

## HFMA Western Symposium Webinar Transcript

Good afternoon, everyone, thanks for joining. We're going to wait a couple of seconds to make sure that we've got everyone on because we've got a really great response to this educational session and we want to make sure that everyone's on.

So just a couple of seconds. Well, I'm pretty anxious to hear the seminar, so I think we're going to go forward. My name is Mary Akeley and I'm a past president with the North California chapter. Currently, I'm on the board of directors and I'm co-chair for the Western Conference Education in Vegas in January.

I want to welcome you to the edge of a Midwestern symposium, Sustainers sponsor, August webinar. We are excited to have you join us for this hour of education. Today, we have commerce, health care. With us to present meeting patients at their point of need.

Before we get started with the presentation, I have a few quick announcements. First, if you need continuing education credit, you will need to stay on for the duration of the presentation to get credit if you have only dialed in via your phone.

We will not be able to track your attendance. So please log in using a link in your calendar. Invite. Second, this session is eligible for a certificate of attendance. If you need to obtain a certificate, you must remain logged in for the duration of the session to get credit.

Third, please add any questions to the Q&A box and they will be addressed at the end of the presentation of time allows if time expires before we can answer the questions. We will get those over to the speaker and respond back to you via email.

Now, I would like to introduce our speakers for today. Jason Nesbit. Joe Selmo. And Valerie Johnson. OK, you guys take it away. Hi, my name is Joe Selmo, I'm the national vice president of patient finance with commerce health care, and I'll ask Jason to introduce himself.

Hey, thanks, Joe. Hey, everybody, I'm Jason, that's what I'm the director of Patient Financial Services here at Monument Health in western South Dakota. And Valerie. Hi, good afternoon, everyone, this is Johnson. I am the director of Patient Financial Services at Bryan Medical Center in Lincoln, Nebraska.

And I'm going to share the presentation at this point. Hopefully everyone will see that in just a second. It's. Presentation showing. Answer it again. OK, so today's discussion is meeting patients at their point of need. We introduced our speakers and we want to go through a brief agenda.

First of all, we will be talking about the state of health care that we're experiencing today, and we'll also have a panel discussion. Well, in those speakers, Jason and Valerie both give their enhance patient experience that they're exhibiting at their facilities.

And then we'll talk about what we consider the best approach. Giving everyone a few minutes to log in, we do have a few patient consumerism trivia questions. We chose to not have everyone try to participate for a polling service.

So we'll just ask the trivia questions and you can think about what your response is and see if you get your answer correct. But at first of all, I do want to thank everyone for joining us today. And I really appreciate the providers and partners out there that are taking their time to spend with us on a

Friday afternoon in the summer. What commerce health care does is trying to keep health care more affordable. And we realize how important it is, what you do and taking your time to spend a Friday afternoon with us. It's greatly appreciated.

When it comes to patient financing trivia, our first question is Combin premium contributions and deductibles have grown. What percentage of median household income would you say? It's a eleven point five percent be thirty point one percent. See twenty three point seven aadi forty eight point three.

And no, I'm not going to be taking over. Then the Jeopardy guys position, I know that's already been called for. But I do have the answer today. It is a eleven point five percent. And putting that into perspective.

When you think about it, the average deductible of the middle income household amounted to four point seven percent of income in 2019. And that's a quote from Commonwealth Health. Added together, the total cost of premiums and potential spending on deductibles across single and family policies climbed to seven thousand eight hundred and six dollars.

So I'm sure it continues to grow, but that's pretty incredible. We've got another quick trivia question for you. What percentage of workers are subjected to a two thousand dollar or higher deductible? Would you say, hey, it's only eight percent be it's 14 percent.

See, 26 percent are. Thirty seven percent. I'll give you a couple more seconds on this question. For those of you that picked answer C, you were correct. This is from Kaiser Family Foundation. Twenty six percent of workers have two thousand dollars or higher deductible, and on average, an annual worker premium contributions for family coverage was at five

thousand five hundred eighty eight dollars in two thousand and nineteen. So thank you, the Family Kaiser Foundation for those statistics. We have one final trivia question. Prior to the pandemic, what percentage of Americans were just covering their basic living expenses?

That's that one hits home. Is it A, three percent, B, 12 percent, C, twenty three percent. Or is it at 30 percent? Of Americans that can just basic Covid the basic living expenses. I'll tell you, the answer is C, 30 percent of Americans were discovering their basic living expenses prior to the pandemic.

I wonder where we are now. A couple other facts I did want to share is that over fifty two percent of patients say that they fully understand their financial responsibility on their recent medical bill. Only 52 percent of them.

