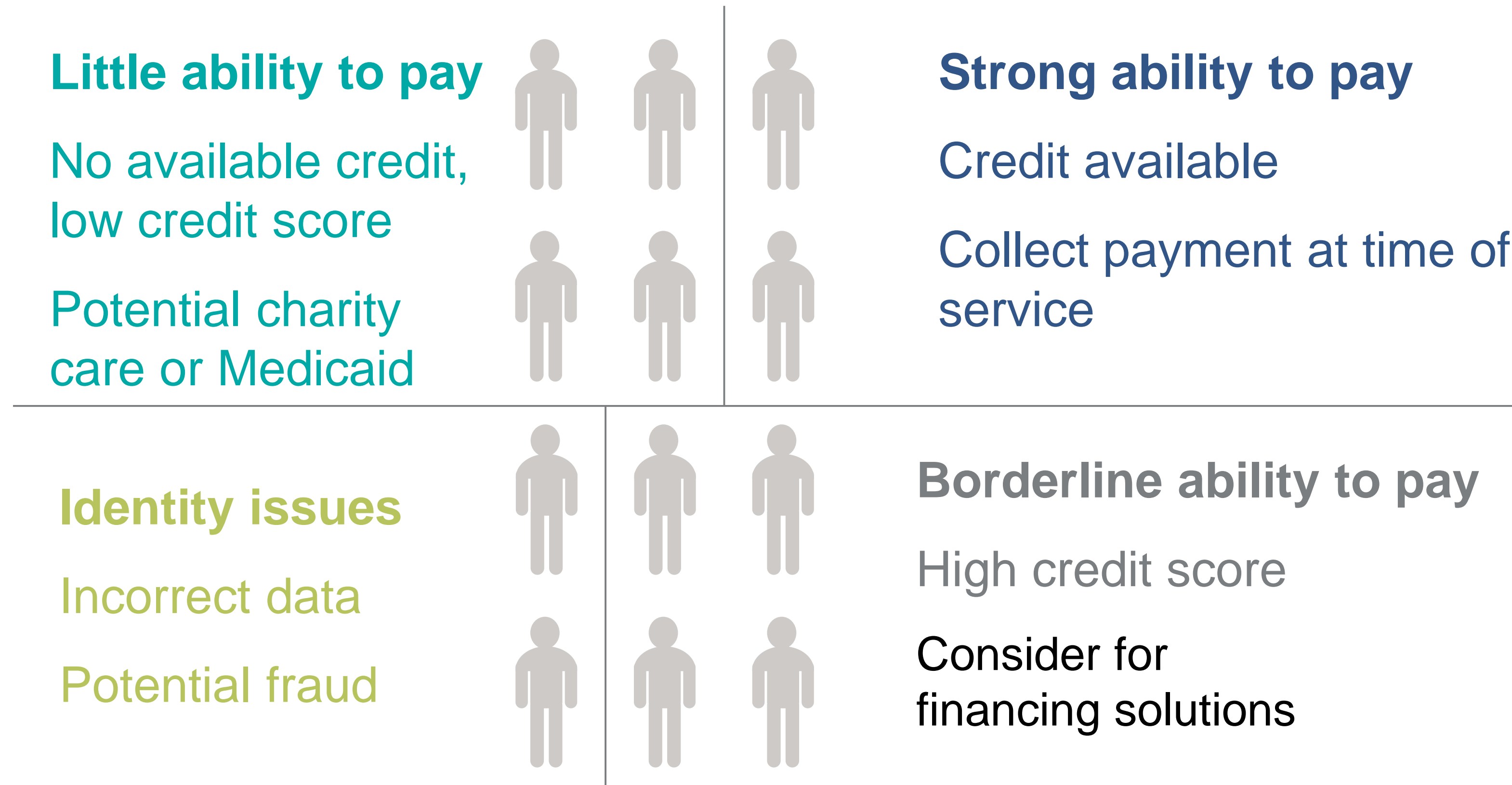
Segmentation



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