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healthcare financial management association

Do *Your* Job! - Strive to Make Your  
Revenue Cycle Thrive 2017



## The New Patient as Consumer

Friday, January 20<sup>th</sup>, 2017  
Gillette Stadium Clubhouse

Asha Strazzero-Wild & Aliina Hopkins  
Performance Technologies  
The Advisory Board Company

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Revenue Cycle Thrive 2017



## Agenda

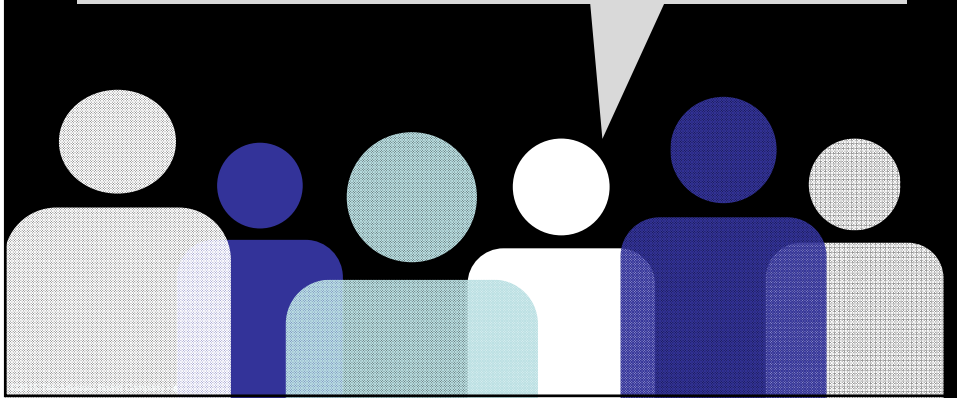
- **New Market Forces**
- New Requirements
- A Best Practice Story
- Resources for You



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I had a great experience getting care with you, but then you drop this huge bill on me a month after I'm discharged and I had no idea it was coming... Why did you not mention that I could owe you this kind of money earlier? I'm not sure I even want to pay you now.

*-Patient to a Customer Service Representative, community non-profit system in the Midwest.*



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## Patient Access Harder to Navigate

**New types of plans** require constant upkeep, and can make it harder to identify patients who may need financial assistance.

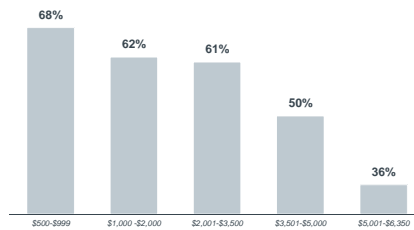
**13.8M** As of December 2016, Obama administration expects a total of 13.8 million people to sign up for plans by the end of the enrollment period with enrollment growing by 9%.<sup>1</sup>

Patients with **high-deductible health plans (HDHP)** now account for more than a quarter of the commercially insured, up from less than 5% a decade ago.

**\$1,318** Average annual deductible for all covered workers, 2015<sup>2</sup>

**\$5,731** Average deductible for Bronze plan, 2016<sup>2</sup>

### Patient Propensity-to-Pay Decreases as Deductible Size Increases<sup>3</sup>



1. <http://money.cnn.com/2016/12/21/news/economy/obamacare-enrollment-record/>

2. Kaiser Family Foundation, "Total Marketplace Enrollment and Financial Assistance," June 30, 2015; eHealth, "Health Insurance Price Index: Report for the 2015 Open Enrollment Period," March 2015.

3. Financial Leadership Council Brief, Are you Asking for Enough at Point of Service? 2016.



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## Defining POS Collections



### The Advisory Board Financial Leadership Council Definition:

Collection of the portion of a bill that is likely to be the responsibility of the patient *prior* to the provision of services.

This includes:

- Collection from self-pay patients
- Collection from insured patients (copay, deductible, co-insurance)
- Initial payments collected for approved payment plans
- Prior balances and bad debt accounts



## The Importance of POS Collections

### Initial Point of Service Collection Indicator of Full Obligation Payment

A research brief from The Advisory Board, including an analysis of over 600,000 patient interactions, showed that a point-of-service collection is a strong indicator of whether or not patients will pay their full obligations.

**Patients who made a payment at point-of service were on average twice as likely to eventually pay their total obligation compared to patients who made no point of service payment whatsoever.**

In addition, the research showed that when patients does not make a point of service payment, the chance that they will cover their full obligation is less than 45%, and with obligations larger than \$4,000 the likelihood decreases to almost 0%.



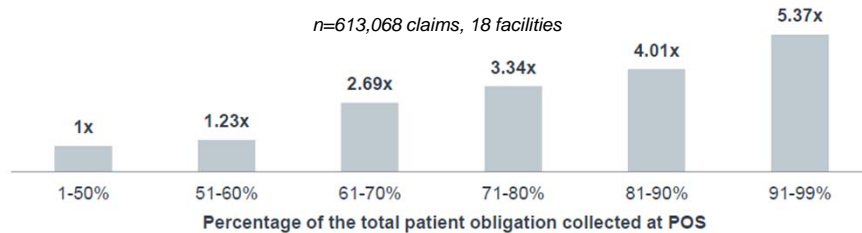
## Amount Patient Pays Up Front Indicator to Pay Rest

**Reminder, POS Collection:** Collection of the portion of a bill that is likely to be the responsibility of the patient prior to the provision of services

### Recommendation to Collect 60% of Obligation Up Front if >Than \$2K

**Average Increase in Likelihood of Collecting Total Patient Obligation by POS Payment, Compared to When No POS Payment Is Made (Times)<sup>1</sup>**

*n=613,068 claims, 18 facilities*

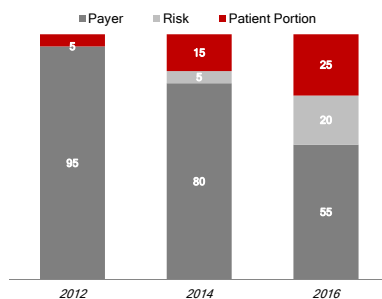


<sup>1</sup>) Analysis controlling for patient obligation size, payer class, and back-end collections performance.