So that means the other 48 percent are confused. That's from Trans Union's COVID 19 survey done in October of twenty twenty. And one other fact is that sixty five percent of patients say pre service cost transparency is critically are very important to their experience satisfaction.

That's from Accenture. So what we're seeing here is patients are speaking up. They realize that there's a lot of confusion and a lot more opportunity for improvement. I do want to go into a little bit more into the state of health care that we have today.

Here are a few are actually several reasons as to why we're going to talk about the primary pace and trends that are occurring out there today between COVID 19, the rise in patient out-of-pocket responsibility, the fact that we have new patient payment models.

We'll talk about price transparency, connections between patients, their satisfaction and how they're going to pay their bill and how they're asking for more options. And the fact that health care staff are seeking options for patients, they're engaged in this just as well.

As the influence of consumerism grows in health care, you can imagine that the needs and the demands of patients are also having a larger impact on the revenue cycle landscape. The shift in who pays the bill increasing adoption of high deductible health plans is leaving patients with larger financial responsibility.

I've been in banking for almost a decade now, and a lot has changed in that past decade. When we look at the payer mix from years ago, the patient was usually a small part of the net patient revenue by two to three percent.

Now, when we look at audits and speak with providers, patient responsibility is almost 15 to 20 percent. As a result, providers are seeing increases in patient outstanding days to pay a rise in expenses such as statement printing and mailing bad debt and many resource changes.

AC payers are demanding price transparency and simplification of patient patient statements and payment providers. They need to proactively reach out to the patients regarding their cost of care. Educate patients on their payment options. Earlier in the process, because they're quite frankly, they're scared about what's going to happen to them and then improve explanations after care received.

Even though the mechanics of the basic payment is changing. We are seeing that providers need to have more flex spending account opportunities, more electronic payment opportunities, more HSA, more options for patients. We find that patient satisfaction, which has always been important, is even more significant as patients are increasingly influencing, influencing providers on how they want to make

their payments. It's now at the forefront of every provider's decision. And if patients are not driving the changes directly themselves, their employers are doing it through employer defined benefit plans in defined contribution benefit plans. As we mentioned, out of pocket responsibility is definitely on the rise in all the research shows, there's no slowing that down.

The easiest way to keep premiums low from the insurance company, say, is to increase the deductibles. They have to do it to keep the expenditures. Even though health care expenditures keep rising. We all know the price, transparency and simplification of statements is there to help patients understand their bill.

There's a correlation between patient satisfaction and payment if we can satisfy patients and they're more likely to pay their bill. Ultimately, we need to meet patients where they want to be with longer terms of finance. What are patients seeking?

It's really not new. They want to have dignity, convenience, equal access to credit and affordability. They basically want to pay their providers and they want to work with their partners to make their payments. Patients want to pay where they're familiar with making payments typically at a bank.

It has a competitive advantage because it's within the mindset of the patients to make payments to their backs. Ninety five percent of U.S. households have a bank account. It gives them their dignity knowing that they've paid off their doctor and their hospital and can make payments privately with a bang.

When patients are demanding are equal access to credit and they want the provider to help make it affordable. If providers have the ability to make it affordable, that would be great. It's fine if patients are given 12 months to pay for a thousand dollar bill, but it's 12 months really long enough.

If their balance is five thousand or ten thousand, for the most part, that's pretty on male and manageable for the average household. If as providers across the country, we can offer patients a plan that gives them longer terms and lower their payments for a higher dollar balances, I think we'll find a happy medium.

When it comes to the enhance patient experience, I'm going to turn the microphone over to our two. Providers here today and I'll ask that, Valerie, first, tell us a little bit about brain health and her role there. I've got a slide on the screen explaining, Brian, how are you taken away?

Hi. So, Brian, help is a health system that is comprised of three medical centers. Brian Hart and Brian Physician Network. We are regional medical center in Lincoln, Nebraska, and we have really started to focus on consumerism. Probably over the past two years and have implemented quite a few different things that we'll talk about today.

So glad you're all ready to learn some great information. OK, thank you, Valerie. Jason, tell us about your role in Monument Hill. All right, thanks, Joe. Yeah. Some monument health, as I mentioned, is western South Dakota and we similar to to Brian Health or regional health care provider here.

We have two acute care hospitals, one in Rapid City, one in Spearfish, South Dakota. And then we have three critical access hospitals. One of them you may have heard of in Sturgis, the motorcycle rally going on right now.

My team handles all of our. We handle all the buildings from coding to zero balance to coding drops off. We pick it up to zero balance. And that's that's my team here. So. OK, thanks, Jason. So I've got a few questions and we'd like to hear from you about your experiences for both of you.

