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Patient Accounts, Problem Solving and Program Council
Oregon HFMA Summer Meeting

July 13, 2016
2:30pm – 4:30pm (Pacific)
Resort at the Mountain Welches OR

Attendees: Evan Martin (Providence), Michelle Woodward (Providence), Mark Nouguier (Moda), Ken Mitchell (OHSU), Tammy Bickle (OHSU), Linda Bouchard (Cerner), Jenny Stewart (Legacy), Michelle Roberts (Salem), Teri Howard (Salem), Tara Toomer (Salem), Carla Eagles (Salem), Lisa Richardson (Moda), Brittany Davis (Moda), Matt Navigato (OHSU), Tyler Humphrey (Triage), Lesa Ellis (Providence), Jeremy Stewart (Huron), Kim Carter (Legacy), Marcus Ruhnke (Legacy), Angela Hillebrand (PeaceHealth), Patrick Mack (Navicure)

Time	Description	Facilitator
2:30pm	Welcome	Evan Martin
2:35pm	Patient Solving Questions and Answer Session	Evan Martin
4:00pm	Program Council Topic Session	Ken Mitchell

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Patient Solving Question and Answer List
Oregon HFMA Summer Meeting July 13th

1. **How are people measuring the success of estimates? What metrics, what thresholds, what data, and how do you keep track of the data? (Submitted by Michelle Roberts, Revenue Integrity Manager; Salem Health)**
    - Q. What is the % of accuracy you are seeing? How do you know the estimate is good to the patient? – Michelle R.
        - A. Angela H. - We are using a home grown tool, with roughly an 80% success rate. Every time an epic change happens they have to mold their method and it can take 30-60 days to get back to the 80% success rate. Other people have noticed 75-80% accuracy to patients.
        - A. Michelle R. – using epic tool and is calling 80% accurate a good rate. Has been about 95% in outpatient. Was using home grown spreadsheet.
        - A. Jenny S. - Legacy uses clear quote and Epic, transitioning from CQ to Epic. Not sure what the accuracy is currently
    - Q. Evan M. - Do you load payer contracts into Epic?
        - A. Michelle R. – Not right now, but they feel it would be more accurate once they do.
        - A. Evan M. - Kadlec was only getting 40-50% accuracy with epic, so they switched back to a MedAssets product which is providing 95% accuracy.
    - Q. Matt N. - Do you bill for surgery?
        - A. Michelle R. - not an SBO, not billing for that now. Only charging hospital currently.
    - Q. Matt N. - Is this for the self-pay or insured now?
        - A. Michelle R. – Only shoppers right now.
    - Q. Matt N. - Do you apply a self-pay discount to the uninsured now?
        - A. Michelle R. – Yes
        - A. Angela H. - No self-pay discount now with Peace Health. Individuals who qualify for a discount get one, but based on regulations they do not offer a discount.
        - A. Matt N. - OHSU offers 35% discount as of April. 1- For self-pay. Similar to AGB. Prior they were using 15%. Clinical departments were using their own discount and was usually 15-20% discount for self-payer.
        - A. Jenny S. - Doing out of pocket, shoppers, scheduled procedures for this.
    - Q. Ken- any facilities toyed with doing certain services at a fixed rate?
        - A. Jenny S. – The only thing they are currently is cosmetic and Lasik procedures
        - A. Lesa E. – Providence is looking at flat rates for hip/joint replacements etc.

2. **How are other providers billing for 3D mammography? Are you billing/reporting the G0279/77063 codes even though most commercial insurance does not cover? Are you billing patients for the denied charges? Payers - are your policies being reviewed and when do you anticipate covering 3D mammography now that it is covered by Medicare? (Submitted by Amanda Gordon, Dir Pt. Access Telecom, HIM; Legacy Health System)**
        - A. Lisa R. – Moda continuously meeting on possibly covering it... waiting for research to say it is the best method.
        - A. Tammy B. - at OHSU, they bill for 3D and have a fixed price for it. They balance bill patient for denied charges, Medicare does pay for it. But price fix so the cost is known up front.