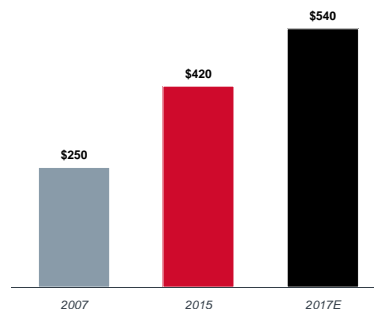


## Patient is Becoming a Major Payer

**Business Mix is Shifting...**  
*Payer Mix at Average 400 Bed Facility*



**Patients Assuming Greater Financial Responsibility...**  
*Out-of-Pocket Expenditures, Insured Consumers (Billions)<sup>1</sup>*



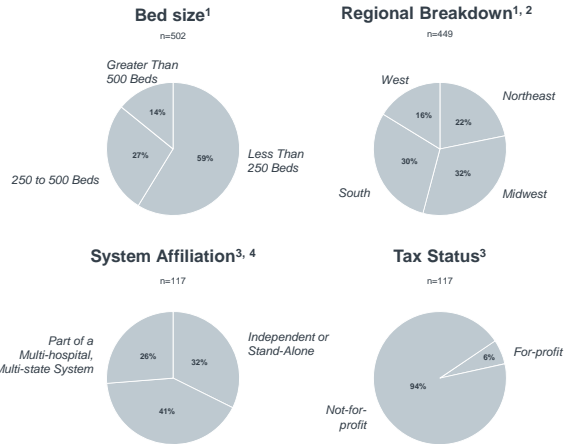
**13%**  
 Consumer payments as a proportion of total provider revenues, 2013<sup>2</sup>

**25-30%**  
 Consumer payments as a proportion of total provider revenues, 2015<sup>2</sup>

<sup>1</sup>. Financial Leadership Council Benchmarking Research, 2016.  
<sup>2</sup>. Moody's Investor Services



## A Diverse and Balanced 2015 Cohort



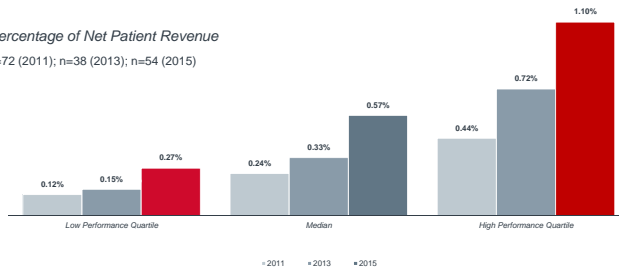
Source: Financial Leadership Council Research, 2015 Revenue Cycle Benchmarking Survey  
 1. Survey data only.  
 2. Northeast region includes: CT, DE, MA, ME, NH, NJ, NY, PA, RI, VT, WV. Southern region includes: AL, AR, FL, DC, GA, KY, LA, MD, MS, ND, OK, SC, TN, TX, VA, WV. Midwest region includes: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI. Western region includes: AK, AZ, CA, CO, ID, HI, MT, NV, NM, OR, UT, WA, WY.  
 3. Percentages may not sum to 100 due to rounding.



## Significant Opportunity to Improve POS Collections

### Point-of-Service Collections<sup>1</sup>

Percentage of Net Patient Revenue  
 n=72 (2011); n=38 (2013); n=54 (2015)



### Point-of-Service Collections Opportunity by Performance Quartile<sup>2</sup>

**\$1.2M**

Difference in POS collections between median and low performing quartiles

**\$2.2M**

Difference in POS collections between high and median performing quartiles

**\$3.4M**

Difference in POS collections between high and low performing quartiles

1. Assumes annual net patient revenue at the median for survey respondents of \$406,445,773  
 2. Survey data only.



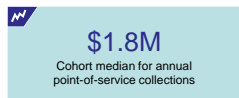
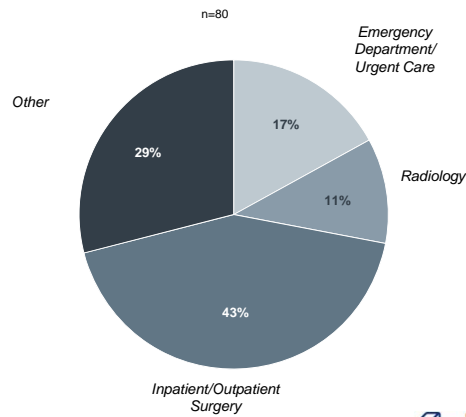
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## Prioritize Profitable Areas

### Point-of-Service Collections by Service Area<sup>1, 2</sup>

Percentage of Total Point-of-Service-Collections



Source: Financial Leadership Council Research, 2015 Revenue Cycle Benchmarking Survey  
1. Survey data only.  
2. This data is a composite group based on median performance across the survey cohort.



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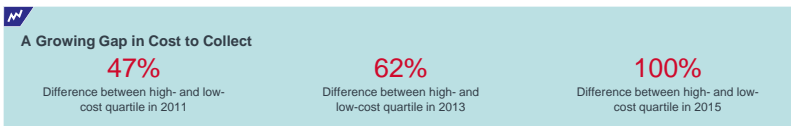
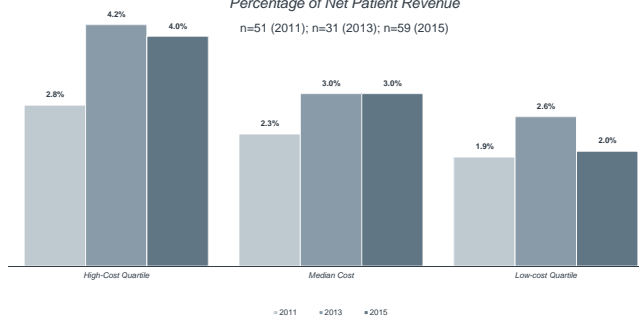


## Sizeable Room to Improve Cost to Collect

### Full Cost to Collect<sup>1</sup>

Percentage of Net Patient Revenue

n=51 (2011); n=31 (2013); n=59 (2015)



Source: Financial Leadership Council Research, 2015 Revenue Cycle Benchmarking Survey  
1. Survey data only.  
2. This data is a composite group based on median performance across the survey cohort.