In general, when it comes to health care, we find that providers are constantly seeking out ways to reduce friction in the patient experience. What are some key areas of focus for your organization and how are you collecting patient feedback?

Let's start with Valerie. Five. So we have quite a few new workflows around patient communication. That's our goal. I was up at my chart has been a huge assistance with that initiative. We're also sending out email notifications to patients and doctors to be implementing the use of text messaging as far as communicating with the patient.

And we do solicit patient feedback around our statement, statements, processes, estimates and other consumerism topics through focus groups and through surveys. Hey, thanks, Valerie. Jason, how about you? Yeah, and similar to Valerie, we we use my chart as well.

We've also over the last two years, prior to about two years ago, we had a lot of it was anecdotal, a lot of it was you know, we thought we here with her, we thought we knew that sort of thing about two years ago.

We were truly started tracking and keeping track of those escalated constant concerns or complaints related to statements and patient billing and financing and that sort of thing. And having that data has really helped us. We we've tracked we tracked letters and calls to executives, our patient experience surveys, like Valerie mentioned, we also track our Dooble surveys and

Yelp and Facebook and that sort of thing. We've also reached out proactively, like Valerie said, through our through our we call them key facts, our patient and community advisory councils, and have engaged those folks to help us come up with, you know, what do they want?

And, you know, we'll talk about a little bit later. They want a better patient statements. They want a better financing options, as Joe mentioned. And so that's how we've engaged our community. When it comes to payment options, what exactly is your organization offering your patients?

Jason, if you don't mind. Yeah, so we've had lots of different loan options over the years, mostly higher interest options. Some that are very, very paper heavy. And and we never truly get away from from some of our options.

We never take anything away. People always have a balance and want to add to it or something like that. But most recently, we have engaged herself and the zero interest option. So we offer 12 months interest free in house.

But as Joe mentioned, that isn't enough for most of our patients. And we were getting a lot of feedback from patients they wanted. They wanted a zero percent option. They get a zero percent option of their dentist and their veterinary veterinarian and that sort of thing.

And so so we have, you know, engaged and implemented commerce, commerce, health care and their program. And it's been incredible, especially a year and a half ago as we all shut down and we're locking down. The Commerzbank option is completely paperless, which, you know, obviously has become very, very important.

People don't want to come in and sign papers or email and fax things back and forth. And so, yeah, that's that's the biggest option. And we've seen that truly just rapidly grow over the last year. Thank you. Valerie, what payment options are you offering your patients?

So similar to Jason, we also have implemented the Commerce Bank, zero percent interest rate of credit option to work. Previous to that, we did offer a bank loan option, but there was an interest rate tied to it. And again, paper heavy not only for our staff, but also for the patient.

We have had. I have a large number of patients, as well as as well as our staff who have been very engaged in the Commerzbank option. It's easy to offer the patients. The patients have really given us kudos for offering it as an as an alternative.

So in addition to the Commerce Bank and credit, we also do six months in-house, interest free for the smaller balances or for the patients who don't want to go the bank route. OK, thank you. When it comes to responding to patients feedback and needs, how is your organization responding to these patients requests?

Are there any areas where you've made significant progress? We'll start with Jason Bergson on this question. Yeah, I think, you know, as I mentioned, that the implementing the zero percent option to your Commerce Bank has been a I mean, that's been obviously something they were asking for, has been really, really well received to continue to offer them

. Not only that 12 month option, but the twenty four thirty six, forty eight and 16 month options that we offer through commerce is zero interest has been really, really well received. We also not too long ago switched our patient statements.

That was something that we were hearing about, was we were getting feedback that the patients were not they weren't understanding our statements completely. And there was a lot of questions and confusion about that. So that is one item area.

We've also worked with a different vendor over the last two years to get that implemented and turned on the crosswalk, the language in those statements, so that it makes sense to the patient that it's not just the the chargemaster description that's setting in there.

Also have it's a full color option, has lots of options, you know, lots of descriptions on who to call, those who have questions and options to pay right there on the invoice or on the statement and pushing those out through through the patient portal, through my chartist and helpful as well.

Great. Valerie, how about your organization responding to a patient request? They are so similar to Jason, we also had lots of concerns from patients about the statements and even just the payment plan criteria in general about, you know, the need to be on a payment plan or if not just that you're making a monthly payment.

And, you know, understanding what that looks like and why you might go to collections that you don't have a payment plan set up and things like that. And so changing verbiage on our statements was key, as well as providing some information within my chart for them.

