Providing a Patient-Centric Billing Experience to Drive Positive Outcomes

Presented By:

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Self Pay Tailored for You

Responsible, Intelligent Collections



Our mission to serve began in our own backyard, and we have been helping rural hospitals create a cohesive post-visit experience ever since.

Early Out SelPay Recovery
Multi-Channel Patient Communications
Expert Patient Support Team
Statement Mailing
Compliance and Quality Assurance
Technical Assistance

Third-Party Bad Debt Recovery
Legal Recovery
Credit Reporting
Data-Backed Recovery Strategy
Courteous, Respectful Follow Up
In-House Legal Counsel

Today's Discussion

Importance of Self Pay Receivables

Practical Strategies to Reduce Bad Debt:

Customer Service and Your Team

Statement Design and Strategy

Digital Engagement: Web, Email, Text

Collecting at the Point of Service

Question and Answer

Importance of Self Pay Receivables

Between 5 and 14 million people expected to lose coverage due to Medicaid disenrollment.

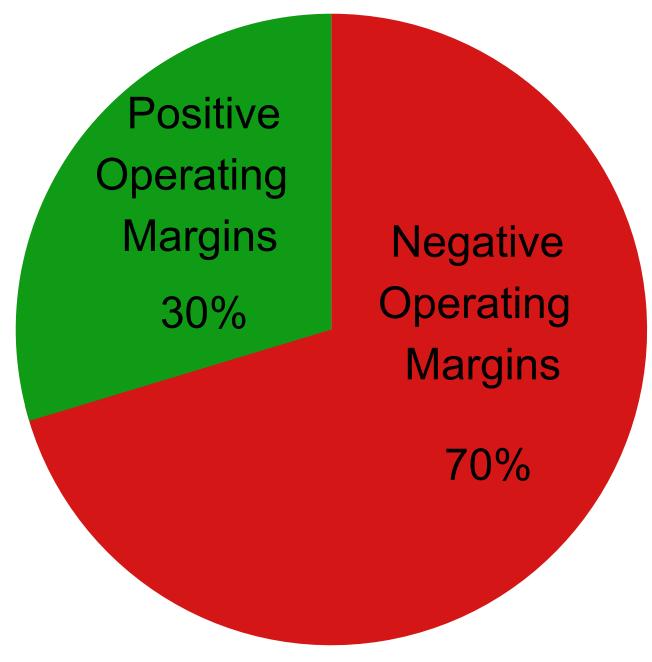
KFF Health News | 2023

55.7% of Americans were enrolled in higherductible health plans as of 2021. The highest ever recorded and the eighth straight yearly increase.

Lending Tree Report | 2023

Survey of Net Operating Profit Margins for 337 Rural Hospitals in the Midwest

Hospitals Grouped by Net Operating Profit Margins



Data from Definitive Healthcare | 2023

39% of rural hospitals in the mid we st ha ve net operating profit margins of less than - 10.00%

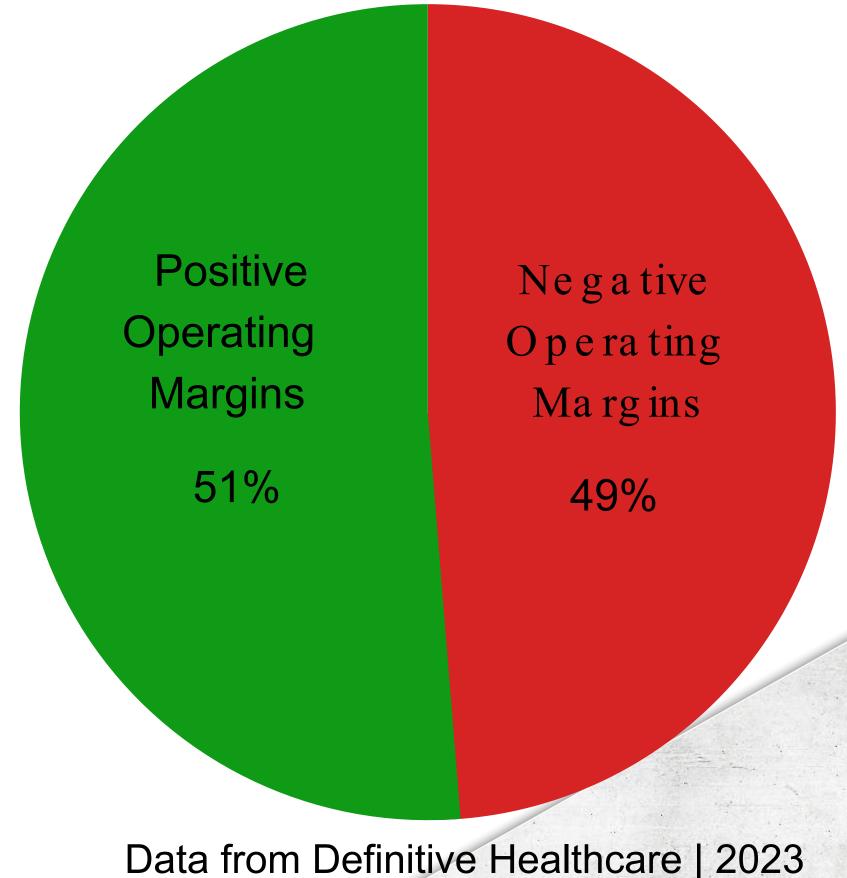
Data from Definitive Healthcare | 2023

Hospitals Grouped by Net Operating Profit Margins

Survey of Net Operating
Profit Margins for
36 Critical Access
Hospitals in Michigan

16% of Michigan CA hospitals have net operating profit margins of less than - 10.00%