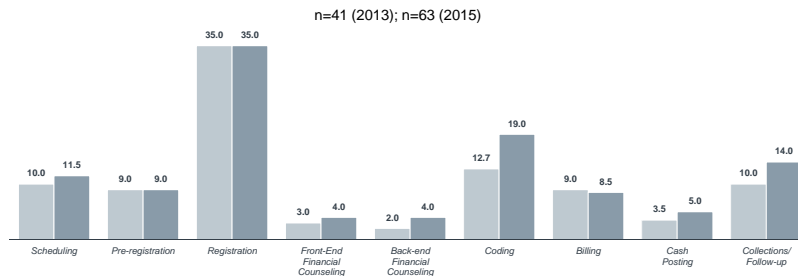




## Staffing Growth a Response to National Trends

Increase in Back End Staff Doesn't Address Front End Root Causes

2013 vs 2015 Median Number of FTEs by Revenue Cycle Function<sup>2,3,4,5</sup>

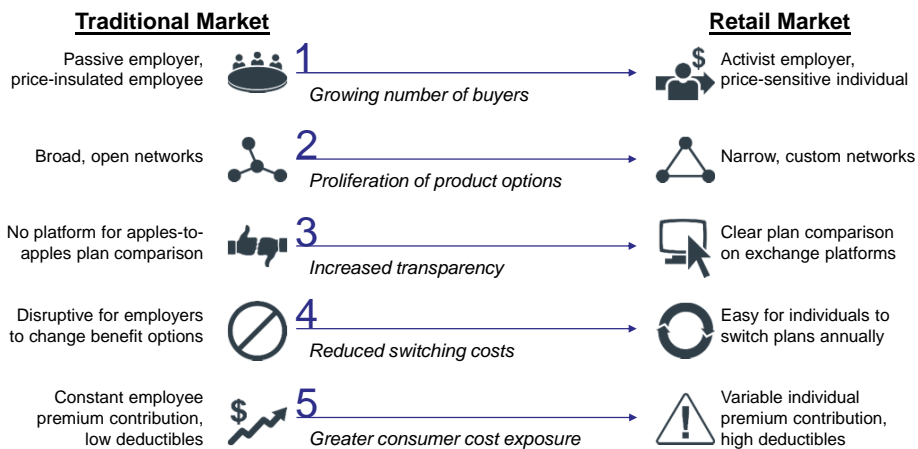


- Source: Financial Leadership Council Research, 2015 Revenue Cycle Benchmarking Survey
- High deductible health plans.
- The functions listed here represent the most common revenue cycle operational areas and are not intended to be exhaustive.
- Medians are based on members who reported having at least one FTE in each function.
- Percentage of members who answered the survey question for each FTE service in 2015: Scheduling (60%), Pre-registration (78%), Registration (90%), Front-End Financial Counseling (87%), Back-End Financial Counseling (49%), Coding (79%), Billing (98%), Cash Posting (97%), Collections/Follow-up (90%).
- All reported data for 2013 and 2015 exclude survey respondents who reported "0" employees for a particular function. The 2013 Revenue Cycle Benchmarking publication used a different calculation methodology. Thus, the 2015 survey will not match previous publications.



## Market Forces Turning Patients into Consumers

The Traditional Market has Shifted to a Retail Market



Source: Health Care Advisory Board interviews and analysis, 2015.



## Patients Are Asking: How Will Care Affect My Wallet?

### Consumers Would Make Major Trade-Offs for Price Transparency

Compared to Not Knowing the Price of a Primary Care Visit, Consumers...

#### Price Beats Quality for Most Patients

89%

Of patients want to know their medical costs in advance of receiving care

68%

Of consumers say providers' quality ratings are an important factor in their choice



Would rather go to another clinic for lab tests, x-rays, or pharmacy



Would rather pay \$50 out of pocket



Would rather drive an additional 20 minutes



Would rather pay \$100 out of pocket

Source: ABC Research Brief: "Primary Care Consumer Choice Survey: What do consumers want from primary care?"; Becker's Hospital Review, "Survey: 89% of Patients Want to Know Medical Costs in Advance"; Bob Herman, May 06, 2013



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## Outstanding Post-Election Questions

### GOP ACA Approaches:



- **REPEAL NOW:** Not all Republicans are on board with the plan of delaying the ACA's repeal while working on a replacement. They want to simply repeal immediately.
  - Unlikely option: HHS Secretary Sylvia Mathews Burwell cautioned against [repealing](#) the ACA without developing a replacement plan because it could harm the U.S. health care system. When developing a plan, Burwell said lawmakers should consider whether it covers as many people as the ACA and maintains the quality of coverage. (Source: [Washington Post](#), 1/9)



- **DELAYED REPEAL:** Some Republicans have indicated that they may not seek to replace the ACA immediately. Instead, some GOP leaders have signaled that they could delay the effective repeal date in order to coalesce around a solid replacement plan. Some Republicans are supporting an alternative to phase out subsidies rather than immediately disrupt coverage.



- **REPEAL & REPLACE:** Some GOP members think it will help to mitigate some of the perceived negative outcomes of that repeal in terms of insurance coverage impact and other discontinued program investments.
  - At least 8 GOP members have come forward with proposed plans- Ryan 's plan and Price's plan have gotten the most press.



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# Placeholder Slide!!!

