ENGAGING THE FRONT DESK STAFF

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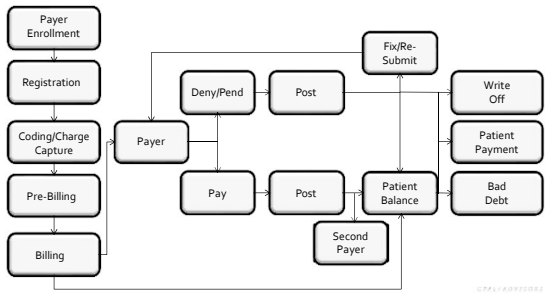
REVENUE CYCLE: A BIRD'S EYE VIEW



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CONSIDERATIONS

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IMPORTANCE OF THE CUSTOMER

Patients are not dependent on us
- We are dependent on them

Patients are not an interruption on our work
- They are the purpose of our work

We are not doing them a favor by serving them
- They are doing us a favor by giving us an opportunity to provide our service

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FIRST IMPRESSIONS

- We tend to form immediate and vivid impressions of people during the first 10 seconds we see them. Experts estimate that it takes another five minutes to add 50% more impression (negative or positive) to the impression we made in the first 10 seconds. Therefore, you need to be aware of what your clothes and appearance are communicating.

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IMPRESSION TIPS

Maintain Eye Contact
Facial Expression
Body Language
Smile
Appearance
Positive

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MISREPRESENTATION

I don't know = They don't know their job
- I'll find out…

No = They won't help you
- What I can do…

I'm busy = They don't have time for me
- I'll be with you…

Can you call me back? = I'll call someone else
- I'll call you back…

I didn't do it = I don't care who did it, I want it fixed
- Sally can help you…

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LISTENING

Keys To Effective Listening	What The Bad Listener Does	What The Good Listener Does
Judge content, not delivery	Tunes out if delivery is poor	Judges content, skips over delivery errors
Listen for ideas	Listens for facts	Listens for "central themes"
Work at listening	Shows no energy output – attention is faked	Works hard, exhibits active body state
Resist distractions	Easily distracted	Fights or avoids distractions, tolerated other's bad speaking habits, knows how to concentrate
Get the most from interview time	Tends to daydream with slow speakers	Challenges, anticipates, mentally summarizes, weighs the evidence, listens between the lines to the tone of voice
Ask questions	Does all the talking	Controls the conversation by questions and gets facts
Hold your fire	Tends to enter into arguments	Doesn't judge until comprehensive is complete

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PRE-REGISTRATION

Determine demographic updates

Determine prior account balances

Insurance benefit verification

Determine patient copayment level

Determine need for the visit/time allotted

Patient expectations

Appointment reminder process – New Patients

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BEFORE THE APPOINTMENT

Call the patients the day before to confirm the date and time

Arrive early to fill out the necessary paperwork

Remind patient's of their co-payment

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AT THE APPOINTMENT

Sign In
- Greeting
- Demographic information
- Co-payment

Paperwork
- New patient
- Yearly Update

Accurate Insurance
- Copy Insurance Card
- Referral

Check Out
- Future appointments
- Co-payment
- Instructions as directed by physician

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REGISTRATION

Verify demographic

Insurance card

Medicare Secondary Payer Questionnaire

Collection: copayment, deductible and/or outstanding balance

Remind and/or educate on expectations

Determine need for financial assistance

98% Accuracy
- gakjds

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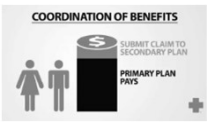
PRIMARY/SECONDARY INSURANCE

Coordination of Benefits
- Gender Rule
- Birthday Rule

Medicare Secondary Payer
- Retired
- Disability
- Black Lung
- Veterans Administration
- End Stage Renal Disease
- Employers Group Health Plan
- Liability



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INSURANCE VERIFICATION

The insurance verification process is often the first opportunity to identify a high-risk patient:

- Insurance eligibility verified
- Coverage determined for service
- Financial obligations collected

Verification

Website 1-3 Minutes

Telephone 3 – 10 Minutes

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FINANCIAL COUNSELING

Instruct new patients regarding documentation required for discounted charges

Counsel established patients regarding outstanding balances

Plan enrollment/modifications

Time of Service Collections

Copayment: 98%
Others:75%

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REASONS PEOPLE DON'T PAY THEIR BILLS

No Money

- Most people who have past-due medical bills honestly believe that they do not have enough money to pay them. In their own minds, at least, that is how it is – other bills come first.

No Desire

- The patient did not really want your services. So the individual feels no desire to pay off the account quickly. They want other things and those wants usually win out over their medical bills.