Data from Definitive Healthcare | 2023



Best Practice #1

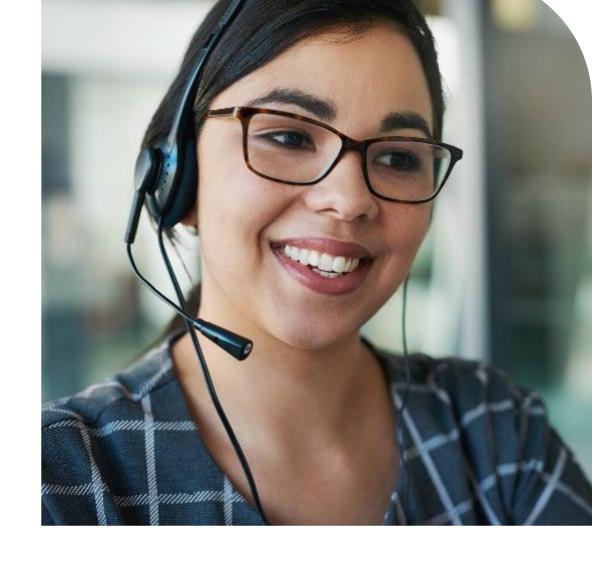
People

Collecting, and Collecting on Time





A well trained, professional staff, with the tools they need to be successful and support from leadership is the KEY.



There is <u>no</u> substitute for talented staff

What can you do to increase retention?

Support: Make sure employees know you support them when patient disputes a rise.

Simple Gestures: Take a minute to write and mail a handwritten thank you note to each of your employees at least once per year.

Exit Interviews: Do not miss an opportunity to understand why employees leave your organization.

Why Are Your Patients Calling?

Data from over 200,000 inbound phone calls our team fielded:

These were patients' top questions:

- Why do I owe money?
- What did my insurance pay?
- Why didn't my insurance pay?
- May I make a partial payment?
- Coding Concerns, i.e. "This should have been paid by insurance as part of my annual wellness exam"

Best Practice #2

Statements



71% of consumers are confused by their medical bills

76% of consumers received an unexpected medical bill

68% of consumers received a statement more than a month after service

J.P. Morgan Trends in Healthcare Payments | 2022

Medical Statement Checklist:



Due Date



Guarantor Billing: Service Location, Provider, Services, Charges



QR-Code to pay with smartphone



Include insurance payments and adjustments

Question for the Group

Does your facility provide true guarantor billing on your statements?

I.e. statements include all accounts from the hospital, the clinic(if applicable) and the physician group (if applicable) even though they may be on different systems?

FRONT



Pay this Amount \$5,244.20

Guarantor Name John Doe

Person No. 123456 Statement Date 1/4/2023 Due Date 2/4/2023

Your Account Status

Your insurance carrier has processed our charges and the balance remaining is what they have determined to be your responsibility.



Make Payment in full with the options to the right



Pay online at www.hospital.org/pay or by phone at 888-234-567 or by mail with the coupon below. You can also scan the QR code at the bottom of this page.

Account Summary

Your Previous Account Balance

New Charges (Summary on Back)

Amount Paid by Your Insurance

Amount Adjusted by Your Insurance

Amount Paid by You

Your Current Account Balance

\$145.00

\$7,804.00

\$632.35

\$2,072.45

\$0.00

\$5,244.20

SEPARATE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



Sample Hospital
123 Oak St.
Cheyenne WY, 82001

Scan Here to Pay Online:



JOHN DOE 1234 5TH ST ANYWHERE, USA 12345



Pay online at www.hospital.org/pay

| Statement Date | Person No. | Due Date |
|----------------|----------------|----------|
| 1/4/2023 | 123456 | 2/4/2023 |
| Amount Due | Show Amount Pa | id Here |
| \$5,244.20 | | |

 Essential Elements of a Medical Statement

Cle a rly List Ba la nce

Website and Phone Number

Outline Insurance Payments and Adjustments

Indicate Previous Payments

Instructions to Payby Mail

Scan to pay by phone

Benefit for Paying on Time



Guarantor Name
John Doe

Person No.

