Collections & Customer Service

ICAHN Healthcare Billing Webinar Series

Session 4 – June 17th, 2020

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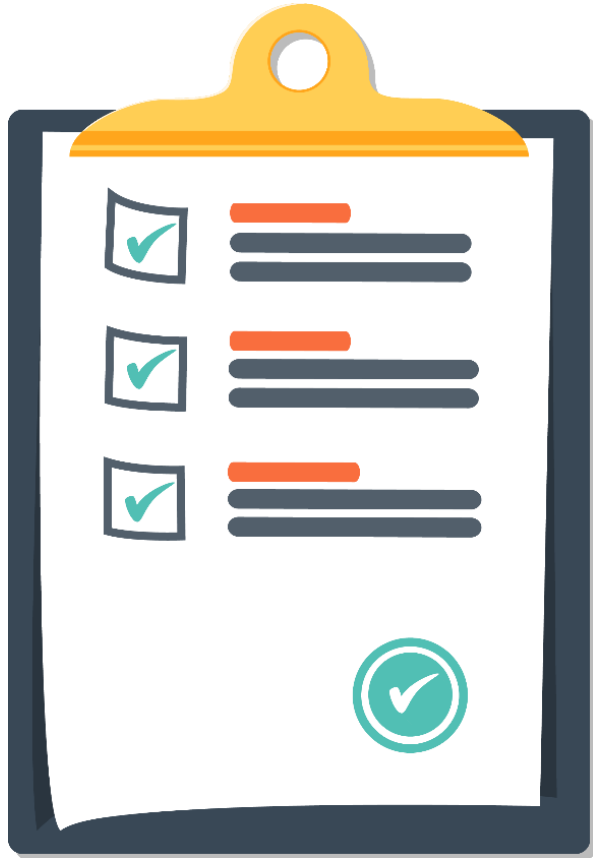Illinois Critical Access Hospital Network

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developed by OS inc.

Introduction

Sue York

efficientC | OS inc.

Director of Learning & Consulting Services

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Be Sure to Note & Submit Questions!

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Learning Objectives

- Point of Service Collections

- Strategies for Self-pay Follow-up

- Payment Plans

- Customer Service – Handing Patient Calls

- Bankruptcy Policy

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Revenue Cycle Overview

Value of Point of Service Collection

- Cost to collect increases post service date

- Growing deductibles/co-insurance

- Upfront collections improves cash flow

- Limits bad debt

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Top 10 Reasons Why POS Collections Won't Work

1. Not enough time during patient registration to add collections. Patients already complain about waiting.

2. Registrars not trained to be bill collectors.

3. Patients will complain.

4. Poor PR – see hospital as greedy and not the charitable organization it should be.

5. Ineffective because patients will not have cash or means to pay at time of service.

6. Budget Constraints – costs too much and do not have the FTE available.

7. We will be in violation of EMTALA regulations.

8. Physicians will throw a fit and possibly refer elsewhere.

9. Patients will refuse service or leave for the competition.

10. You <u>call</u> it a "Point of Service Collection Program"!

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Changing Staff Perceptions

- Do NOT implement a POS collection process
- Rename your program to encompass the entire process – not just collecting
- Think of collecting as a by-product of your program – not the goal
- Define the real goals

Goals of "Patient Benefit Program"