Also, we have a chat feature and an email feature where the patient can email our central business office so that they can ask those specific questions. We've also tried to push more information to the front and through registration and scheduling, the estimate process has been very beneficial.

And in answering patients questions upfront, it does ease some of that fear factor, health care as well. What is this going to cost me? So we really feel like we are on the right path to a lot of work.

I feel yet to, you know, yet to accomplish to really create patient centric vision on how their health care is defined at Bryan. But a lot of the tools and somebody including the Commerce Bank line of credit has really been a patients that fire.

Great, thanks, Valerie. When we talk about automation and technology, how is your organization leverage that technology to better respond to your patient's needs? Jason, how about you with Monument? You know, I think it sounds maybe it sounds oversimplified, but we really and we continue, as Valerie mentioned, to improve the setting up having our website.

I mean, people that's where they go nowadays, is a website with all the information they're looking for and making sure that that website is easy to navigate. You know, not so. We don't have too many owners of that Web site.

And then we're seeing it from the patient's perspective. And through that, we've offered our financing options, our financial assistance questions, our qualifications. All right. Out there on the website so that people can go, because we do know that they know they have this high deductible health plan.

They want to start thinking about it, planning it in advance. And then on the back end, we are using, like I say, my chart and like Valerie, the chat option through through my chart to to chat and communicate with patients if they have questions about their their statement.

Valerie, how about you in regards to technology? Yeah. You know, technology is really critical in meeting a patient's needs. Most people are used to doing things online, paying their bills, checking their balances, things like that. And so the use of my chart has been very valuable.

Another piece of technology that we implemented this past year is patient financial clearance. And with the use of that, we can estimate what the person's federal poverty level is and if they might qualify, qualify for financial assistance. And so using that technology, not only does that help us drive the payment plan that we present to the patient

in my chart. It also allows us to do some work on the back end without sending people to collections that probably can't afford their bill in the first place. And that's been very helpful to us. And again, being able to offer the multiple options for payment plans within my chart.

Also, using estimates, we are getting ready to implement quite a service collection. So as a person schedules their care, we can present an estimate to them with their estimated out of pocket through their actual insurance plan and then present those options for payment upfront.

And so really getting excited about adding that additional technology to our workflow. That's great, I think when you offer something with an estimate up front, it really helps to remove some of the stress of the patient's going to feel knowing they can have a plan and know exactly what they're dealing with.

In regard to remote workforce force on the subject of pandemic, many providers have shifted some of their staff to a remote environment and are discussing whether or not to bring those employees back in the office. How is Covid impacting your organization's work workforce?

And how do you respond to the patient's needs? Let's start with Valerie this time. So we did send home some of our support staff, non patient, non patient facing staff, of course, and we did send them home. In 20/20.

Unfortunately, we did have some restrictions on which staff we could send home due to some issues with foreign technology. And so part of our staff that really worked closely with the patients. Did stay within the office throughout. 2020 and currently still are in the office today.

The hybrid workflow that we did for our billing staff, our revenue integrity staff and some of our scheduling staff will probably keep that hybrid platform the same throughout 2021. I haven't heard of any changes that we're doing upcoming.

I think that we learned. The use technology more during this process, so there's been a lot of advantages to that. People have really learned to utilize, you know, messaging through my chart with the patient and. The use of the Commerce Bank program that does things taper, the patient has been obviously huge and keeping those engagements going.

And so I don't know. And in light of everything else that's happening right now, I really don't see the change in our remote workforce from happening anytime in the near future. OK, thanks, Doc. Jason, how's it going with your team?

Yeah, like Valerie, we are utilizing a call, a hybrid model. We've got some at home and some here are still in the office or even just coming in once a week or something like that. And and like Valerie and like probably many of you, you know, we did have some some hiccups and issues.

We tried to get as many caregivers home working from home as quickly as possible last year as we could. But, you know, like Valerie said, the trying to find a Miraki box in April of 2020 was like trying to find a roll of toilet paper in April 2020.

So. And we also have I mean, we have folks live out here that don't have Internet and or we have I mean, we have some payers around here. We actually have a we have a large Indian health population and and our professional claims we can't send them electronically through the service units here.

So those are paper. So those billers are here every day printing those claims. But our other builders are commercial builders. They you know, they come in maybe once a week to print the claims they have to print or to, you know, to do what they need to do.

But, yeah, we're working on a hybrid model that we like Valerie mentioned, we have kind of been sort of extending it, extending it, waiting. But just recently, we worked with our leadership team to get it approved for the for the next year.

