

Oregon HFMA Conference-Bend Oregon
Patient Accounts Problem Solving Session

Q:Vendor Management Services: How do you manage your business partners (Vendors)? Who manages? What areas of Revenue Cycle? Are there positive outcomes?

A: *Many organizations use vendors mainly for their patient collections. Most have monthly meetings set up to discuss issues and performance. If bigger issues arise, organizations will meet more often than monthly.*

Many have reports that are delivered to them each month; which include Call Wait Times, Collection Rates, Quality.

Other Areas of vendor management: Low Pay Review IT Vendors

501R questions:

Q: Patient refund process? Clarified question was do you refund patient any payments they have made , but have ultimately qualified for financial assistance.

A: *There were some organizations that did not, OHSU does refund the patient.*

Q: Scripting on statements? *See below regarding FA*

Q: Publicizing which providers do & don't accept the hospitals financial assistance?

A: *Most were unaware of this requirement.*

Q: Widely publicizing their financial assistance programs?

A: *Most shared the ability to apply for FA on statements with a number to call.*

***It was agreed that a larger 501R discussion should take place and we added this as a potential Patient Accounts speaker session.*

Q: What areas of the Revenue Cycle manage staff with productivity standards? Are you willing to share what your numbers are per area?

A: *It depends on functional areas, but yes everyone seems to have a productivity standard in place. Insurance Verification , Pre-Reg, Financial Counseling, Billing, Follow up. Follow up example of measurement is 6 Accounts per hour, but days are counted as 6 hours days to account for administrative tasks.*

Q: Is there anyone that did track productivity and now doesn't? Did you see any adverse effects once you changed? How did staff respond to the change?

A: *Everyone tracks productivity using a variety of tools; Huron Trac Reports, Work queues reports. OHSU is looking at removing productivity standards for their PB office and would like to put renewed focus on quality and 1-touch. Audits are time consuming and too random. They are looking to create a more robust auditing system. St. Charles is creating 'Cells' that consists of Providers, Coder, Biller, Follow Up and utilizing LEAN principles. **Potential Patient Accounts speaker session*

Q: Regarding New Device Pass through Code HCPCS – C2623 should always be billed with CPT 37224 or 37226, or physicians do other procedures with C2623.

A: New CMS Billing/Coding Rules as of July 1, 2015

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9205.pdf> page 2.

Q: Procedure Code 0171T and billing with device code C1821, Medicare states C1821 is not a valid code to use with 0171T, what device code is being used at other facilities?

A: No responses

Prompt Pay Discounts Questions:

Q: Policies/best practices?

- Does your discount differ for uninsured or self-pay patients, vs. for out of pocket payments after insurance? Or is it the same across the board?
- Is there a prompt pay discount offered in addition to an uninsured or self-pay discount?
- How is this being communicated to patients?
- Do patients receive a prompt pay discount via phone, mail, and online bill pay?

Responses:

20% uninsured discount, but no other discount is given as prompt pay

Enticement language is used on statements

Discounts provided on co-insurance balances, but not typically on copay balances

15% up front discount, paid at time of service

Q: OAHHS Community Benefit Policy Package pledge says maximum collection limit of 20% of a family's annual household income for any patient who qualifies for FAP. Any ideas on best practices to track this?

A: *Tuality has an internal spreadsheet tracking system*

Patient Accounts Session Topics:

- 1) 501R: Patient Refunds
 - Charity Care
 - Interpretation of the rules
- 2) ICD-10 60 days Post go-live
- 3) Payer Panel
- 4) Patient Experience
- 5) Productivity & Quality Audits
- 6) OAHHS Pricing Transparency
- 7) 278 Transactions
- 8) Patient Liability Estimates (Panel)
 - Epic Functionality
 - Infusion Areas
 - Prepayment Policies and Procedures
 - Buy-in
 - Flexible Payment Plans
 - Distribution of Payments
 - Request or a Requirement
- 9) 'Cells' Shift in Culture using LEAN Principles (St. Charles potential speaker)
- 10) UR Optimize Relationship with Billing and Revenue Cycle