- Improve Patient Relations

- Open Communication

- Eliminate Surprises

- Help Patients Identify Options or Other Coverage

- Reduce Billing Costs

- Prevent Complaints

- Reduce Bad Debt

- Increase Charity Opportunities

- Improve A/R Performance

- Improve Physician Relations

BENEFITS

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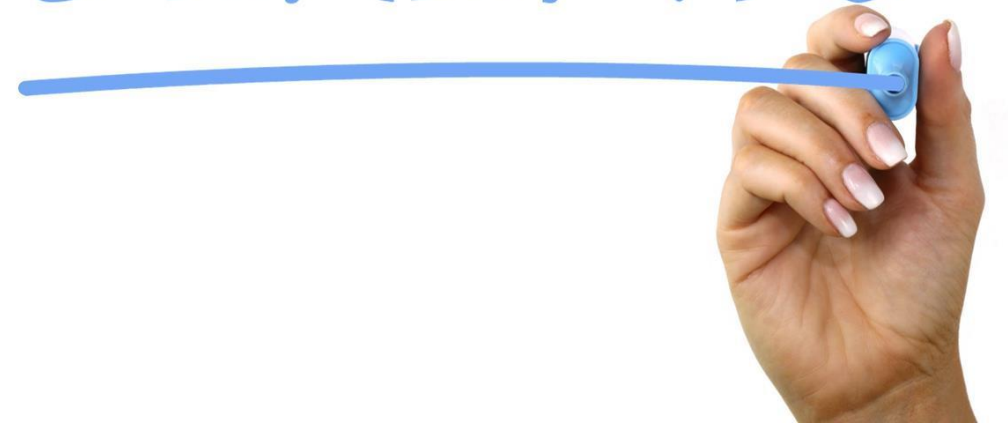
Overcoming Resistance to Change

Not enough time during patient registration to add collections. Patients already complain about waiting.	• Pre-registration reduces registration time. • Contact regarding payment should be made prior to visit when possible. • Add FTE if necessary. The program will pay for it
Registrars not trained to be bill collectors.	• Neither are most bill collectors when they start • Provide scripts, role playing or shadowing opportunities. • Take focus off of "collection" process and put it on the "informing" process.
Poor PR – see hospital as greedy and not the charitable organization it should be.	• Focus on benefits to patient – not the collections. • Goals of program should be aligned with your mission statement. • Program will open up options for patients: Charity, Medicaid or other benefit programs.

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Overcoming Resistance to Change (cont.)

Ineffective because patients will not have cash or means to pay at time of service.

- Effective Pre-Registration and contact with patient BEFORE service will reduce issues.

- Remember it's not about collection – it's about communication. Even if not paid at time of service, much higher chance of timely payment on back end.

- Credit cards, discounts, payment coupons with return envelopes.

Budget restrain – costs too much and do not have the FTE available.

- Up-front program and cash collected upfront reduces billing costs and bad debt expense while improving A/R and payment turnaround from third parties.

- Move FTE from the Business Office.

- Cost versus benefit ratio – prove it will pay for itself.

- Dollars collected upfront 12 to 1 over back end payments.

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Overcoming Resistance to Change (cont.)

We will be in violation of EMTALA regulations.	• Triage is always first in the ER.
	• Insurance verification/prior accounts can be reviewed while patient being initially treated.
	• Discussions with patients afterward regarding benefits and patient responsibility.
Physicians will throw a fit and possibly refer elsewhere.	• Requesting co-payments is common in physician groups.
	• Facility can actually improve relations by identifying risks or getting assistance for patients that will also cover the physician bill.

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Training Patient Access

- Cross training with business office

- Update job descriptions to define what patient access really means

- Training to reframe the conversation with the patient

- Metrics and goals

Patient Rebuttal
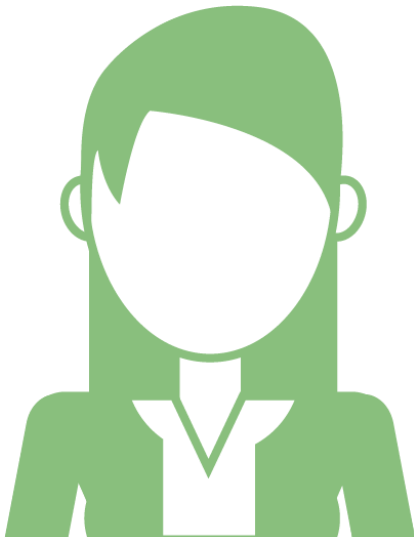
Scripting Exercise for Patient Benefit Program

- What's in it for them?
  - Give them reasons for paying
  - One less thing to worry about
  - Reduces costs for the community
- What can I do to help?
  - Payment options
  - Financial assistance
  - Rescheduling

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Patient Benefit Program - "Baby Steps"

- Collect Co-Pays at time of service
  - Make this a habit.   Greet patients and then ask for copay – Have the amount ready
- Collect on old account balances.
  - Time of Scheduling new procedures
  - Reminders of appointments.
- Estimation program
  - Time of scheduling
  - Benefit checks
  - Expedited refunds

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Strategies for Self-Pay Follow-up

- Work your Self Pay like you work your Insurance follow-up
  - ATB
  - Out-going calls
  - Payment Plans
- Statements VS letters?
  - Timing
  - Reviewing upfront
- Dedicated staff
- Early Out Programs

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Working an ATB

- Running a Self Pay ATB (utilizing worklists)
  - Last payment date
  - Statement cycle
  - Last Action code
  - PPA's
  - Balance
  - Flags (habitual bad debtor/charity care)
- Exclude accounts that are in good standing or on a PPA
- Important touches
- Use ATB reasons/action code

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ATB Reasons – Self Pay

CALL
- Call was made to the Guarantor.