123456

Statement Date

1/4/2023

Due Date

2/4/2023

Your Account Status

Total Balance Due

\$ 1,000.00

Prompt Pay Balance if Paid By: 10/1/2023

\$800.00



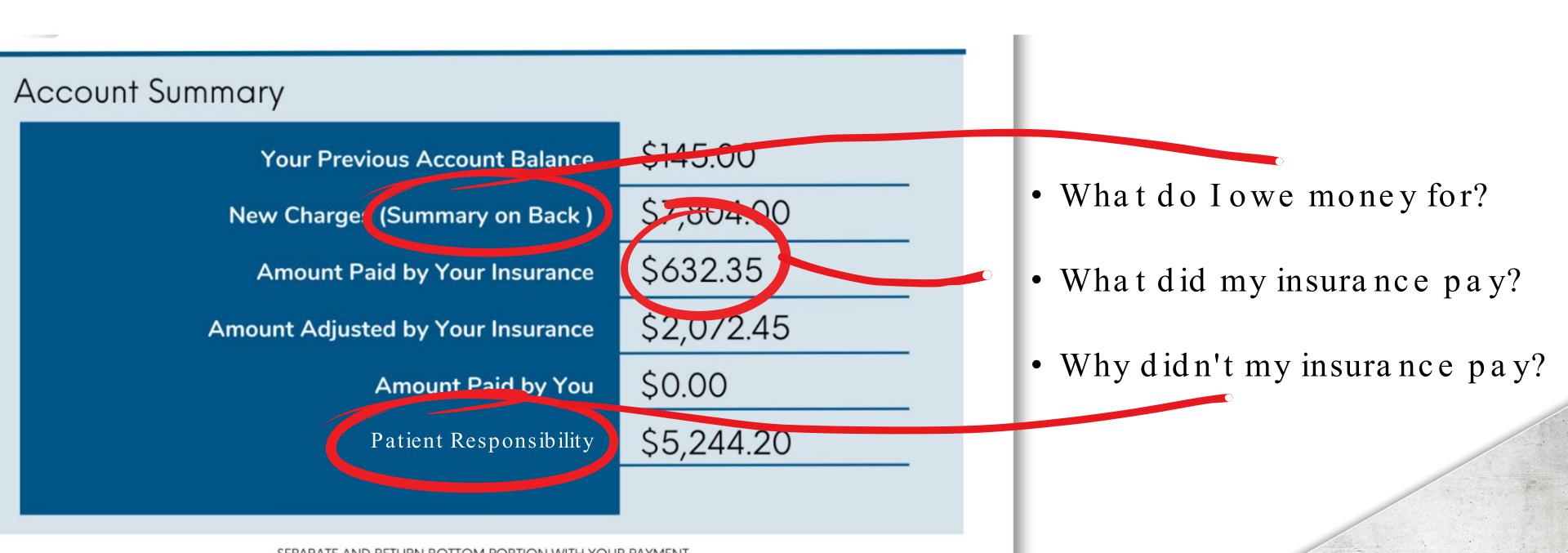
Make Payment in full with the options to the right





Pay online at www.hospital.org/pay or by phone at 888-234-567 or by mail with the coupon below. You can also scan the QR code at the bottom of this page.

Remember The 3 Most Common Patient Questions?





PATIENT John Doe

Guarantor Billing

Pay this amount

\$5,244.20

Guarantor Name

Person No.

Statement Date

Due Date

John Doe

ACCT 965961-1

123456

1/4/2023

PROVIDER Jason Mark

2/4/2023

FACILITY ABC Hospital

List Provider Name Description: Charge: Payment /ADJ Balance: Date: SERVICE DATE 10/20/21 PROVIDER Lisa Doctor **PATIENT John Doe** ACCT 865483-1 **FACILITY CBA Clinic** 09/21/2018 \$145.00 Previous Balance on these Services YOUR BALANCE DUE ON THESE SERVICES \$145.00 Clinic Specify Charges for Each Visit Specify Clinic vs Hospital **FACILITY ABC Hospital PATIENT John Doe SERVICE DATE** 10/25/21 ACCT 887851-1 **PROVIDER Joe Sample** Emergency Room Visit 05/20/2015 \$3,089.00 Adjustment Prior to Billing \$864.92 Hospital YOUR BALANCE DUE ON THESE SERVICES ... \$2,224.08 Name of Specific Facility De scription of Services

SERVICE DATE 11/20/21



Pay this amount

\$5,244.20

Guarantor Name

Person No.