## Late Breaking News!

### **GOP, Trump set sights on repealing, replacing ACA**

- On January 12<sup>th</sup> the Senate voted 51-48 to advance a [budget resolution](#) that initiates Republicans' efforts to [repeal](#) the Affordable Care Act (ACA) through the [budget reconciliation](#) process. The resolution, which now moves to the House, instructs certain committees in the House and Senate to draft and approve legislation by Jan. 27 that, among other things, will include provisions to repeal parts of the ACA. The resolution does not include instructions for replacing the ACA, but House Speaker Paul Ryan (R-Wis.) earlier this week said congressional Republicans will propose legislative language to replace the law at the same time they move to repeal it via budget reconciliation. Meanwhile, President-elect Donald Trump during a press conference yesterday said, "We're going to be submitting as soon as our [pick](#) for HHS] secretary is approved, almost simultaneously, shortly thereafter, a plan" to reform health care. (Sources: [Wall Street Journal](#), 1/12; [New York Times](#), 1/10)



## Repeal and Replace: Ryan and Price

Plan/ Leader	Pre-existing conditions	Financial Assistance	Employer-sponsored coverage	Medicaid
<a href="#">A Better Way for Health Care</a> House Speaker Paul Ryan (R-Wis.)	Continuous coverage provision and \$25 billion investment in high-risk pools	Age-based tax credits to offset cost of premiums (increasing with age, excess to HSA)	Caps tax exclusion at unspecified amount	Maintains existing expansions. Transitions to block grant program
<a href="#">Empowering Patients First Act</a> Rep. Tom Price (R-Ga.)	Continuous coverage provision and \$3 billion investment in high-risk pools (those who have been uninsured could face higher premiums for up to 18 months under their new plan)	Age-based tax credits (maxing out at \$3,000 for those ages 55 and older—who are more likely than younger patients to be sick)	Caps tax exclusion at \$8,000 for individuals	Block grant program. Work requirements. Opt-out option

**Medicare  
ACOs**

**Payment reform**

**Bundled payment programs**

**Consumer transparency**





## Key Predictions

Plan	What Does This Really Mean?
<a href="#">A Better Way for Health Care</a>	<p>The plan would repeal the ACA in its entirety, including its coverage mandates, exchanges, subsidies, and taxes.</p> <p>Insurers could not charge sick people more for coverage as long as beneficiaries maintain continuous coverage. But those who go without coverage for a given length of time could face higher costs when they search for a health plan.</p>
<a href="#">Empowering Patients First Act</a>	<p>While the ACA completely bans insurers from charging more for individuals with a pre-existing condition, Price's bill gives insurers some wiggle room. Under the bill, consumers who have continuous coverage—which the bill deems as having had insurance for at least 18 months—are safe from additional charges for their condition. However, those who have been uninsured could face higher premiums for up to 18 months under their new plan.</p> <p>This plan would also turn Medicaid into a block grant program, with the aim of giving states more control and flexibility over the program and enforcing work requirements for "able-bodied" beneficiaries to receive benefits. States that expanded their Medicaid programs under the ACA would be allowed to keep those expansions.</p>

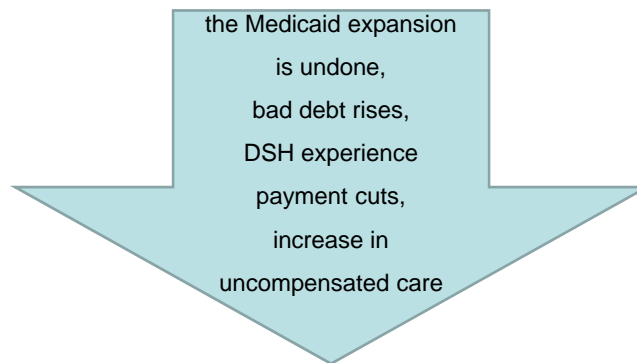
### OTHER HOT TOPICS

- Medicare
- Payment Reform
- Bundled payment programs
- ACOs
- Consumer transparency



## Possible Impacts and How to Prepare

Organizations should prepare for the possibility that



**Accelerate your investment in consumer-oriented care delivery**

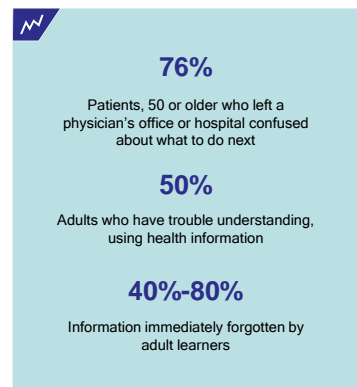


# Agenda

- New Market Forces
- **New Requirements**
- A Best Practice Story
- Resources for You



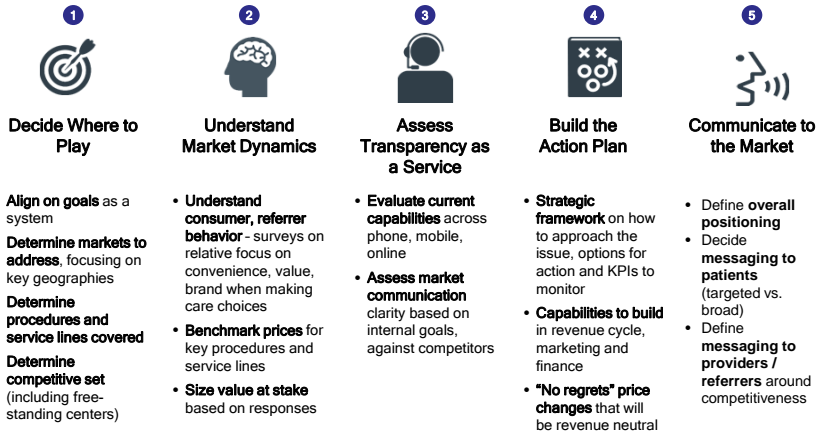
## Linking Patient Satisfaction, Clinical and Financial Outcomes