ESTABLISHED PAYMENT PLAN
- Used when setting a payment plan.

FC CHANGE
- You updated the financial class to a payer that is not Self Pay.

OK FOR BAD DEBT
- Used when approving self-pay balances for bad debt.

QUESTION
- Note this when you have emailed internal staff for review or assistance (Manager, Team Lead, Senior A/R rep, Trainer, etc.), or use this to flag accounts to ask about during a scheduled training session or meeting. **NOTE - you should not put a date completed in your spreadsheet for these. Wait until the account is worked to update the status and date worked.

RESTARTED STATEMENTS
- Used when restarting the cycle of self-pay balance statements going to patients.

INSURANCE VERIFIED
- Used when you verified that a self-pay patient with no insurance listed does not have Medicaid.

Worked ATB – Self Pay

Encounter Number	Disch Date	Current A/R Balance	Statement Cycle	Action	Date
1-24012	7/23/2017	$ 16,254.30	Normal # 2	CALL	9/29/2017
1-23785	11/6/2016	$ 9,662.60	Normal # 3	NO ACTION	9/11/2017
1-24001	7/6/2017	$ 7,876.85	Normal # 2	CALL	9/15/2017
1-23910	5/7/2017	$ 7,629.75	Collections # 1	OK FOR BAD DEBT	9/15/2017
1-23616	7/1/2017	$ 7,292.40	Normal # 2	CALL	9/8/2017
1-24089	8/27/2017	$ 6,401.20		NO ACTION	9/15/2017
1-23655	6/5/2017	$ 6,309.80	Normal # 3	CALL	9/8/2017
1-23985	8/31/2017	$ 5,837.90		CALL	9/15/2017
1-23876	10/26/2014	$ 5,796.60	Normal # 2	OK FOR BAD DEBT	9/19/2017
1-24201	7/11/2017	$ 5,445.30	Normal # 3	CALL	9/15/2017
1-23716	2/27/2017	$ 3,737.60	Normal # 2	CALL	9/12/2017
1-23815	7/2/2017	$ 3,284.50	Normal # 2	NO ACTION	9/13/2017
1-24178	7/20/2017	$ 2,970.95	Normal # 3	CALL	9/15/2017
1-23588	4/17/2017	$ 2,860.72	Normal # 2	CALL	9/12/2017
1-24074	5/17/2017	$ 2,502.40	Normal # 2	CALL	9/20/2017
1-23796	6/18/2017	$ 2,498.15	Normal # 3	FC CHANGE	9/12/2017
1-24189	1/23/2017	$ 2,353.47	Collections # 1	OK FOR BAD DEBT	9/15/2017
1-24171	6/22/2017	$ 2,273.15	Normal # 3	CALL	9/15/2017
1-23599	8/16/2017	$ 2,257.95	Normal # 2	CALL	9/8/2017
1-23973	5/25/2017	$ 2,211.90	Collections # 1	CALL	9/15/2017
1-23907	5/31/2017	$ 2,046.00	Normal # 3	OK FOR BAD DEBT	9/15/2017
1-23786	11/23/2016	$ 2,004.70	Normal # 3	NO ACTION	9/11/2017
1-23982	6/25/2017	$ 1,999.50		BILLED	9/14/2017
1-23709	8/11/2017	$ 1,975.45	Normal # 2	NO ACTION	9/8/2017
1-23981	7/24/2017	$ 1,950.70	Normal # 3	CALL	9/15/2017
1-23931	10/20/2016	$ 1,911.85	Normal # 2	CALL	9/26/2017
1-24099	3/27/2017	$ 1,811.34	Normal # 2	NO ACTION	9/15/2017
1-23969	8/6/2017	$ 1,707.70	Normal # 2	CALL	9/29/2017
1-23839	6/27/2017	$ 1,689.18	Normal # 3	CALL	9/15/2017
1-23769	9/13/2016	$ 1,550.18	Normal # 2	CALL	9/12/2017