   A. Jenny S. – at legacy, providers do charge, but they do not have a hospital bill for it. Medicare pays, managed plans (commercial payers) cover. UMR for legacy benefits they are paid for employees.

Q. Lisa R. - Do you give your patients a choice
   A. Tammy B. – Yes, they get to choose since it is not a covered thing.
   A. ✶ Matt N. - On profee side, 45% of payers cover it. Matt will pull who pays for it and send it to Lisa R. ✶
   A. Evan M. – Providence Oregon Region does not bill for it currently, Provider Billing does, and other regions within Hospital Billing.

3. **Are you documenting drug wastage and reporting the JW modifier? How have you accomplished this? (Submitted by Amanda Gordon, Dir Pt. Access Telecom, HIM; Legacy Health System)**
   A. Tyler M. - Triage just threw together a memo, currently no rule to bill JW modifier. Some bill for JW modifier. Effective 1/1/17. Required 1 line with amount of actual administered and 1 line with JW modifier of actual used/wasted. Important we find a way to accurately record.
   A. Matt N. – (OHSU) Just about to roll out ambulatory MAR, there is a field to capture use and waste and pull off that field for use and waste and auto apply the JW modifier. Working on making it part of new workflow.
   A. Evan M. – Providence is working with epic to move that from ambulatory MAR to the inpatient - to add to workflow. Can ambulatory team replicate that MAR? We have used ambulatory to match other areas now, just trying to figure out how to move. Inpatient MAR is trying to get it now. Critical access may bed in inpatient unit, - looking at how we get it attached for CAH's which make it complicated.

Q. Michelle R.- how do you make it a new workflow
   A. Matt N. - Charges are there already, they just alter the charge line
   A. Evan M- Providence is having revenue guardian believes it pulling off NDC code ranges

Q. Michelle R. - Is anyone categorizing the drugs they are doing it on or just going all out? Pharmacy has an easier time to look for it vs. nurses... what about mixing?

Q. Evan M. – Do you have anesthesiologists Mixing in room? Because pharmacists are where this is going to be captured.

Q. Evan M. – if the anesthesiologist is mixing bedside they would need to capture the waste and usage. –
   A. Matt N. – We would love to see the workflow for this ^^.

4. **How are you handling patients who are part of sharing co-operatives? Some have religious affiliations while others do not. An example is Samaritan Ministries, the patients are advised to let the facility know they are self-pay so they can qualify for an uninsured discount. Under the ACA this qualifies as a form of coverage. (Submitted by Amanda Gordon, Dir Pt. Access Telecom, HIM; Legacy Health System)**
   A. Lesa E. - Providence gets ministry discount now. Washington State treats as uninsured. Considering all resources and considering charity for it.
   A. Tara T. – Salem Health is trying to see if they can capture on front end- do not have a good solution, all people getting discount. Even if charity does come through.

Q. Lesa E. – Can we take it to department of health? Because they can claim tax credit and not coverage
   A. Marcus R. – Legacy usually only get payment after going back and forth because it does take time and they do not apply discount if they claim for the charity. By the time they get payment they are almost submitting to claims dept. because it has taken so long.
   A. Lesa E. - Providence just now started giving uninsured discount. We should put pressure on state to see how we look at it. Unfair that they can use it as a credit and be considered uninsured and gain the uninsured discount so they don't have to apply for insurance.

Q. ALL – Getting a larger group together to really discuss this issue so we can bring it to the states would be interesting and worth the time.