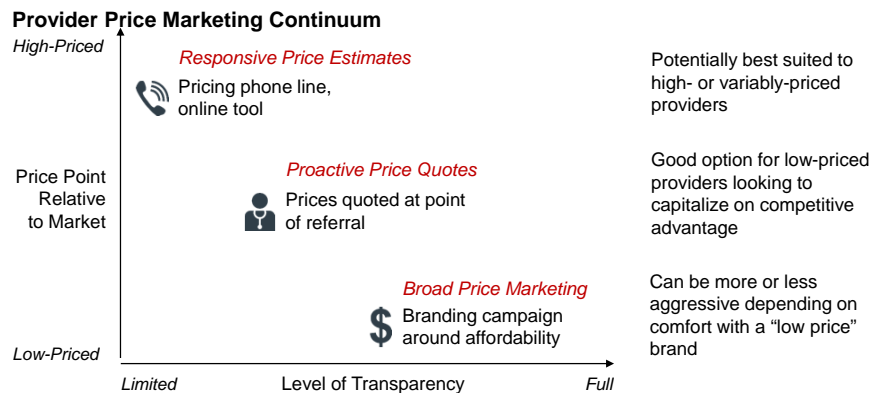
## Looking at Your Market Differently

### Components of Price Transparency Strategy



## Price and Transparency Inform Financial Conversations

### Strategy Depends on Pricing Level, Brand Positioning





## Example: Responsive Price Estimates

1

Responsive Price Estimates

2

Proactive Price Quotes

3

Broad Price Marketing

Memorial General Hospital		Date: 07/21/2014		
<b>Estimated Patient Financial Obligation Summary</b>				
Patient Name: Walter Williams    Date of Service: 07/21/2014    Account#: F0146897624				
Patient Type: Outpatient				
<b>Benefit Details</b> <small>(received from your insurance company on 07/21/2009)</small>		Deductible: \$200.00 Co-Payment: \$0.00 Co-Insurance: \$328.80 Non-Covered: \$0.00 <b>Estimated Patient Payment* \$ 808.80</b>		
Individual Deductible:	\$1,000.00			
Deductible Met:	\$720.00			
Individual OOP:	\$3,000.00			
OOP Met:	\$0.00			
Procedure	Co-Pay	Co-Ins	Charges	Plan Allowed
Chest X-Ray		20%	965.00	687.45
CT Abdomen		20%	1246.00	956.56
<b>Totals:</b>			2211.00	1644.01

Give Patients a **Full View** of Total Financial Obligation

- Generate accurate patient obligation estimates so staff can request payment in full at or before the point of service
- Verify patient's insurance status and capture key plan details
- Incorporate all services associated with the patient's treatment and the physician's historical practice patterns



## Example: Proactive Price Quotes

1

Responsive Price Estimates

2

Proactive Price Quotes

3

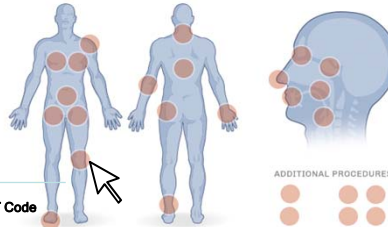
Broad Price Marketing



### Surgery Pricing

Click on an area of the body where a surgery or procedure is needed. Use this tool to find a price and request a specialist to contact you.

Select Procedure Category ▾



Procedure/Surgery	Cost	CPT Code
Knee	\$3,740	29871

Arthroscopy is a minimally invasive surgical procedure in which an examination and sometimes treatment of damage of the interior of a joint is performed using an arthroscope.





## Example: Broad Price Marketing

1

Responsive Price Estimates

2

Proactive Price Quotes

3

Broad Price Marketing

**Fred felt much better after getting ten stitches in his hand.**

**And he felt really great knowing he'd saved \$211.**

Fred was treated at an **Overlake Urgent Care Clinic**. His total out-of-pocket cost was \$99. If he had gone to a standalone Emergency Room for the same treatment, Fred's out-of-pocket cost would have been \$310.

For treatment of non-life-threatening illnesses and injuries, visit an **Overlake Urgent Care Clinic** in Issaquah or Redmond.

**OVERLAKE URGENT CARE**  
MEDICAL CLINICS

Costs above are estimates based on a typical health insurance plan. Your out-of-pocket costs may vary.  
[www.overlakehospital.org/urgentcare](http://www.overlakehospital.org/urgentcare)

Supplementing the Key Differentiator

Signaling Hassle-Free Experience

Directing Patient Traffic

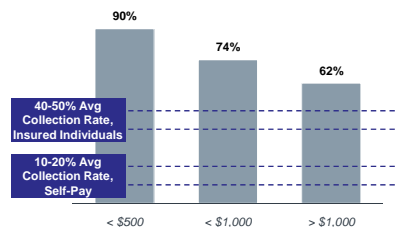
1) Source: ABC interviews with members including CSOs, CFOs, and VPs of Managed Care



## Gap Between Willingness/Ability to Pay and Collections

Many Barriers in the Way of Patients Who Want to Pay

Consumer Willingness and Ability to Pay by Annual Liability Level<sup>1,2</sup>



**Key Drivers of Non-Payment**

- #1 Lack of Financing Options
- #2 Inefficiencies in Billing Practices
- #3 Billing Confusion/Complexity

“ We estimate that if consumers had access to more convenient payment mechanisms and structured payment or financing options to help them smooth spiky medical expenses into tight household budgets, **only 10 percent of their bad debt would remain stubbornly uncollectable.** ”

McKinsey Quarterly

Sources: McKinsey, The Next Wave of U.S. Healthcare  
McKinsey, Overhauling U.S. Healthcare  
Federal Reserve, HFMA  
2015 HRI Consumer Survey





## Standard Operating Procedures Can Help

But it's Hard to Create a Bulletproof Process



**WHAT?**

### Upfront Estimates

Ensure that your staff is prepared to provide patient estimates in advance



**WHERE?**

### Payment Access Points

Provide options for making payments



**HOW?**

### Payment Options

Offer robust financial assistance and provide payment plan options



Even after implementing these best practices, you will still have back end opportunity. No matter how much you share, there will always be patients who don't pay.