Statement Date

Due Date

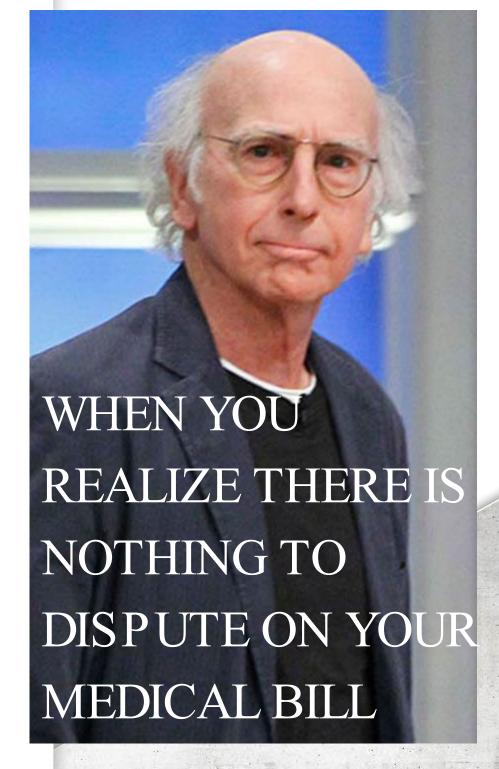
John Doe

123456

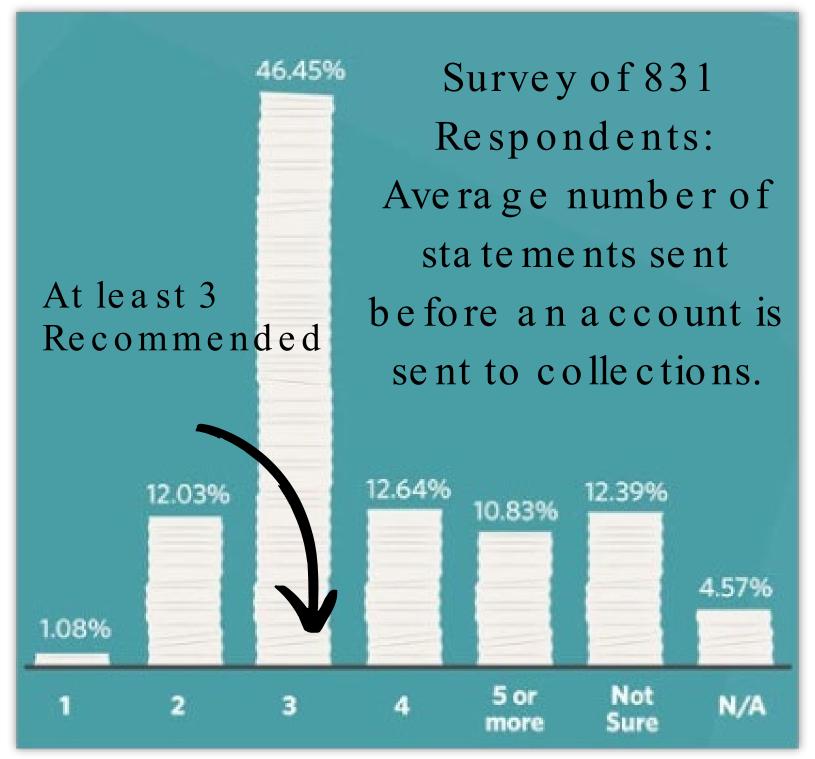
1/4/2023

2/4/2023

| Date: | Description: | Charge: | Payment /ADJ | Balance: |
|------------------------|--|----------------------|------------------------|------------|
| PATIENT John Doe | ACCT 865483-1 SERVICE DATE 10/20/21 | PROVIDER Lisa Doctor | FACILITY CBA Clinic | |
| 09/21/2018 Clinic | Previous Balance on these Services YOUR BALANCE DUE ON THESE SERVICES | \$145.00 | | \$145.00 |
| PATIENT John Doe | ACCT 887851-1 SERVICE DATE 10/25/21 | PROVIDER Joe Sample | FACILITY ABC Hospit | al |
| 05/20/2015 Hospital | Emergency Room Visit Adjustment Prior to Billing YOUR BALANCE DUE ON THESE SERVICES | \$3,089.00 | \$864.92 | \$2,224.08 |
| PATIENT John Doe | ACCT 965961-1 SERVICE DATE 11/20/21 | PROVIDER Jason Mark | FACILITY ABC Hospit | al |
| 07/22/2015 Hospital | MRT Payments Prior to Billing Adjustment Prior to Billing YOUR BALANCE DUE ON THESE SERVICES | \$4,237.00 | \$618.52 \$1,186.36 | \$2,432.12 |



How Many Statements to Send?



Medical Group Management Association (MGMA)

Use automated change of address databases to make sure you send statements to the correct address:

- USPS NCO ALink®
- TransUnion TLOxp Address Report

Do you have an efficient "return mail" process? i.e. bar code, scanner, IT file upload

\$\$\$ wasted if not

Best Practice #3

Digital Engagement



Digital Necessities for 2023 and Beyond





- Online payment portal with payment options
- Se lf-e nroll payment a rrangements
- Online financial assistance application

Digital Engagement

77% of consumers expect virtual and self-service options to be offered in healthcare

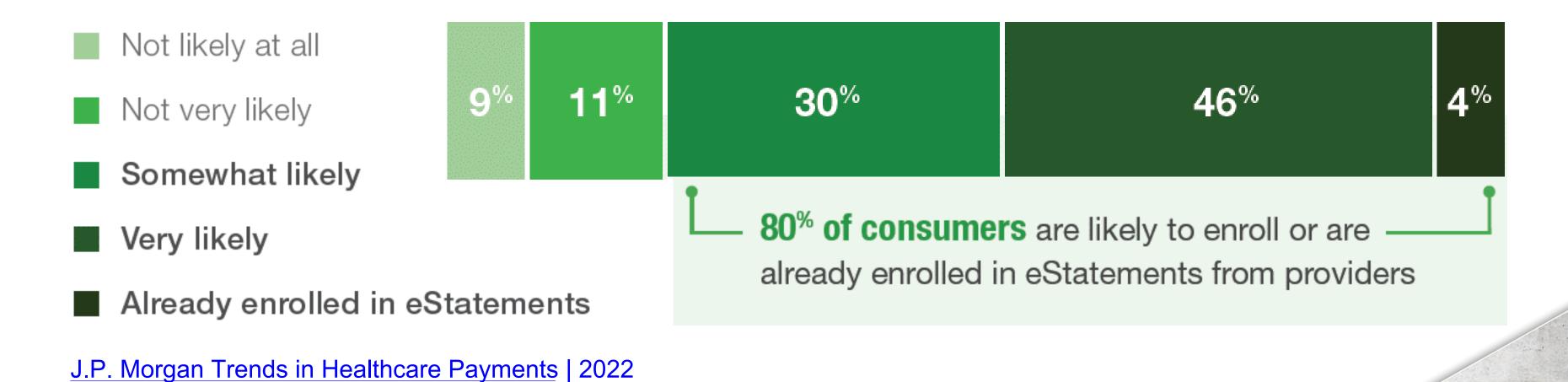
67% of consumers want digital and electronic payment options, such as receiving e-statements and paying online

35% of consumers have no option to pay their medical bill online

J.P. Morgan Trends in Healthcare Payments | 2022

Text and Email

How likely are you to enroll in eStatements instead of paper statements from one or more of your providers?



Are you texting or emailing patients when they have a new e-statement available? Why not?

Text and Email

Q: How should you be informing patient of their bill?