5. **How are you handling imaging procedures when no authorization is in place? Are you having your patient's sign a waiver? For example, provider orders a CT, and patient presents to the hospital to have the CT, but authorization has not been obtained. (Submitted by Amanda Gordon, Dir Pt. Access Telecom, HIM; Legacy Health System)**
   A. Evan M. - In the Providence Oregon region, UM team working with providers to reschedule the patients and defer the service so we can get authorization. Unless it is emergent or the patient NEEDS it done sooner. They are working on looking ahead of time, and defer the patient when able.
   A. Jenny S. - Legacy is the same, they defer the patient if they do not have the waiver.
   A. Evan M. – Providence is holding providers accountable for the lost revenue, so they are working hard on their front desk people getting the authorization first.

Q. Teri H. - Has this been effecting patient satisfaction?
   A. Evan M. – Providence is trying to not schedule at all without an authorization. So we don't get to that point. There is a problem with having to let some go through.
   A. Evan M. - In the last 2-3 months, we are working on getting providers engaged so they can help find a better way to get these done for patient needs.
   A. Jenny S. - Legacy is working with scheduling team to find a better solution.

6. **Are you seeing more high deductible plans? How is this impacting your bottom line? What are you doing to help patients with this new financial responsibility? (Submitted by Amanda Gordon, Dir Pt. Access Telecom, HIM; Legacy Health System)**
   A. Jenny S. – Legacy currently looking at numbers to see how many more we have on OHC.
   A. Jenny S. – Legacy does have a WQ now where they go if a claim/balance is going to go out with a greater than $5,000 bill. They call first to discuss the bill and payment plans etc.

Q. Matt N. - How are we finding this information? There does not seem to be a good way to find this information. There are a lot of things going on and not an easy way to pin down patients with high deductible plans.
   A. Marcus R. - Same with Legacy, there is not a good way to pull the data to find out how many have high deductibles to really see how it is effecting them.

A. Lesa E. – (Providence) There is a high dollar and low dollar team now, they have a different team for 1st statement that is over $5,000 that discusses payment plans and financial assistance. Just raised the discount for 350%.

Q. Ken M. - how are patients responding to getting a call prior to getting this big bill?

A. Jenny S. - They are responding positively, about getting a call prior with options vs. opening the mail and not expecting the bill.

Q. Ken M. - How do they introduce that conversation?

A. Jenny S. - Not sure, not on that team, but have heard people are responding well to it.

A. Jenny S. – They do get an additional 10% off when they pay up front or pay before a certain time.

A. Angela H. - If they are 400% below poverty level they get a deeper out of pocket discount (Peace Health)

7. **What tools are being used at different health systems (home-grown vs purchased service/tool)? For those rolling out the EPIC estimator tool, how is it going? (Submitted by Angela Hillebrand, Peace Health)**

A. Angela H. - Covered with Michelle R.'s Q – see #1 above.

Q. Angela H. - Is everyone using epic?

A. Evan M. - Most are trying to use Epic but keeping home grown methods as backup.

8. **OAHHS Good Faith Estimate pledge: When communicating disclaimer language and language surrounding Financial Assistance options, what are some creative/successful options being implemented? (I.e. hold or intro messaging, scripting, etc...) (Submitted by Angela Hillebrand, Peace Health)**

A. Lesa E. – Providence has it on a recording with disclaimers. "Financial assistance may be avail. If you qualify". This pops up before it goes to options – Leadership says it is acceptable.

A. Marcus R – Legacy has a similar thing in scripting- generic discussion they have.

A. Linda B. - (Cerner) putting it on the back of statements, talks about discounts and financial assistance.

A. Michelle R. – Salem Health moving away from scripting because they feel it may be causing issues and making people feel more robot... letting callers feel out conversations before discussing payment plans etc.

A. Lesa E. - Not all are eligible for financial assistance, want to make sure people are aware.

9. **Patient Discounts: What is considered a best practice approach to Prompt Pay or Paid in Full discounts for patients who have large balances after insurance? And for Uninsured patients? (Submitted by Angela Hillebrand, Peace Health)**

A. Kim C. - At legacy, currently doing it post, looking at doing it pre and trying to entice people to pay up front. Want to review all contracts to make sure they can do it pre. And looking at financial impact ahead of time.