So we found it very beneficial. Caregivers really enjoy it. They would actually become more efficient over the last year. And we're fortunate to have the tools and efforts to be able to track that efficiency and progress. But yeah, so we have it just extended to all the revenue cycle caregivers, the ability to work from home in this



or work in this hybrid model for at least the next year, and then we'll reevaluate a year from now. OK, great, thank you. Our next question is about government regulations, the health care industry is always keeping a close eye on changing federal and state regulations, particularly in the current environment.

Are there any current or future changes that you were watching closely and how are they impacting your patient financial strategy? Valerie, let's start with you. So I think it was back in May of 2020 when the government released the Covid funds for the cell patients through the hearse, the plan.

And so we did implement a process utilizing EPIK and also some manual processes to ensure that we could provide that reimbursement for the Covid testing and Covid treatment for selfe patients. That has actually been fairly significant as far as giving assistance to the patients that we serve.

One of the other challenges that we're dealing with is in 2021, January of 2021, the state of Nebraska. Enacted a law around out of network Peyer's and and emergent care. Well, basically what the law says is that. We have to work with the payers and accept.

What would be considered an in network rate? So whether that's a set percentage of Medicare or if we have a contract like with Blue Cross Blue Shield. But one of the Blue Cross Blue Shield plans is considered out of network with our facility.

Blue Cross Blue Shield has to pay the end networking. Wait for those claims, and so finding a way to monitor those claims and make sure that we're grabbing them and not billing the patients prior to some review has been quite an effort.

And we're still fine tuning that process. Not that this is this actually makes it any better. But in 2022, of course, the government, the federal government will be implementing the out of network surprized billing act. And so I think that encompasses all care, not just emergent care.

So that may give us some relief on, you know, how to identify those accounts, but always keeping a close eye on what the government regulations are and trying to, you know, get the work groups in place as soon as possible so that we can really leverage all the knowledge within our system to make sure that we're successful

. So, Jason, how's it going at Monument? You know, we are fortunate we don't have any state or local issues that we are watching. So for the federal ones where, you know, the federal, as Valerie mentioned, pricing, transparency, surprise billing, we're kind of on a wait and see kind of watching those closely approach right now.

The the big one for us to believe would be the medical marijuana has recently passed in South Dakota. So that's the one where we're watching and working on very closely in our policy up and and figuring out that process.

Okay. So I'm going to switch gears to a different area. Working with collection agencies feels like a comprehensive debt collection improvement at places, a spotlight on health care providers relationship with their collection agency. Could you describe your relationship with your collection agencies and what makes it successful?

Valerie, can we start with you? Sure. So I've been in close contact with our agencies, we do use three different agencies for our collections process, and each one of our vendors have been very engaged with us. We do communicate with them on a regular basis.

We used to do in-person meetings, but now those, of course, have gone to zoom. But we do stay abreast of, you know, the files that we're sending them, what their systems need in order to provide them with the ability to meet the regulations.

And they've really been good partners with us as far as what our philosophy is on, you know, how we want to treat our patient population, even if that account goes to collections. And so I guess my advice is communicate, communicate, communicate.

And, you know, we have to be willing to see what their needs are as well and really ensure that we're providing that information for them timely and in the format that they can utilize. OK, how about your organization, Jason?

Yeah. You know, for us, our collection agencies, like all of our vendors, we try to we try to work with them as as true partners. We also use multiple collection agencies. We actually have our split so that it's a we have a primary and a secondary collection agency.

So our primary keeps them for about a year or secondary, keeps them for a year after that. And what we do try to treat them as partners and we meet with them on a regular basis as obviously as as best we can virtually right now.

But and and try to take their feedback and share feedback with them as well, and work again, trying to see things from the patient's perspective and do the best that we can to to truly partner with them. We are fortunate.

We partner with a vendor management company that help views that has really been very, very helpful, helpful in that process and in helping us to create these relationships, find the best partners, and then and then work with them as partners.

Great, thanks, Jason. Let's move it a little bit earlier in the process. How about tree service collections? One potential area health care providers are looking at to help avoid patient bad debt is free service collections. Is your organization taking any action in this area?

What are some things you're considering in the future? Jason, let's start with you on free service. Yeah, free service collection is a big, big push for us for the last couple of years. And as well, our mission estimates estimates are big and trying to do estimates and that that financial clearance process and really helping the patient understand

what they're out of pocket is going to be and what that's going to look like, as has really been helpful and has really reduced our costs overall. So we've been it's, you know, big push and we're really seeing a lot of success.

Our patient access team, as did a great job, really working to collect, especially on elective procedures. And we've seen a lot of success there. OK, thank you. Valerie, how is your preservice collection working out? Yeah, so we are just getting started implementing the preservice collection.