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## Agenda

- New Market Forces
- New Requirements
- **A Best Practice Story**
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## Activity: Who are our Patients Today?

Millennials are now the Largest Generation in the United States

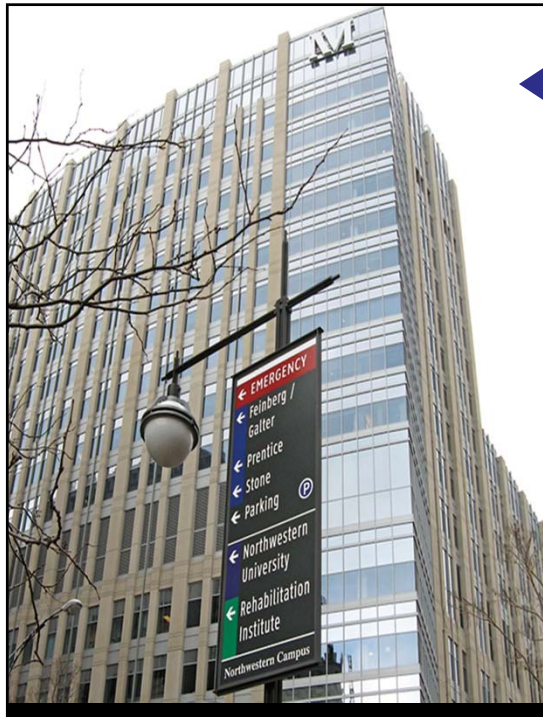
Generation	Years
The Silent Generation	1925-1945
Baby Boomer Generation	1946-1964
Generation X	1965-1979
The Millennials	1980-1995

What are the words you would use to describe each generation?

What are the patient payment characteristics that you would use to describe each generation?

How do you need to best interact with them to get them to pay?

How do you present them with options to engage them through the patient access process?



## Get to Know Northwestern Memorial Hospital

894-bed academic hospital system in Chicago, IL

### The Challenge

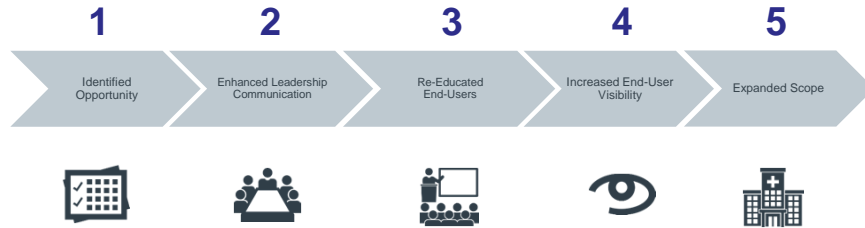
- Large-scale opportunity to collect at front end from highly commercial payer mix
- Upfront collections were not historically part of culture and in downtown Chicago setting, shift in culture and accountability presented significant challenge for both staff and patients
- Initial PayNav launch rendered significant ROI, but team knew there were greater opportunities for collections



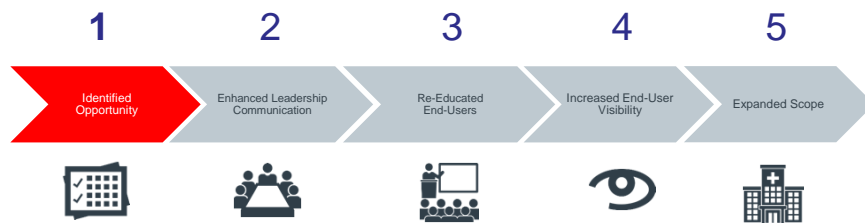


## Creating a Strategic Action Plan to Drive Results

### Five Step Approach to Increasing Collections



## Step 1: Take a Step Back



### Step 1: Identified Opportunity

Working with the NMH management team, the PayNav team performed an Opportunity Assessment, highlighting industry benchmarks and recommending ways to close existing ROI gaps.

NMH recognized that ease of processing payments was one such gap, and invested in credit card swipers.

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## Introducing... Super WoWs!

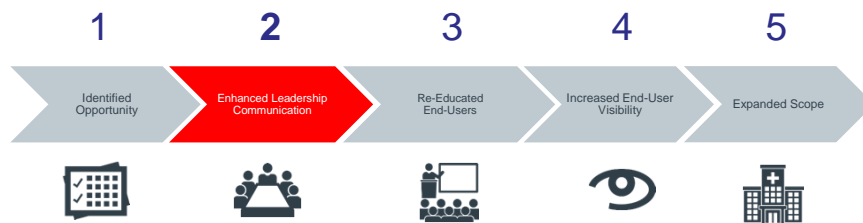
Meeting the Patient at the Right Time in the Right Way Was Critical



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## Step 2: Talk to Each Other



**Step 2: Enhanced Leadership Communication**

Managers from across the organization participated in roundtable discussions, sharing ideas to improve consistency with staff incentives and accountability across departments.



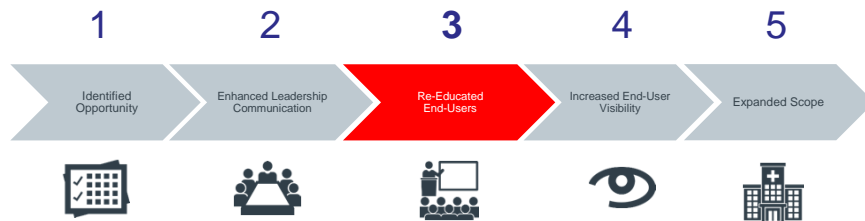


## Recognizing Achievements and Goals

REAL Incentives Resulted in REAL Increases in Staff Engagement



## Step 3: Educate, Educate, Educate



**Step 3: Re-educated End-Users**

The PayNav team held a series of scripting boot camps, advanced user training, and new user training on a recurring basis to ensure that staff had a forum for their questions and feedback. Managers also began holding these furthering education sessions internally on an ongoing basis.