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Outgoing Calls

- "To Make, or Not to Make" - That is the question ☺
  - Reminders are good
  - Balance Limits (over 250.00 or over 100.00?)
  - Start after the second statement has been sent then prior to collection
  - Habitual Bad Debtors
  - Checking Eligibility for True Self Pay

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Payment Plans

- Financial Policy
- Discount for Paying within 30 days of First Statement
- Set your Tolerance Level for Missed Payments
- Minimum Payment Amount
- Suggested Plan
  - 25.00 - 400.00 – 6 months
  - Greater than 400.00 – 1 year

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H.E.A.R.T

🦻	**H: Hear**	Listen, do not interrupt. It's their turn to talk, vent or share.
💙	**E: Empathize**	Let them know you understand. "I can see why that would be frustrating"
☹️	**A: Apologize**	I'm so sorry that happened
🧑‍🤝‍🧑	**R: Respond**	You need to share with them how you are going to respond to what they shared
📞	**T: Thank**	Thank the caller for sharing their experience
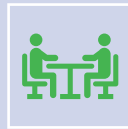
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Customer Service - Handling Patient Calls

- Dedicated Staff
- Scripting
  - Answering the Phone
  - Angry Callers
  - Asking for Money
- Handling Complaints
  - Access to Other Departments
  - Timely follow up
- Training
  - Understands the Revenue Cycle
  - Certified Financial Counselor

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Scripting

Incoming Calls	• Good afternoon this is Sue from Hospital XYZ's billing, how can I help you?
	• End Call - Is there anything else I can assist you with today? It was my pleasure helping you today.
Outgoing Calls	• Good Afternoon, this is Sue from Hospital XYZ's billing office, may I speak to Mr. Jones?
	• Hi Mr. Jones, we have a balance that is due from you for $1000.00. Do you have any questions about this bill?
	• Are you able to Pay this amount today with a credit card? Do you need a payment Plan?
Asking for Payment	• We are able to take credit cards over the phone, would you like to take care of this balance today?
	• We are able to offer you an interest free payment plan for 6 months, can we set that up for you today?
	• We do have a financial assistance program; would you like to discuss that today?

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Scripting for Patient Complaints

- I can hear you are upset about the cost of the services you received. The Hospital does feel our prices are reflective of the region, would you like me to send your account to an auditor to review your charges to make sure these are accurate?

- I can hear you are upset about the care you received in the Emergency room. I am sorry this happened to you. I will have your account reviewed by our CNO and you will get a call within 48 hours to discuss your concerns. What is a good number that we can reach you at? Thank you so much for sharing your concerns.

- I understand that you did get this statement 6 months after you were seen, I am sorry this happened. I am reviewing your account and it does look like we had a few issues with getting payment from your insurance company in a timely fashion. I could give you a 15% discount if I can process payment today?

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Bankruptcy Policy

- When the first notification that the patient has filed is received, the following action will be taken.
  - Case details will be documented in the client account notes and include
  - Case number
  - **Date bankruptcy was filed**
  - Type of bankruptcy chapter filed (i.e. chapter 7)
  - Attorney information
- If the account is still pending with insurance, put a VIP indicator, statement hold or another applicable indicator to notify A/R Rep not to bill the patient for any self-pay balance.
- Post a bankruptcy write off to bring the balance to zero if there is already a self-pay balance.
- If the account is with a collection agency, notify the agency to close and return the account due to bankruptcy. Once the account is returned, post the bankruptcy write off to zero the balance.
- If the bankruptcy is dismissed at any point and/or a dismissal notice is received, note the account that the bankruptcy case was dismissed. Reverse any bankruptcy write offs previously posted and resume normal collection activities.
- After reversal, if an account has not been sent to the collection agency, the patient will have statements resent from the last letter before the write off.
- For accounts that have been reported to a collection agency, the agency will need to be notified to resend statements.
- All adjustments must be done the same day of receiving the bankruptcy notice.