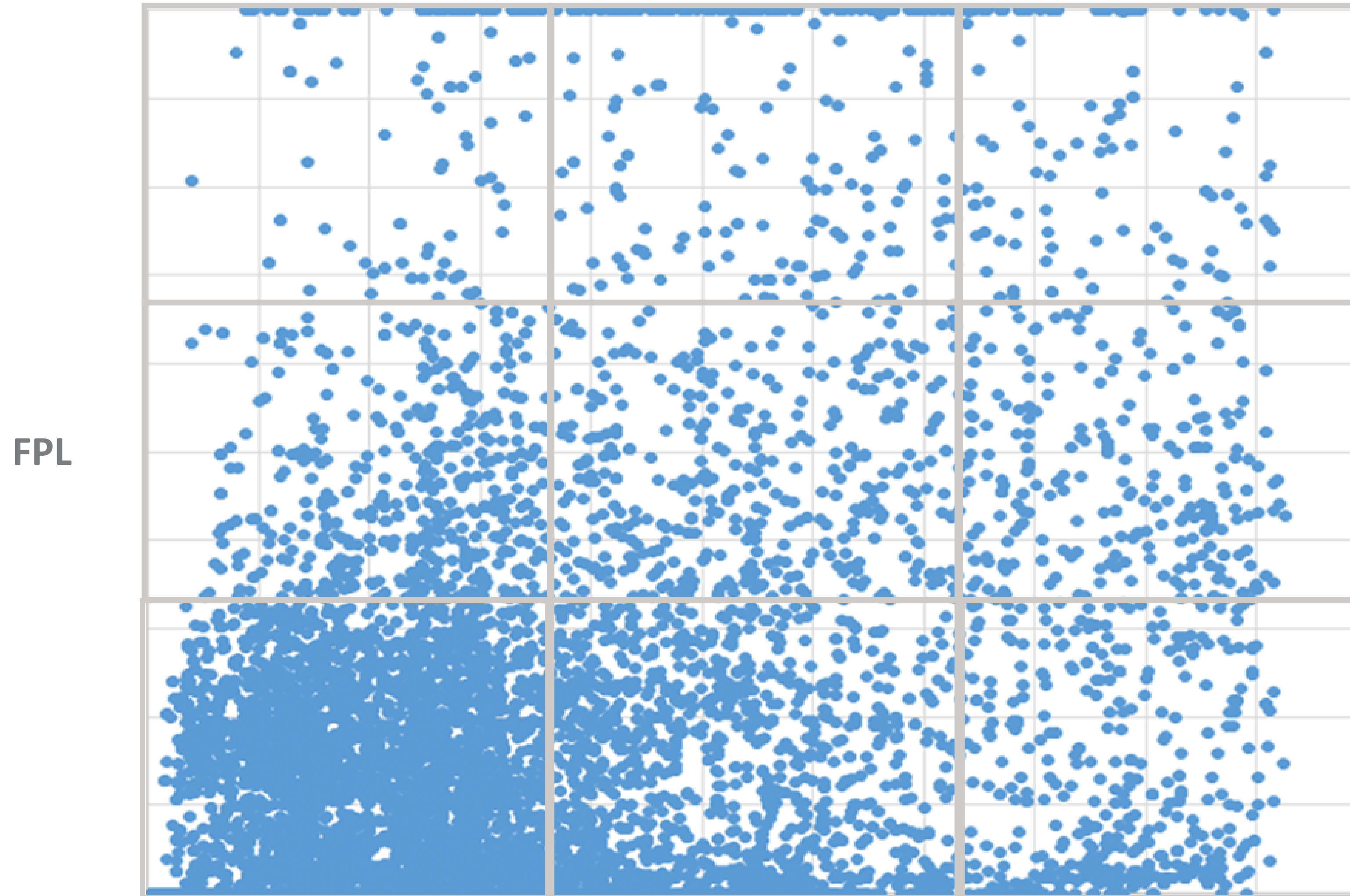
Ability and Willingness