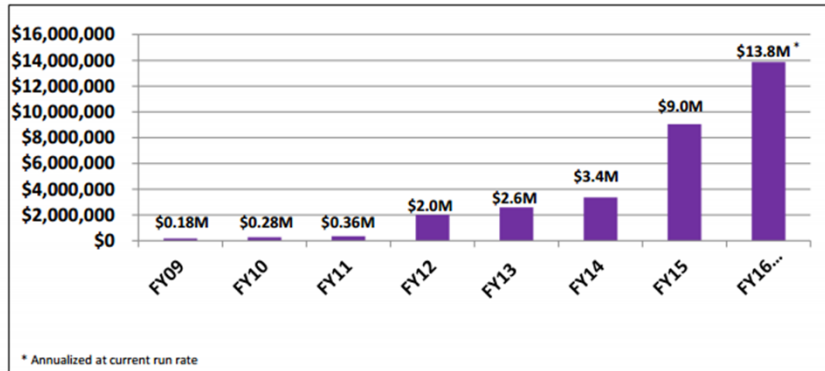




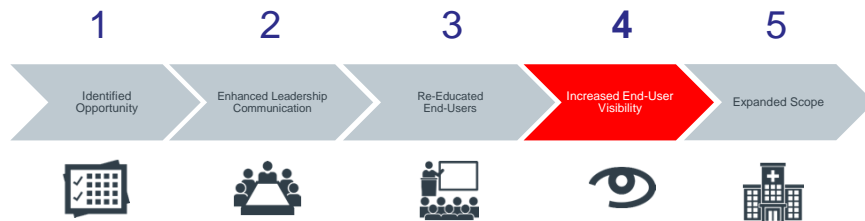
## The Pay-Off is Huge

Team and Leadership Can See Obvious Progress

The Pay-off Across the System Since Go-Live in June 2011



## Step 4: Add Fuel to the Fire



**Step 4: Increased End-User Visibility**

Managers posted individual user collections and recognized staff success. The director was hands-on, reaching out to staff directly to encourage their efforts. Users had the ability to access HIS collections reports so they could check collections statistics on-demand.

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## Executive Engagement Adds a Personal Touch...

Location	FY 16 High	September	October	November	December	January	Top Collector
ED 1 <sup>st</sup> Shift	\$56,761	\$95,630	\$78,475	\$73,704	\$85,908	<b>\$97,688</b>	Erica Smith - \$27,108 (107 payments)
ED 2 <sup>nd</sup> Shift	<b>\$55,426</b>	\$41,373	\$38,485	\$35,388	\$26,480	<b>\$35,260</b>	Phyllis Polk - \$9,974 (68 payments)
ED 3 <sup>rd</sup> Shift	<b>\$52,190</b>	\$46,038	\$43,334	\$33,082	\$31,625	<b>\$50,018</b>	Lynette Brown - \$12,816 (48 payments)
NMIC 2	\$95,338	\$89,398	\$98,905	\$95,635	\$83,509	<b>\$170,244</b>	Fredrick Ezzi-Olosoye - \$53,319 (182 payments)
NMIC 3	\$316,069	\$183,213	\$184,722	\$138,608	\$175,794	<b>\$391,867</b>	Nellie Torres - \$139,566 (286 payments)
269 Building	\$234,226	\$80,221	\$100,538	\$85,477	\$70,076	<b>\$178,774</b>	Karen Avery - \$76,270 (162 payments)
Galler 4	\$192,602	\$122,515	\$206,195	\$141,741	\$171,353	<b>\$438,143</b>	Lesia White - \$100,171 (237 payments)
Galler 6	\$66,229	\$65,120	\$101,977	\$90,037	\$72,746	<b>\$190,212</b>	Alex Velazquez - \$82,999 (130 payments)
Echo	\$31,372	\$31,421	\$19,159	\$27,223	\$35,085	<b>\$67,405</b>	Gabe Martinez - \$36,097 (129 payments)
Surgery	\$77,567	\$40,054	\$68,882	\$65,024	\$64,200	<b>\$110,241</b>	Veronda Holman - \$65,097 (69 payments)
Financial Counseling	\$48,265	\$39,363	\$47,895	\$30,755	<b>\$115,894</b>	<b>\$45,625</b>	Yolanda Garcia - \$24,933 (27 payments)
<b>Total</b>		<b>\$914,959</b>	<b>\$1,060,074</b>	<b>\$901,877</b>	<b>\$1,035,204</b>	<b>\$1,943,094</b>	Nellie Torres - \$139,566

We collected a new all-time high in January of **\$1,943,094!**

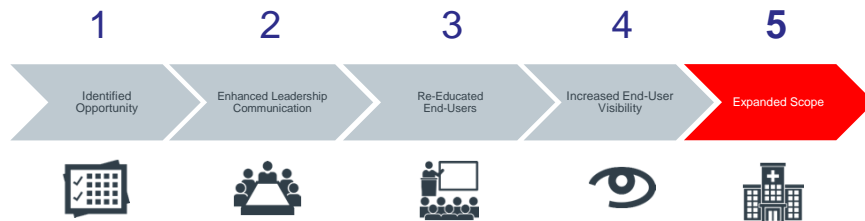
- The ED hit their 2<sup>nd</sup> highest collection month (highest for FY16) 65% of our collection areas saw all-time high collection months. (\*not all represented in grid)
- Three of our team members collected over \$100,000 in a single month!
- Our financial counseling out-of-network team began collecting pre-service from our commercial out-of-network patients - 20 payments in January.
- Our financial counselors are proactively reaching out to surgery patients whose out-of-pocket amounts are expected to be \$2,500 or greater. We will begin asking for a \$500 deposit from this high-deductible population soon.