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Tracking Patient Calls

Date of Call	CS Initials	Account Number	Nature of Call	Any Follow up Needed?	Any Complaints?	Date of Follow up	Supervisor Reviewed
18-Feb	LZ	2121	PAYMENT TRFR	NO	NO		
18-Feb	JB	12121	DID INS COVER	NO	NO		
18-Feb	JB	1212	INS DIDN'T NEED INFO	NO	NO		
18-Feb	JB	112	PAYMENT	NO	NO		
18-Feb	JB	12451	BALANCE	NO	NO		
18-Feb	LZ	2121	BAL BACK TO INS	NO	NO		
18-Feb	LZ	2154	PAYMENT	NO	NO		
18-Feb	LZ	2154	NH PPA REVIEW TO SY	YES	NO		
18-Feb	LZ	2134	DISCUSSED NON COVERED CHARGE AND SET PPA	NO	NO		
19-Feb	JB	215	PAYMENT	NO	NO		
19-Feb	LZ	12174	VERIFIED COLLECTION BALS	NO	NO		
19-Feb	LZ	12121	VERIFIED BALS AND SENDING IB	NO	NO		
19-Feb	JB	MULTIPLE	NOVENTIS PAYMENTS	NO	NO		
19-Feb	JB	2121	COPAY IS WRONG	YES	NO	20-Feb	
19-Feb	JB	2121	DAUGHTER HAD QUESTION	NO	NO		
19-Feb	JB	321541	PAYMENT	NO	NO		
19-Feb	LZ	212	TO AM TO REVIEW NPI	YES	NO		
19-Feb	JB	24521	RETURNED CALL	NO	NO		
19-Feb	jb	5458785	PAYMENT	NO	NO		
19-Feb	LZ	5652	DISCUSSED PPA OPTIONS- TO SY FOR REVIEW	YES	NO		
19-Feb	LZ	2562	SUPER ANGRY- TOLD HE WASN'T GOING TO OWE	YES	YES	21-Feb	21-Feb
19-Feb	JB	252	SELF PAY DISC	NO	NO		
19-Feb	LZ	2452	BAL BACK TO INS	NO	NO		
19-Feb	LZ	2150	NOTED ACCT PAYMENT WILL BE SENT IN	NO	NO		
20-Feb	LZ	2452	PPA SET UP	NO	NO		
20-Feb	LZ	22121	BAL BACK TO INS	NO	NO		
20-Feb	LZ	2087130	NH- DECEASED PT, TO SY	NO	NO		

Auditing for CSR

SELF PAY QUALITY COACHING SCOREBOARD		Jo Ann	Jo Ann	Kari
NAME:		Jo Ann	Jo Ann	Kari
DATE/TIME:		6/21/2019	6/26/2019	6/26/2019
GUARANTOR ID#:		1111	11112	1113
	100	95	95	100
	Possible			
1. Greeting	10	10	10	10
Did the customer service representative (CSR) use the approved greeting?				
2. HIPPA	25	25	25	25
Did the customer service representative (CSR) verify HIPAA?				
3. Courtesy & Personalization	10	5	5	10
*5 pts for please & thank you *5 pts for personalization				
Did the CSR say please and thank you (including if/when the caller was asked to be placed on hold)? Did the CSR address the caller by name, first name, or last name (Mr. Mrs. Ms.)?				

4. Resolution	15	15	15	15
Did the CSR take the appropriate action to resolve account (ask for payment in full with Prompt Pay Discount, negotiate RPPA starting with the lowest number of months? Was patient screened for FA if appropriate or was there a discussion.				
5. Overall Process	15	15	15	15
*5/15 pts for verifying complete address and noting it was verified				
Was the call handled correctly with accurate information provided and all systems checked with complete notes? Will the patient need to call back again? (First Call Resolution)				
6. Closing	10	10	10	10
Did the CSR use the approved closing and thank the patient for their time/thank the patient for taking the call… "Thank you for taking my call today" or "Thank you for your time"				
7. Overall Tone	15	15	15	15
*5/15 pts for keeping dead air under 20 second limit				
Was the tone of the CSR positive throughout the call utilizing "H.E.A.R.T." if/when appropriate? Did the CSR "delight our customer" with limited amount of dead/silent air?				

Questions

Thank you for joining us!

Don't hesitate to get in touch with any follow up questions.

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As a reminder, registered attendees can access previous series recordings, presentation slides, and follow up materials on our website.

ICAHN Healthcare Billing Webinar Series – Spring 2020

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