REDESIGNING THE REVENUE CYCLE

“The attention to detail and the passion that goes into what CCI does is amazing. From the staff in the mail room, to those on the phones, everyone is committed to the company and the part they play to make it a success.”

Kathy Peterson, Director Patient Financial Services

CHALLENGES
As CVPH prepared to convert to Soarian Financials, it became evident the patient access staff would require an enhanced skill set to fully utilize expanded system capabilities. The new workflows and processes introduced through the system have promoted increased employee responsibility within Patient Access.

All patient access job descriptions were rewritten into two classifications: Healthcare Access Associate and Certified Healthcare Access Associate. Staff is required to become a Certified Healthcare Access Associate within 15 months of hire by gaining certification through the NAHAM organization. Other job requirements include a medical terminology class certificate, basic coding course certificate and successful completion of a typing/data entry test.

A key part of the redesigned process includes coding visits at the time of service to meet payer medical necessity requirements, reduce insurance denials and to qualify accounts for billing. Patient Access personnel are now proficient in coding which allows ancillary orders to be coded and bypass medical records.

SOLUTIONS
With the Soarian installation, it became quite apparent that a fragmented or non-existent financial clearance process existed on the front end. The challenge became how to address the issue without increasing FTEs. At the same time, a team of self-pay customer staff members responsible for answering all incoming patient calls were unable to keep up with the volume, let alone make outbound calls.

The solution for CVPH began with reallocation of staff. A new Financial Advocate job description was written for the purpose of contacting scheduled patients prior to their service. The focus of this position is to estimate patient responsibility and communicate the patient out-of-pocket responsibility due at the time of service and collect that amount. The new process was rolled out in a phased approach, first with surgical patients, followed by scheduled cardiology and radiology patients.

Self-pay staff and financial counselors are being transitioned into the role of Financial Advocate and will work with patients in this pre-service role.

CCI’s Extended Business Office solution helps support the reallocation of staff and fulfill the gap created in self-pay strategies. The use of an EBO allows the hospital to focus time and resources on what is strategically important and allows CCI to address the key operational needs in self-pay.
REDESIGNING THE REVENUE CYCLE (continued from front)

RESULTS

CVPH continues to make crucial changes to their process and workflow. The positive impact of their transformation continues to unfold.

- **Self-pay collections have improved since implementation**
  - Total self-pay collections have increased 78%
  - Upfront/POS collections have increased 91%

- **Bad debt expense has been reduced**
  - Bad debt is 1.2% of gross revenue per audited financial statements
    - (national average is 3.3% per HARA)

**Improved patient satisfaction** - patient complaints regarding phone wait times have been eliminated.

With highly skilled personnel, predictive analytics, and integrated technology with Soarian, CCI is able to engage patients to resolve unpaid account balances in a highly efficient manner. Automated workflows and assignment of resources ensure that all account balances receive attention.

Propensity to pay scoring assists with new segmentation strategies that present the most appropriate and effective messages and opportunities to patients. Detailed analytics and tracking of engagement optimizes self-pay collections while increasing patient satisfaction and controlling costs. It’s just another way to cultivate a collaborative approach to the total patient care experience.

The new approach provides the ability to dramatically accelerate collections through additional patient touch points, automation of workflows and staff augmentation. A professionally staffed Contact Center with predictive dialing technologies and sophisticated collection tools fulfills patients’ service expectations. CVPH patients interact with professional representatives who understand healthcare collections, CVPH culture and mission, and that have been specially trained on the patient accounting system and business office processes. Strong customer service and a positive patient experience are key to the success of the partnership.