A. Te xt

B. Phone Call

C. Ema il

D. Statement

E. All of the above?

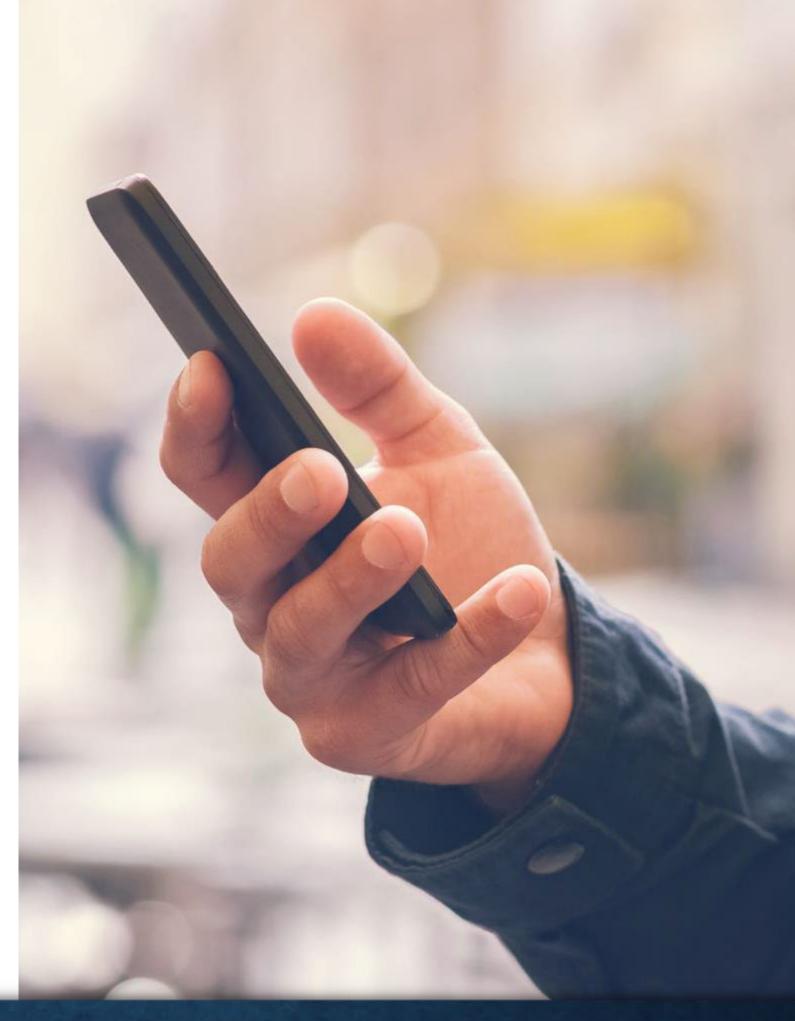


Pa yment Reminder

Your up coming payment is scheduled on 10/1/2023 for \$65.00. Access your account: sample hospital.com/billpay

Pa yment Confirmation

Thank you for your payment in the a mount of \$65.00. Access your account: sample hospital.com/billpay



Keep it Simple!

Access your account with the last 4 digits of your Social Security Number or your Account Number found on your last statement.

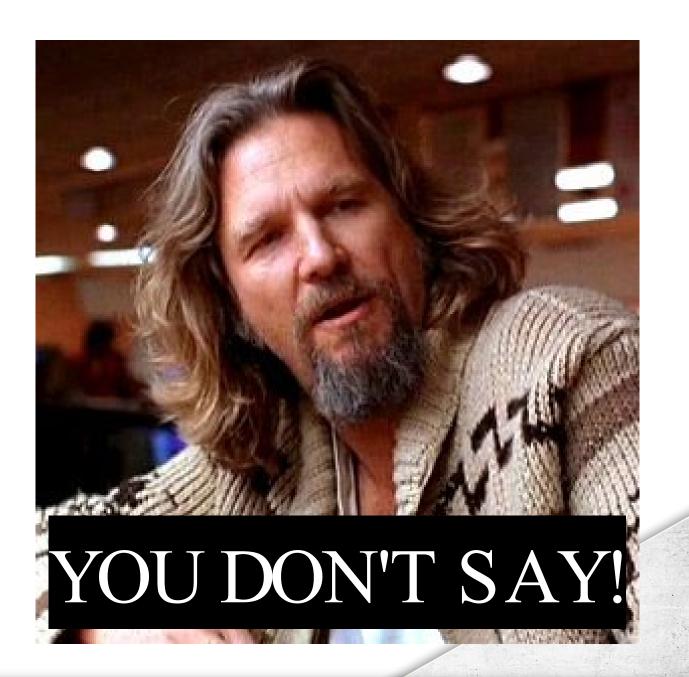
Last 4 SSN

Last 4 SSN

Date Of Birth (MM/DD/YYYY)