Once we got this up and rolling out, the next the next place in our plan is to do the free service collections. One of the other things that we've tried to do with our patients is a notice of Adobe network coverage.

So even before Nebraska passed the law. For the emergency services, we were already providing notice to the patient if their coverage was out of network so we could help them understand the full cost of care to be in some cases, if we knew there wasn't any network provider somewhere else.

That community, we would refer the patient as well as an option for care. Not that we would send them away, definitely, but we wanted them to have the option and really understand how it's going to affect the cost of care.

We also do provide that information about the Commerce Bank line of credit during the free service, and that goes for our providers offices, as well as the medical centers. And we found that it has really been beneficial for letting the patients know up front.

This is what your cost is going to be. And these that you're paying that option also that a patient financial planner, that information also is available to you about registrars and the scheduling staff. So if they see that a patient is at or below the federal poverty level, they can offer to send out a financial assistance application

right away as well. And again, that in three cases, the stress that the patient has concerning their care. And again, lots of good feedback from our patients concerning all the options that we're giving them. Preservice. Great. Thank you.

So we're going to go into back into the presentation tomorrow and give our our two panelists a break and we will have more Q&A at the end of the session. So prepare your questions and we'll try and get to all of them as time allows.

So back on there, the presentation we want to talk about while we consider the best approach and what we have to take into consideration is that all consumers are going to prioritize where banks have unsecured debt. We're in the middle of a priority when it comes to paying your bills at the end of the month.

Sometimes there is more money than there is money. And unfortunately, medical providers are on the bottom of the stack. A lot of times we talk about what we can do to transition the obligation from health care debt to bank debt.

So if you can do that and raise your bill up into the higher on the stack, you have a better chance of getting it paid by offering a true bank loan program. You're benefiting the patient by allowing them to become familiar with the bank and paying the bank.

Consumers appreciate that. They're already doing it with their mortgages, their car loans or deposit accounts. I think you're more likely to pay the bank than they are a third party, and I think the provider will end up winning in that situation.

When it comes to framing today's discussion for four overarching our overarching challenges that all organizations are face as a result of the pandemic, they're basically interrelated force, making them even more powerful. There are serious financial pressure. There's a move to a significant remote workforce, as we just heard from both of our panelists.

There's uncertainties associated with managing the emergence from the crisis. And finally, there's a need about to rethink some of our longstanding practices and procedures. Are there are. What are our choices? Are we making them guiding our choices with the strong forces that we have at the bottom?

As always, in health care, anything we do is always subject to overriding needs. As we saw at the bottom of the graph, that we need to maintain business continuity as well as security. We simply cannot violate those tall orders that are put upon us.

When it comes to enrolling a patient in the revenue cycle into any kind of payment plan option you have to take into consideration, is it convenient? Is it simple and is it adaptable? It sounds like both of these providers are finding ways to offer access to their patients from a free service team, a customer service team.

There are third party vendors maybe doing it as well as offering website or digital offerings. You really want to get patients every reason to pay their bill with all the resource, and you want to remove all the barriers the patients may have, and especially those that want to pay their bill.

Make it easy for them. Make it adaptable. Keep in paperless. Let them do self enrollment. Maybe help them find an app that'll work out better in this situation, making it as easy as possible so that your patients appreciate it and your staff appreciates the options that they get to offer the patient.

I think Valerie is talking about that before their staff is even more excited that they get to offer zero percent loan programs with longer terms because they see the results in the patients feel like they can accomplish their goal and pay the bill to the provider, because that's often what they really want to do.

If you look at the provider selection workflow, you baby. Both of our panelists talked about pre service and how they're getting better at providing estimates of care and offering the patients some financing solutions if they can collect their payment in full.

That's ideal. Obviously, do that. Take a check. Credit card, PayPal, Apple Pay, whatever it takes. You know, even if there's a discount involved, I think patients appreciate that and they jump on the opportunity to pay their bill. And that method, most providers are offering some kind of internal short term payment plan.

I think Valerie said she's doing six months and Jason's doing up to 12 months. That's great. If you've got the staff to moderate those payment plans and keep them on your books and it doesn't affect your day's cash on hand, offering the external third party vendor like a bank loan program, whether you spread it over a zero

percent interest rate from 12 months, as long as eight, four months. We're finding most hospitals are going between the 20, 40 and 60 miles. Ultimately, if you have a number of ways for patients to pay their bills, they will do that.