No Hurry

- Everyone knows that you can pay the doctor "something" "sometime" and everything will be alright. There is no urgency in paying. We must create a sense of urgency. If the bill remains unpaid, the patient may have to pay additional costs of collecting the account.

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INSTALLMENT PLANS

- Patients that are unable to pay their account balance in full at the time of service as a result of limited or no insurance coverage, and are not considered indigent, will be offered the opportunity to pay the balance in full within 90 days or in accordance with the rates and limitations outlined below.
- This policy is not applicable to co-payments, which must be collected at the time of service.

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INSTALLMENT PLANS

Patient Account Balance	Minimum Time Frame For Full Payment				Practice Manager Approval Limits	
Range	3 Months	4 Months	5 Months	6 Months	Minimum Accepted	Minimum Months
$5.00 - $24.99	Full	-	-	-	Full	0
$25.00 – $49.00	Full	-	-	-	$25.00	2
$50.00 - $149.99	$50.00	$37.50	$30.00	$25.00	$25.00	6
$150.00 - $249.99	$83.33	$62.50	$50.00	$41.67	$35.00	7
$250.00 - $499.99	$166.67	$125.00	$100.00	$83.33	$60.00	8
$500.00 - $749.99	$250.00	$187.50	$150.00	$125.00	$90.00	8
$750.00 - $999.99	$333.33	$250.00	$200.00	$166.67	$125.00	8
$1,000. 00 - $1,499.99	$500.00	$375.00	$300.00	$250.00	$175.00	8
$1,500.00 - $1,999.99	$666.67	$500.00	$400.00	$333.33	$200.00	10
$2,000.00 - $2,499.00	$833.33	$625.00	$500.00	$416.67	$250.00	10
> $2,500.00 Approval Needed From Practice Manager						12

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CASE STUDY 1

John and Mary were divorced four months ago. They had two children together. John works for a large manufacturing company, Mary is a self-employed hair technician. The divorce decree said John would carry the children on his health insurance plan.

Two months ago their oldest daughter, Hailey, got very sick. Mary took Hailey to the doctor. She forgot to take her insurance card. Mary advised the doctor's office to send the bill to John.

- Is John responsible for the bill?
- Who is legally responsible for the balance?

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CASE STUDY 2

The patient scheduled an appointment on August 13th for an ear ache. During the visit, the patient also advised the physician that he has had some leg pain and episodes of shortness of breath. On September 2nd the patient receives a bill for examination. The bill is for $94.00. the patient is upset, calls the office and advises that the cost to treat the ear ache is outrageous.

- What would your reaction be?
- How would you solve this situation?

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CURB COLLECTION PROBLEMS BEFORE THEY START

The old adage, "An ounce of prevention is worth a pound of cure" is not only good medical advice, it is good collection advice.

Many collection problems can be eliminated before they start. Every office needs to have a financial policy.

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GET ACCURATE INFORMATION

- The success of your collection efforts depends on the information your have on the patient. If you failed to get adequate information when the patient first came to your office, you will most likely lose this account to write-off.

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TEAM-BASED LEADERSHIP NEEDED?

No single person can develop the best solution

These changes affect multiple people

Buy-in will be required of all stakeholders

For these changes you will need an empowered staff

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TEAM BASED LEADERSHIP GOALS

1. Building Trust

2. Mastering Conflict

3. Achieving Commitment

4. Embracing Accountability

5. Focusing on Results

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CULTURE

Get to know your people. Take time to sit down with them and ask them what's going on in their lives.

They are not just answering the phone, they are giving people access to vital healthcare.

How miserable would the ballgame be without a scoreboard? People want to be measured so that they can get a sense of accomplishment.

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OPPORTUNITIES FOR IMPROVEMENT

Number of rejected claims for "No coverage at the time of service"

Patient calls to the business office where patient is providing primary or secondary insurance information

Patient statements showing copayment balances due

Front office and back office barriers

Monitor:

% of Denied Claims

Denial Reasons

Denial by Payer

Aged Accounts Receivable

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QUESTIONS

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PRESENTER: AMANDA DENNISON

- Ms. Dennison is a valued member of Blue & Co.'s Revenue Cycle team, with a focus in Rural Health Clinics, Federally Qualified Health Centers, and physician offices. Amanda has significant experience in the RHC certification process from application through implementation, and has worked frequently to setup RHCs in Kentucky, Indiana, Ohio, and Florida, to name a few. Ms. Dennison is a Certified Professional Coder (CPC) through the American Academy of Professional Coders (AAPC), a Certified Rural Health Clinic Professional (CRHCP) through the National Association for Rural Health Clinics (NARHC), as well as a Rural Health Certified Billing Specialist (RH-CBS) through the Association for Rural & Community Health Professional Coding (ARHPC).

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