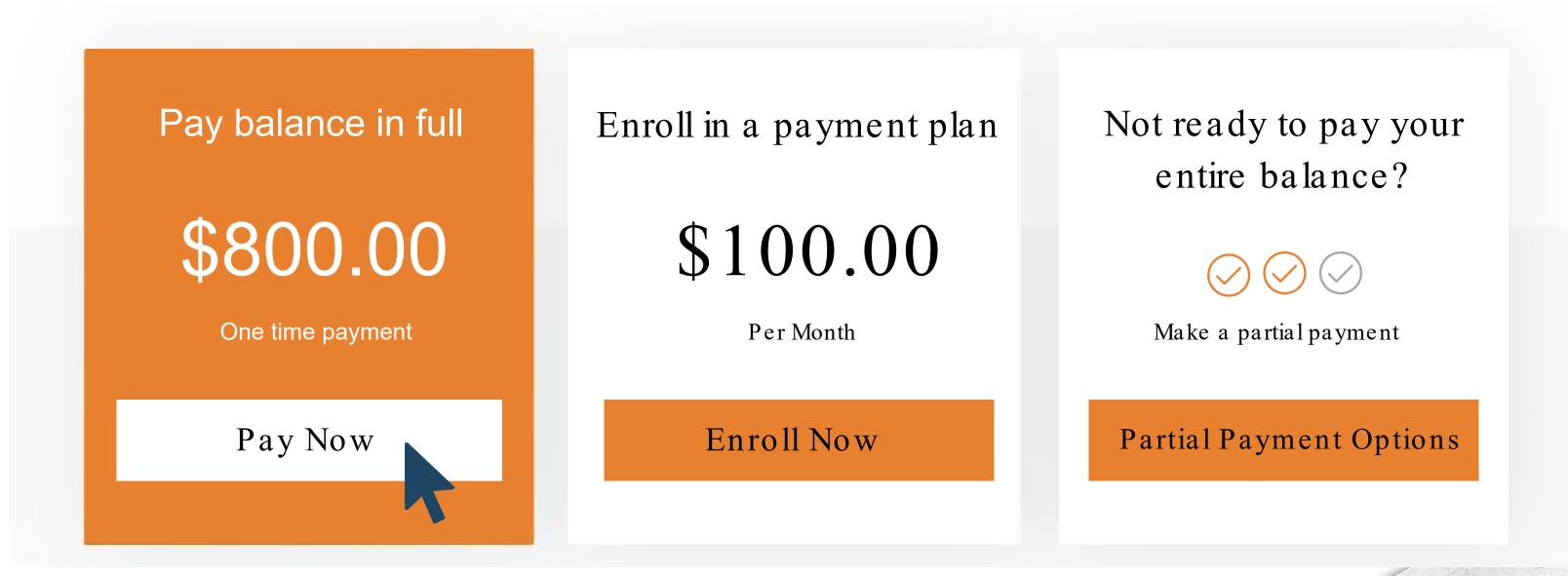
Continue

Your patients do NOT want to memorize another password.

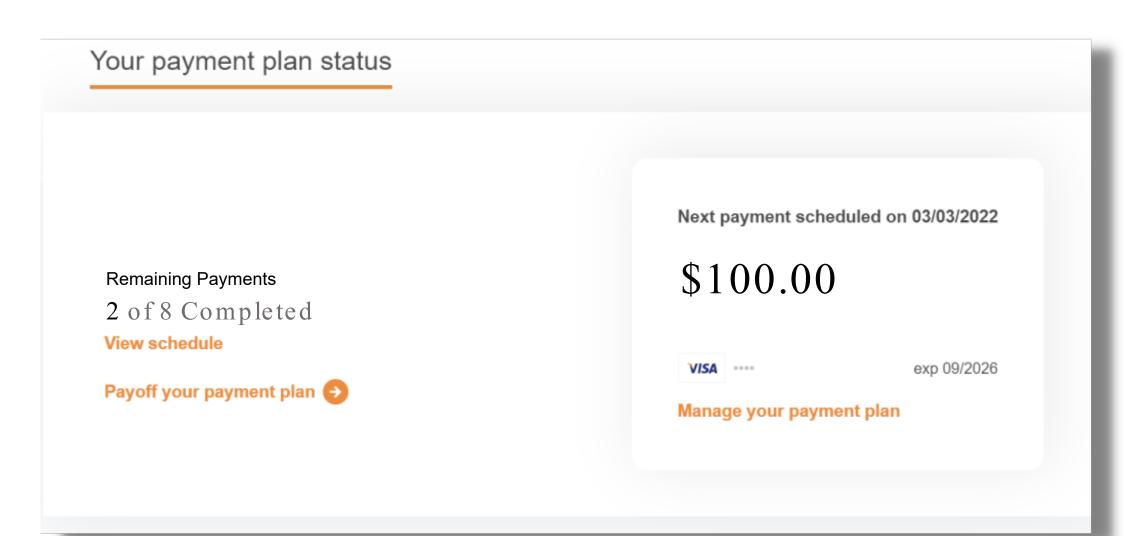


Welcome John Doe, you have a payable balance.

Your current balance is \$800.00



Financial assistance may also be available to you. Learn More



Payment History

Partial payment options are becoming more popular as deductibles increase

Help your patients track their progress. This will limit phone calls to your team.

Allow me to "self-cure" everywhere possible in the

process.

| Date | Payment Type | Last Four | Status | Amount | View receipt |
|------------|-----------------|-----------|----------|----------|--------------|
| 02/17/2022 | Visa | 1234 | Approved | \$100.00 | View receipt |
| 02/03/2022 | Visa | 1234 | Approved | \$100.00 | View receipt |
| | | | | | |

Welcome John Doe, you have a payable balance.

Your current balance is \$800.00

Pay balance in full

\$800.00

One time payment

Pay Now

Enroll in a payment plan

\$100.00

Per Month

Enroll Now

Not ready to pay your entire balance?



Make a partial payment

Partial Payment Options

Financial assistance may also be available to you.



Financial Assistance

Information and Instructions

This facility is committed to providing medically necessary services to all, regardless of a patient's financial situation.



All patients, including those with insurance, may apply for financial assistance by submitting a completed financial assistance application.

Eligible recipients may receive up to a full reduction in their patient financial responsibility.

How to Apply for Financial Assistance

Scan Code to Begin



Visit Identify-FA.com

Complete the Online Form

Upload Required Documentation

Submit Completed Application

You will be notified when review of your application is complete.

FAQs

Who qualifies for financial assistance?

Eligibility for financial assistance is primarily determined by family size and gross annual household income but may include other factors in accordance with our financial assistance policy.

What information do I need in order to apply?

The online application will require contact, employment, income, and dependent information, along with supporting file uploads such as a W-2.

Does my whole family need to apply, or just me?

If you qualify for financial assistance, dependents will automatically be included based on the information you provide in your application.

Is financial assistance similar to insurance?

No. This program is unique to our facility as part of our mission to support our community. Financial assistance we offer can only be applied to charges that originated from our facility and is not a substitute to insurance.

How can I find out more?

Online at www.magnetsolutions.biz/identify
Give us a call at (616) 610 - 6619

Advertise your financial a ssistance program.