They'll take their property discounts. They like the fact that they've got retail like environment with customer service reps are having an opportunity to pay their bills, the across the organization, whether it's done remotely or through an app. They also appreciate having the guarantor level of access for all the accounts so that you can have multiple accounts in

one bill accepting all forms of payment. Does it make it easier for everyone? And then person financing, if they can't take advantage of any of these options, unfortunately, they will end up going to a bad debt situation. But it sounds like both of you have scenarios that you have good working relationships with your bad debt agencies, trying

to communicate as much as you possibly can to the patients that you've exhausted all those options before they end up going down that path. When it comes to folks focusing on how you can maximize your staff, you know, the mission at hand is pretty tough.

I realize that you all have to find out what the patient likes and find the best way for them to have the ability to pay. Making it simple. The enrollment for the patient without credit checks, keeping the costs down for your own organization, making sure fees are refunded to you.

If that if the third party cannot collect on the account and making sure the posting is easily die. And 835 posting is usually a great way to have that done to the balance of the zero. The goal is to reduce your expense, cut your monthly cost with your statements.

Free up the value of money by collecting this cash up front. Don't let it stay on your books forever and reduce the amount of time and staff that is tracking those payments down. So if you can focus on that, you're getting back to what's important.

Taking care of your patients and handling the accounts that you can handle in a shorter time frame. We basically have three critical questions that we're asking of ourselves and other providers across the country. What is the true cost of time and resources to administer a long sort of a long term payment plan?

Are there more effective, effective ways to optimize the value and limit that risk? Or are you taking care of your patients and their families without discrimination? And are you losing your mission focus on patient care due to obligations of directly having to service a multi-million dollar loan portfolio?

We ecommerce have found that if you give patients a line of credit that they can use for their care, they'll come back to your facility. They now have access to your facility and they have affordability. So they get to maintain their control as providers.

You'll get to have the existing early out partners that can offer programs to your patients and cooperate with patients. When we talk with our providers across the country and how they do this internally, we're here to help them complement what they want to do when it comes to payment options to the patients.

We know that when providers are offering internal payment plans and that it's inexpensive and expensive to administer, and you are thinking about where that expense is when it comes to time and money and staff, when you take a credit card, there's a cost to that.

It could be an interchange fee of two to three percent. Statements have a cost. Late notice is there's a cost lockboxes. All those costs add up when you add them up. Think about how expensive that opportunity really is on what you've lost on that multimillion dollar portfolio.

Health care providers are really good at providing care. Let's have them plow their money back into the hospital. Let's build sleep centers. Let's do surgery centers. Let's work on telehealth. We found out how important that is over the past year.

That's where providers will get the most bang for their buck. It's not about building your portfolio of loans that you can have your community. So the key to success in this situation is a good financing plan with gross funding, providing the giving the provider 100 percent money upfront so you can bring those accounts back down to zero

, keeps your eight hour days at a minimum. We do it the right way and use a third party finance company. You will see an average value over the providers can be an increase of up to forty eight percent versus keeping it on your books internally.

It's a much better use of capital, and hopefully it will reduce the amount of families that have to go to bad Jack. Lastly, partnering with a bank can give you the lowest cost option in the market by allowing the banks to pass savings to you as providers and utilize those bank deposits to fund the hospital, and there

are other opportunities to grow. We do have some time left on the presentation for a couple of questions from the audience, and I think Mary might have that access to that if Mary was to entertain us with any questions for Jason or Valerie were open for that.

All right, I'm going to mute myself, can you guys hear me? Yes, we can. Perfect. So we got a question that says, well, preservice collect with free service collections. Are there areas that are easy, low hanging fruit to tackle first?

So preservice collections, huh? Yes. So this is Valerie. Absolutely. So what we're really focusing on is radiology services and labs to start with. OK, well, that makes that makes a lot of sense. This is a little bit of a longer question and what do you think will be the biggest challenge when and if you transition from a

hybrid model back to a predominantly in office model? Is there a secret to building strong relationships with collection agency? I think that's two things. Let's let's have Jason talk about going back from the hybrid model to the regular Full-Service.

Yeah, so my hope and anticipation is, is that we won't go back from the hybrid model and we really do. And I know that's kind of goes against what you're seeing a lot in the news and that sort of thing.

But our caregivers have absolutely enjoyed it. They it works for us. And and like I say, we have the data to show that they've been more productive in that environment. And so one of our strategic initiatives is to be a great place to work.

We want to be the employer of choice in this area. And, you know, to be honest, like I say, I hope that we continue to offer this as an option indefinitely. We've all figured out how to connect virtually.

And, you know, if and when the time comes where we can still get back together for department potlucks and stuff like that, great. But I don't think that we need to force them to come here in a cubicle.