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## Step 5: Focusing on Key Activities for Staff



### Step 5: Expand Scope

NMH launched two new full hospitals without previous point of service collections experience. The PayNav team replicated their efforts with the new facilities, creating a standardized collections process. This work also expanded to collect on the professional portion of the estimate.



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## Going Global with Estimates

Standard Practices Reinforced Expectations for Staff and Patients

**Northwestern Medicine** Date: 04/09/2014 9:30 AM

**PRICE ESTIMATE AND FINANCIAL RESPONSIBILITY SUMMARY**

**Patient Name:** XXX YYY ZZZ XXX YYY ZZZ **Date Of Service:** 1/22/3344  
**Location:** **Provider:** Dr. Xxx YyyZzz  
**Insurance Company:** XXX YYY ZZZ **Policy#:** XXX YYY ZZZ  
**Insurance Company:** XXX YYY ZZZ **Account #:**

Patient Benefit Details (dependent on your insurance company, 1/23/04)			Patient Responsibility Details	
Benefit	Individual	Family	Benefit	Allocation
Deductible	\$123.45	\$123.45	Deductible	\$123.45
Deductible Met	\$123.45	\$123.45	Co-Payment	\$123.45
Out of Pocket	\$123.45	\$123.45	Co-Insurance	\$123.45
Out of Pocket Met	\$123.45	\$123.45	Non-Covered	\$123.45
			Estimated Patient Payment:	\$123.45

**Deposit Amount Due: \$246.90**

	Hospital	Professional/Anesthesia	Total
Estimated Charges	\$123.45	\$123.45	\$246.90
Estimated Allowed Amount	\$123.45	\$123.45	\$246.90
Estimated Insurance Payment	\$123.45	\$123.45	\$246.90
Estimated Patient Responsibility	\$123.45	\$123.45	\$246.90

THIS IS AN ESTIMATE. Please note that this is an estimate of the charges for exam(s) ordered. The actual amount due may differ from the estimated amount if the order changes or additional studies are performed.  
 NOTE: this charge includes fees for PROFESSIONAL INTERPRETATION from physician groups such as the Northwestern Medical Group (NMG).



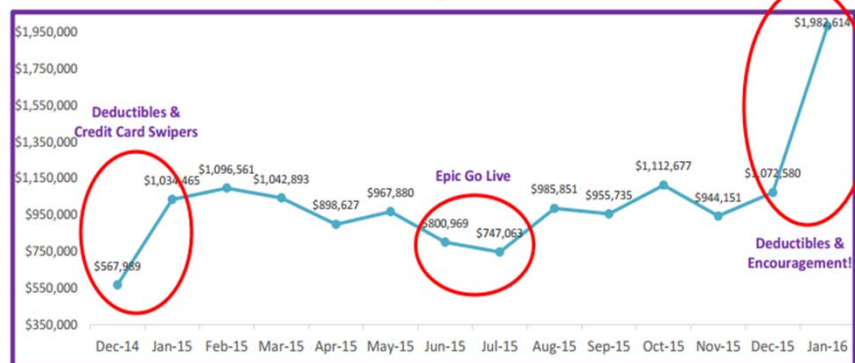
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## Results!

Data Trans

### The Pay-off





## Creating a New Culture of Operations

1. **Identified Opportunity:** Outstanding balance collections
2. **Enhanced Leadership Communication:** Integrated Lake Forest and Grayslake hospitals
3. **Re-Educated End Users:** Ongoing training and Q&A forums for new and tenured staff
4. **Increased End-User Visibility:** Creating Global estimate super-users
5. **Expanded Scope:** Inpatient Copays



### A Mechanism for Ongoing Feedback is Key

In the complicated payer and benefit landscape, identifying “risky” patients is key to mitigating financial risk. PayNav works with organizations to customize rules within the tool to mitigate these risks, such as out of network and Exchange payers.



## Agenda

- New Market Forces
- New Requirements
- A Best Practice Story
- **Resources for You**

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# Resource

## Our Tools Have Evolved Based on Member Feedback and Requests

### Price Transparency Toolkit

**Price Transparency Tactics and Best Practices**  
A Guide for Executing on Cost Visibility

**Topics: What You Will Learn**

- How to measure success in measuring your Patient Financial Clarity Score
- Preparing your organization for the increased volume of patients asking about out-of-pocket medical costs and pricing for individual procedures
- How to create collateral that clearly explains to patients the individual financial responsibility for a medical service
- Developing price controls and third party reviews to help create a culture of Price Transparency

**We Are#1 Ready**

9% Surgeon hospitals able to provide estimates of the patient obligation

2 Massachusetts and Maine were the only states to receive a grade above a C for price transparency

**Percentage of Covered Workers Enrolled in High-Deductible Plan (Deductible Greater than \$1,000)**

Year	Percentage
2008	8%
2009	14%
2010	17%
2011	20%
2012	28%
2013	34%
2014	38%
2015	46%

### Financial Counselor Scripting

**Financial Counselor Scripting**

Page 1 of 3: General Information and Out of Pocket Estimates

**Introduction:** Talking with patients about the cost of care can be difficult. To assist your department staff with these conversations, this worksheet provides sample scripting.

**General Tips for Patient Interactions**

1. Introduce yourself and your role.
  - Have the conversation in a private area
  - Be prepared with all of the necessary patient information
  - Be empathetic and attend with possible solutions
2. Communicate clearly and provide complete information.
  - Be aware of your tone and volume of voice

**Scripting:**

Before the meeting, you will need to ask a financial counselor from all of our patients and your services, you will need to check with all patients to discuss the cost of your care. We are sorry to hear that your insurance will not fully cover all of your care. Topics covered in meeting with you include the best care available.

Our goal is to help you understand what your health plan covers and explain your insurance benefits fully, so that as the patient responsibility you should expect, we have to answer any of your questions now, and at any point in your care.

### Point of Service Collections Toolkit

**Enfranchising Staff in Point of Service Collections**

Your Collections Campaign Toolkit