- Make certain those in your community that have the need, understand their options.
- Identify this population up front to a void unnecessary expenses and a poor patient experience.
- Help meet or exceed your community bene fit goals.

HEMMA News Financial Assi

Information and Ing

This facility is committed providing medically nece. services to all, regardless of a patient's financial situation.

All patients, including those with insurance apply for financial assistance by submitting completed financial assistance application.

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Offer a simple way to apply for Financial Assistance online

A. Applicant Information Applicant must be 18 or older. If patient is under 18 years of age, the parent/legal guardian is to complete the application under the parent/legal guardians name. List spouse, if applicable, and all children under 18 living in household under the "Dependent Information" section. First Name Middle Initial Last Name SSN Date Of Birth mm/dd/yyyy Marital Status Select One... Phone Number Preferred Contact Method 123-456-7890 Select One...

D. Document Upload

Please upload any documentation that could support the income listed; possible items can include last year's income tax return, W-2 forms, verification of Social Security and/or pension benefits or other proof of annual income. Please ensure that the file you upload includes your last name somewhere in the file name! For example: john-doeW2.pdf

You can also use your phone's camera to submit photos of documents!

If you are unable to upload your financial documentation, please mail to: Harmony Hospital in City, ST.

Please click the button to upload your file(s)

Choose File(s)

Point of Service Collections

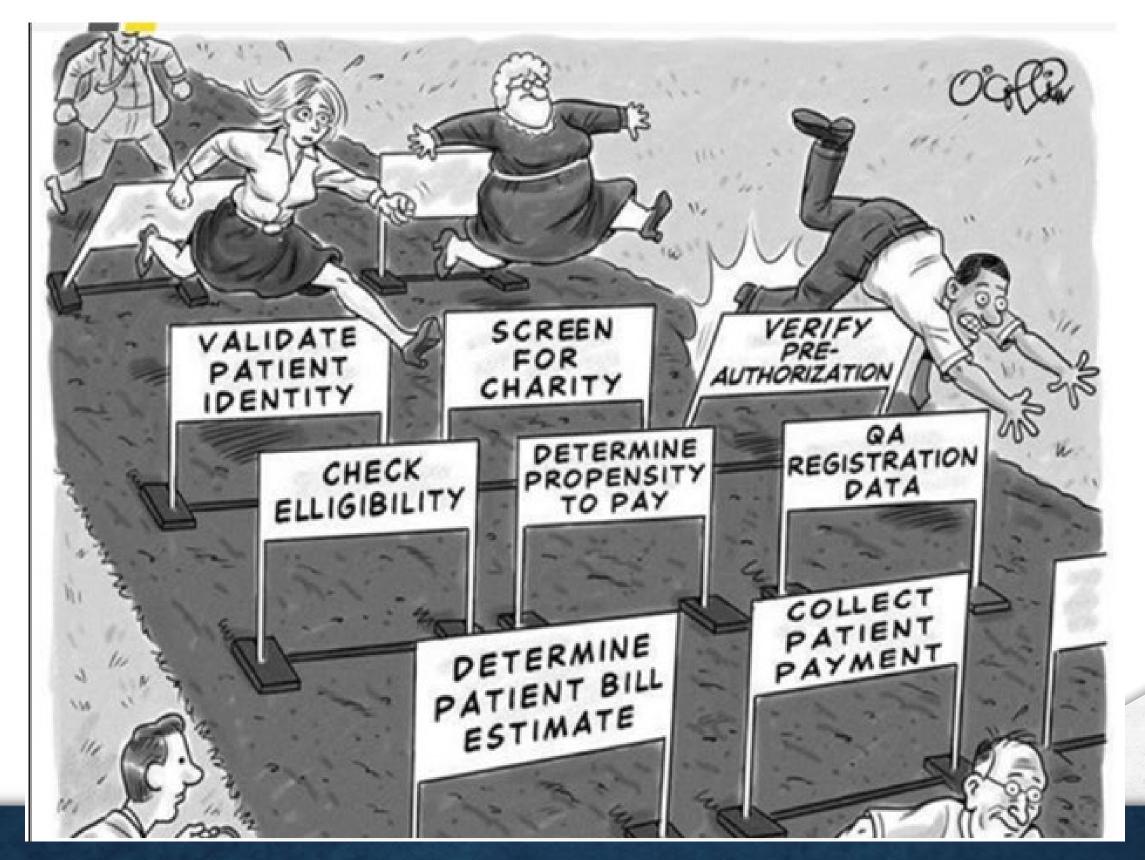


Point of Service

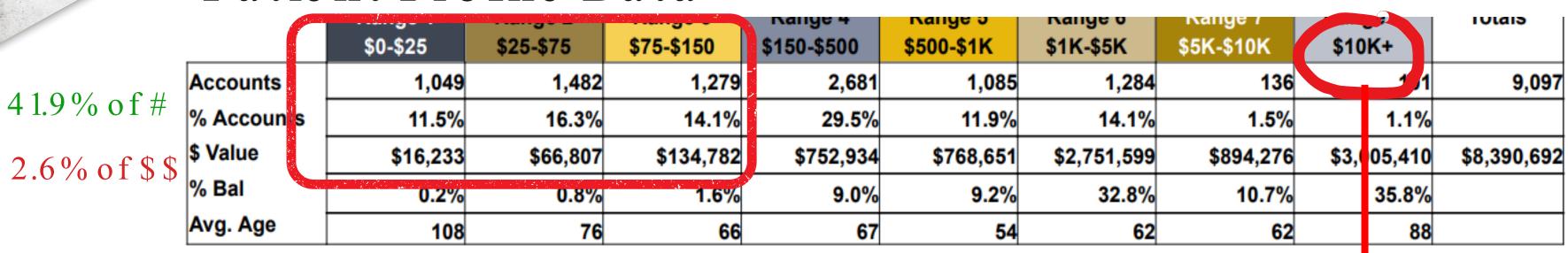
- The only time to settle a small balance and still have value.
- Every dollar you collect up front is one less you have to statement, call, follow-up on, etc. All cost \$\$\$.
- Help me (patient) prepare to meet your (provider) expectations. KEY!
- It's crucial to make this a part of your onboarding, training and continuing education.
 - Are you setting this expectation when interviewing for these roles?
 - Q: "Are you comfortable discussing money?"