Credit Score

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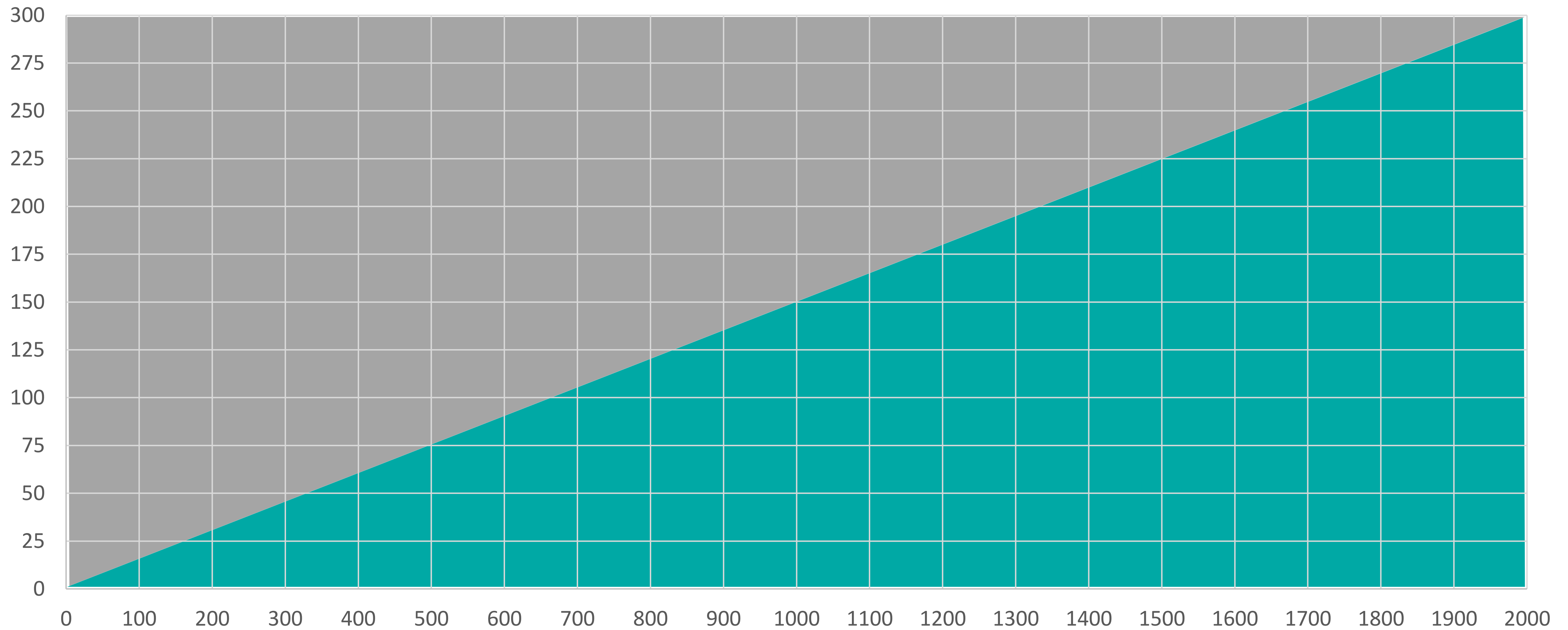
The Affordability Tipping Point



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NAHAM POSC Best Practices

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.

NAHAM POSC Best Practices

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.

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Jeff Darling
Manager, Patient Access Service Center

Background

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

Oneida Healthcare Patient Access Service's Organizational Chart

- CFO - John Milligan
  - Director - Jeff Darling
    - Team Leader -Judy Griffo
      - Ins. Verification / Pre-encounter
        - Jill Emmons
        - Nicole Coppola
        - John Claflin
      - Pre-Registration
        - Cynthia Crill
      - Payment Rep. / CA Counselor / Cashier
        - Jani McLaughlin
      - Patient Registrars
        - Ella Bowman (3rd shift)
        - Terri Secord (3rd shift)
        - Lindsay Rossello (3rd shift)
        - Wendy Netzband (3rd shift)
        - Vacancy - (1st shift)
        - Jennifer Romano (PT - 1st shift weekends only)
        - Janet Price (1st shift)
        - Bonnie Starkey (1st shift)
        - Christine Wood (1st shift)
        - Linda Shaffer (1st shift)
        - Rachel Jones (1st shift)
        - Alexandra Nicholson (1st shift)
        - Pam Staudt (2nd shift)
        - Karen Stearns (2nd shift)
        - Courtney Netzband (2nd shift)
        - Margaret Reese (PT 2nd shift)
        - Brandi Stevenson (Per Diem 2nd shift)
        - Rose Lomonaco (Per Diem 2nd shift)
        - Andrea Distasi (PT - 3rd Shift)
        - Tina Dillman (Per Diem 1st & 2nd shift)
        - Vacancy (PT - 2nd Shift)
        - Patricia Cross (2nd shift)

Patient Access Staffing (24/7 hours of operation)

