



RAPID CHANGE ACCELERATION IN THE REVENUE CYCLE

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BACKGROUND

- St. Vincent Health System
 - 650 bed health system, Little Rock, AR
 - Urban location in midtown, most of city's growth is westward
 - Unemployment for Central Arkansas - 7.5%
 - Challenges with bad debt and charity care numbers increasing



BACKGROUND

- Long term CFO resigned, tenured Finance division team lost a few members
- Interim CFO assigned
 - Primary work on East and West Coast
 - Very aggressive, fast moving
 - Focused a lot of attention on several areas including OT reduction and Point of Service Collections



POS GOAL ESTABLISHED!

- CFO established a very aggressive goal for POS Cash Collections – increase of \$4.2 million a year.

- Life flashed before my eyes!!!!!!!



METRICS

- At the time, collecting .8% of net revenue for POS
- New goal would take us to 2.4% of net revenue in one year
- Improvement should start immediately and progress would be reported to entire leadership team monthly – NO PRESSURE!!!!



TIME FOR A PLAN

- Had to develop an action plan quickly and obtain staff buy in
- Still had old mentality towards not wanting to collect on the front line
- Staff resistance due to staffing matrix and lack of time



CHANGE AGENT TRAINING

- Just completed GE Change Acceleration Training – time to put those new skills to use
- Workout scheduled for Patient Access leaders and selected front line staff



POS CASH WORKOUT

- Brainstormed ideas – had group write as many ideas on sticky notes within a three minute time period as possible. Out of the box and no boundaries encouraged.
- Front line staff very engaged. Wanted their ideas heard.



POS WORKOUT

- Once we had all ideas on the wall, the team grouped the ideas into categories and threw out duplicates.
- The person whose idea it was, expounded on the idea for the group – questions were asked, etc.



POS WORKOUT

- The group then received 10 red dots. They each voted with the dots on their top 10 ideas.
- Votes were tallied and the top 10 ideas were identified.
- Action plans – WWW – were developed with responsible parties identified.



POS WORKOUT

- Very aggressive time lines were developed for implementation.
- Other ideas outside of our Circle of Influence were identified and brought to the attention of the affected departments.



ACTION PLANS – ESTIMATOR TOOL

- Increase use of estimator tool (patient liabilities for all insurance plans identified at the time of pre-registration) and make mandatory for staff.
- Train each employee, one on one
- Manager checks pre-registration folders daily to ensure estimator sheets are included



ACTION PLANS – ESTIMATOR TOOL

- Cheat sheets developed to help staff identify correct CPT code and when there are additional components
- As soon as IV is finished with a verification, the account is handed off to pre-registration for estimation and patient contact.



RE-TRAINING/SCRIPTING

- Re-fine scripting
- Role playing in small group setting (they hate it, but it works)
- One on one training with staff by the manager
- On line education



DAILY REMINDERS

- Daily cash collections graph per employee (peer pressure) posted in a very visible location
- Daily e-mails encouraging hitting goals and competition
- E-mails showing every collection area and daily collection totals per area with month to date totals



INCENTIVE PLANS

- Monthly incentive plan pays \$100, \$150, and \$200 for upfront collections levels reached. This builds team work and positive peer pressure.
- \$25 gift card for employee who collects the most in each area per month.



PERSONAL GOALS

- Each employee met with their manager to discuss an initial upfront collections goal based on the area and hours that the employee worked.
- Once this initial goal was met, the goal was increased.



POS COLLECTIONS STEERING COMMITTEE

- Group of management and front line staff who brainstorm ideas and processes to improve collections and monitor individual action plan progress.



SELF PAY TEAM

- 1 FTE who calls all self pay patients 3 days after discharge. Employee gathers any missing insurance information and attempts to collect payment on the phone.



MISCELLANEOUS

- Placed Financial Counselor inside Patient Access department
- Increased ED bedside registration efforts and collection of co-pay/self pay portion



PRE-REGISTRATION

- Increased hours of pre-registration operations to reach patients when they are home
- Scheduling asks patients for daytime phone/cell phone instead of home phone



MONITORING

- Daily monitoring is key!
- Running reports of all patients who were seen and compare amounts collected with amounts due – question staff about why any were missed
- Put it in front of the staff every day
- Walk by their work stations, ask about collections



EMPLOYEE ENGAGEMENT

- Identify staff members who were not good collectors – move them to other areas
- Build team of solid employees who like to collect and enjoy the competition



RESULTS

- Began process May, 2008 with POS Collections at .8% of net
- By August, 2008, POS Collections were at 1.7% of net
- January/February 2009, POS Collections hit 1.9% of net but then settled back down to 1.8% of net



RESULTS

- We didn't reach the stretch goal of \$4.2 million, but did increase our POS collections by \$2.9 million and led the way with all of CHI hospitals for several months



CHALLENGES

- Keeping leadership of department engaged with other priorities
- Staff focusing on daily efforts, regardless of how busy they are
- Incorrect quoting of patient liabilities.....not often, but can occur



CHALLENGES

- Maintain increased results in a reduced staffing environment
- Patient complaints to Administration – very few



PERSONALLY.....

- Hardest year of my professional life.....
- Interim CFO has moved on, but remains one of my most important mentors.