Q. Linda what happens if they get an estimate that is not accurate? Do you still give them the same discount?

A. Kim C. – Yes, keep discount the same.
A. Jenny S. – Patients get additional percentage up front if they pay right then on top of uninsured discount. (Legacy Health)
A. Tara T. – Salem Health just has uninsured discount, no upfront paying discount

Q. Marcus – who does back end refunds or adjustments, is it a pain?
A. Kim C. - Yes, back end and it can be tough.

10. Patient Discounts: Are there any additional or special discounts offered to employees who have outstanding out of pocket balances? (Submitted by Angela Hillebrand, Peace Health)

A. Kim C. - Providence has employee discount
A. Linda B. - CA hospitals do. But only if you pay up front, not payment plans.

11. Is anyone using any consumer finance programs? Same as cash kind of thing like care credit. (Marcus Ruhnke – Legacy Health)

A. Angela H. - Peace Health uses health first, but give in house option first because they can manage with epic. Can be referred out if they want longer than 12 month.
A. Tammy B. - OHSU uses it for Lasik – that is all.
A. Michelle R. – Salem Health got rid of it because there was very little interest, interest too high anyway and most people didn't use it.

Q. Marcus R. – to – Angela H.: is it used for pre-service? A. Not sure.

12. For providers with a NICU- Are you having issues with getting denials on rev code 174 (level 4) not meeting payers' criteria. Are others struggling with it?

A. Carla E. – No success and they are appealing
A. Evan M. – Will follow up, last year Providence did rev code flips at charge level (EAP) to make them happy and get it paid. Went through and looked at individual payers based on their contract with us – load rev code based on payer contracting.

Q. Michelle R. - Do you have levels? Many flips to 1?
A. Evan M. – It depends on the payers, we have 4 levels but it is different vs. each payer. We've gotten down to the actual charge level because we are in different states. We flip on the charge level based on payer contracting needs. Revenue code flipping.

Q. Jenny S. - The criteria the NICU uses is homegrown based on rev. description of care. Does not match any set of criteria of other places.
A. Evan M. – Providence uses peri/OBGYN book to establish our criteria, have it loaded in epic so nurses can see what the guidelines/criteria is for a certain level. We do "hover to discover" function over a charge so it will pull up a descriptor behind it.

Q. Ken M. – Did payers provide you with specific criteria for each level?
A. Jenny S. - On high dollar edits, they requested the criteria, and they each use different sources to create criteria.

13. **Tara Toomer (Salem Health) – How are you dealing with provider based billing practices and how you are handling patient notices? At Salem Health, they have a pre-appointment form at check in to let them know they will be billed from two different places, how we make sure patients know ahead of time...**
    A. Matt N. – Once you go PBB you have to live with complaints, OHSU has it posted and have a letter letting them know they will receive two bills.
    A. Tammy B. – OHSU reduced complaints when they went to single statement billing. Two bills but on one paper so it reduced.
    A. Tara T. - Would like a better way to educate everyone to reduce complaints.
    A. Matt N. – if you are you applying POS 19 on group claims and PO modifier, that has been more info to the mix.

Program Council Topic Session

Future speakers/subjects/ ideas:

- (Matt N.) Revenue guardian and how it can help with JW modifiers
- (Matt N.) Like the vignettes ideas – take 4 orgs or 3 and break up in 20 minutes and present a best practice... a short 20 minute presentation to talk about lots of topics.
- What were thoughts on shorter sections? -> Some topics warrant more time, but it was a good brainstorming – concept is great.
- MACRA – more presentations wanted. There is a presentation tomorrow, and one already scheduled for next time.
- Vendor relationship management – vendor partners go presenting a recipe for success possibly?
- How do we get payers here? can we get contacts for others payers and ask what would be interesting concepts that could bring them here
- Talk quality from payers to get them here – get more health plans on board.
- Denials – mike Jacobsen? From prov. – get Ken M. the name.