Insurance Verification (days only) - 3 FTE's
Pre-Registration (2nd shift) - 1 FTE
Certified App. Counselor/Cashier/Pymt Rep. (days only) - 1 FTE

Patient Registrar's

(3 shifts all rotating between Main Admitting & Emergency Department Registration)
1st Shift (7am - 3pm) - 8 FTE's
2nd Shift (3pm - 11pm) - 5 FTE's
3rd Shift (11pm - 7am) - 4.5 FTE's

Access to 3 PT Per Diem staff members

Updated: 5/4/16
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

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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

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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

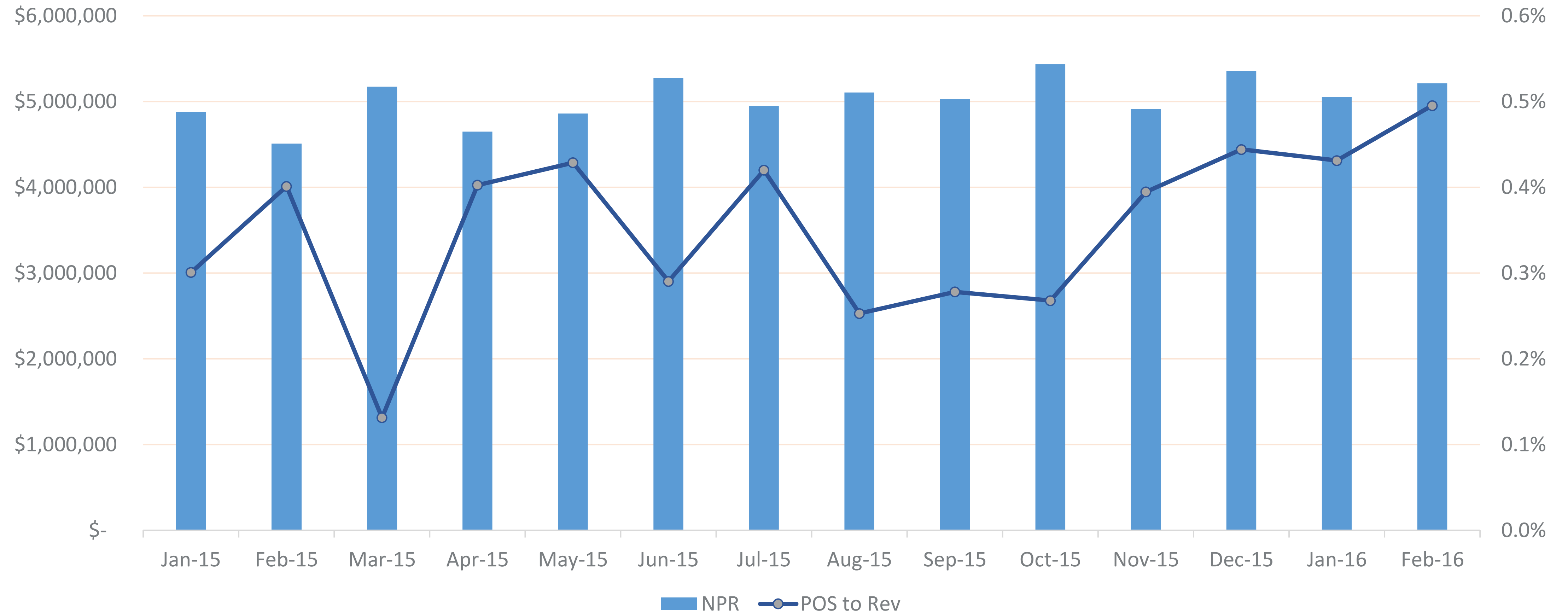
Monthly Registrar Results

POS Collections March 2016

Main Reg & ER			Goals	
1st Shift	Amount Collected	Number Collected	Monthly Goal 1st Shift	$15,000.00
			Avg Daily Collections (31)	$495.31
Linda Shaffer	$3,323.47	38	$'s over Goal	$354.66
Bonnie Starkey	$1,493.07	18	% over / under Goal	
Tina Dillman (per Diem)	$1,999.31	27		
Alexandra Nicholson	$1,561.55	20		
Christine Wood	$2,695.34	41		
Alyssa Collins	$1,347.35	19		