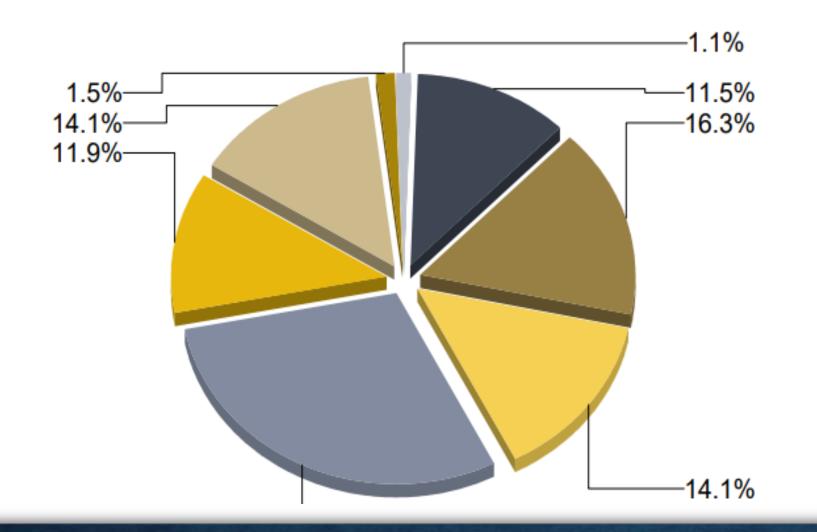
Why invest the time to pre -register?



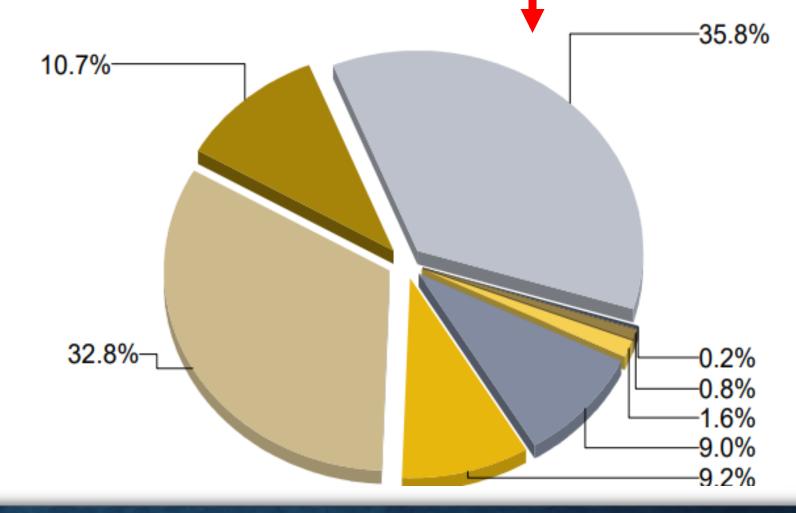
Patient Profile Data











Wrong: "Any change in address since your last visit?"

.....

Right:

"To ensure we have your information correct so we can accurately bill your insurance, we need to confirm a few pieces of information."

"In the event we need to send you information via mail, where do you receive your mail?"

"What is the best phone number to reach you?"

Keys to a Successful POS Process (Phone or Face to Face)



Identify patient by name: Everyone loves to hear their name



Identify yourself by name: Build rapport.



Thank them for choosing your facility: Acknowledge the trust they have placed in you for their care.



Take care of registration details: key elements here.



Present patient with their financial responsibility and ask for payment in full for the amount owing and deliver options for payment and ask them which they will be using

How to ask for the money

"Hi Mr. Smith My name is Rick. Thank you for entrusting us with your care today. Your balance due today is \$150. For your convenience, we accept cash, check or credit/debit card, which will you be using *today*?" (Smile on your face ☺)

- Acknowledge the patient by name
- Introduce yourself
- Thank them for choosing you
- State your expectation
- Key!!! Give them their choices. Of which all support your objective.

Asking for Payment is normal and expected by the patient!



Psychological pause: give the patient time to think/process the expectation you just set.



Determine the problem or main concern the patient has



Find an attainable solution. Payment arrangement, FA, etc...



Thank the patient and answer any remaining questions



Eva lua te yourse lf:

Training Tool for Your Staff



Training Tool for Your Staff

"Just Send Me a Bill"

• We request payments at the time of service.

»» Paying at the time of service helps us a void additional costs, which ultimately saves you money.

»» Plus it lets you take care of payment now rather than worry about a bill later.

»» For your convenience, we accept all forms of payment including cash, check and credit/debit cards. Which payment option will you be using today?





Best Practice #5

Ask Your Collection Agency (Leverage All Partnerships!)

Your collection agency should proactively help you REDUCE the amount you send to Bad Debt.

- Frequently missed information during registration?
- Suppling you with updated addresses and phone numbers
- Missed or inaccurate insurance coverage
- Patients who should have been enrolled in Financial Assistance

Receive Free Materials for Your Team

Financial Assistance FAQs and Instructions







Questions?





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