Heidi Wilson-Miner	$2,934.57	26		
Noel Coe (DOH 4/4/16)				
Total 1st Shift	**$15,354.66**	**189**		
2nd Shift				
Maureen Caraher	$1,039.00	15	**Monthly Goal 2nd Shift**	**$6,000.00**
Courtney Netzband	$65.00	2	Avg Daily Collections (31)	$180.93
Pam Staudt	$615.30	9	$'s over Goal	-$390.70
Margaret Reese (PT)	$290.00	2	% over / under Goal	
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				
Cindy Crill (Pre Reg)	**$920.00**	**11**	**Monthly Goal Pre-Reg**	**$3,000.00**
			Avg Daily Collections (31)	$26.67
3rd Shift				
Suzanne Robles (PT)	$210.00	2	**Monthly Goal 3rd Shift**	**$1,500.00**
Lindsay Rossello	$243.00	4	Avg Daily Collections (31)	$32.51
Ella Bowman	$215.00	2	$'s over Goal	-$492.00
Teri Secord	$100.00	1	% over / under Goal	
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%



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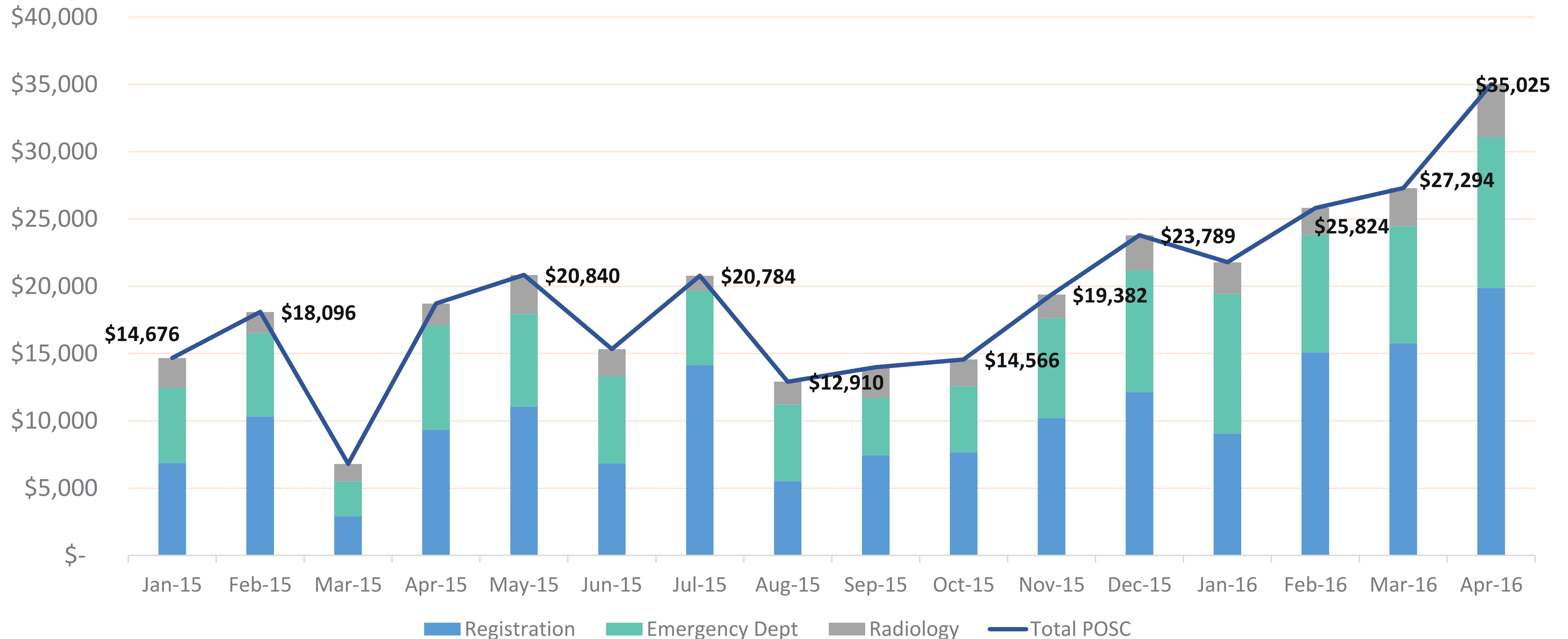
Total POS Dollars Collected

AccessKey® POS-4



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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

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Questions?

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