You know, we're not going to do that. They work well at home. We have the technology to allow them to work from home and enjoy their work. OK. I don't know, is Valerie having audio difficulties, can you hear us, Valerie?

OK, we're going to give her a minute because it looks like she's connecting back to the audience. Jason, how about the collection agency question? Is there a secret to connecting with your collection agency? I just think open communication.

Communicate, communicate, communicate. And once you open that door to communicate with them, they'll do the same thing, at least that's what we've seen with both of our agencies. And, you know, and and I don't know if it's normal, but I mean, I know the agencies, our agencies around here are always looking for an opportunity to take you

out to lunch and that sort of thing, and just to communicate with them and chat with them. And what I've found is just open up and say, hey, this isn't working for us or, hey, this is this is the our philosophy.

This is what we want to do. We want to go and just start those conversations. Right. Thank you, Jason. And looks like Valerie still trying to connect on the audio. Do we have any other questions, Mary? Yeah, we do.

And we have something that I would just like to throw in. I know we're talking about there's been, you know, enhanced patient experience. And I think you guys have provided a great discussion around that. I'm curious, too, in terms of building that relationship.

One of the things that I would look at that's not patient. Well, it's patient centered from the back end, I guess, is that you've got really good reporting. So as a director, you can, you know, go online into your relationship with your vendor and basically see anything that you want to see, whether it's, you know, whether it's

real time or a day behind or whatever your technology and relationship allows. I think that having that excellent reporting is a way that the business office can support patients because you know what's going on with the vendor. Jason, do you agree with that?

And I do. I will say out there, I'll admit that for us, some of that record reporting has taken work. Right. Obviously, if it's working either in ethics to work with the team to get that created or if it doesn't exist.

I mean, for instance, I mentioned that we have done reporting on our patient statements, the past escalated complaints related to that. That really was an initiative that the I had a supervisor who she just took it on and she's really made it her own.

And and and it has evolved over the last two years to a point where now we've partnered with our patient experience department head to post that transparency and those complaints, those escalating complaints out there were other leaders narrative, as you can see it.

So it didn't start that way. We had to start gathering. We had to figure out what sources are we going to gather. And it is somewhat manual process still to punch that into a spreadsheet. But it does give us the data and the feedback that we need in order to to improve the patient experience.

And then there was a third question, but I, I think in general, you've answered it, but maybe you may think of something a little that you've forgotten or that you would like to add. So is there something specific you look to, to make sure that a partnership is right for your patients and your organization?

So when you're you know, you will say, for example, what we've been Commerzbank is supporting helping us support this seminar. And so when you when you look to them to do or another vendor to do a relationship, was there anything that you thought, well, this really needs to be part of this so that I know that my

patients and the organization are going to be happy with this relationship. You know, I fall back on my vendor management partner and help is, in fact, four years ago when I stepped in this role, one of the things I lost sleep over was it was vendor invoices.

I'd get an invoice and it would have Oxenham. That's a spreadsheet with ten thousand accounts that have been working. They say pay us. And you have no idea whether they actually worked it or not. That is one thing that helps users through their system, through their technology.

They can they can run that. We get caught. We send them copies of our our information and our data. The vendor has to send the data as well. And they can tell us, yeah, they worked at or that didn't work it.

We don't double pay our vendors anymore. So that is truly help being able to hold them accountable and have certain metrics, give them a report card every month that I can look at that they can look at that.

We know that we're on the same page and working towards the same goal. And like I say, be able to to hold them accountable. But I do also believe and it is communication, communication. All of our vendors, we we meet with them.

I mean, at minimum, on a monthly basis, we have some sort of a meeting with them. Some depending on what's going on, we make with them weekly and just make a quick 15, 30 minute call. But we do communicate, communicate, and but having the same metrics, rowing in the same direction and holding holding them accountable to those

is helpful. Thank you. Can you hear the question or did you hear Mary's question? So one of them out was what do you what do you think the biggest challenge would be if and when you transition from a hybrid model back to a predominantly in office model now?

Jason basically is not going to do that. And I know you've got a hybrid model now where you said you maintained some some of your folks in the office for this entire period. For the folks that are working remotely, do I do you think that there's issues that will arise if you would bring those want to bring

those folks back in-house? You guys could hear me, right? Yeah. Yeah. Being very strong mute are having audio, you know. Yeah. Well, that's that's too bad because I really haven't appreciated. Oh, good. OK, that to me. Yes. So after we read about your article.



So we've got kind of a feedback loop going or something with your phone. Yeah, she kind of turned into Minnie Mouse. Well, well, well, great presentation and appreciated everyone's perspective. I don't we don't have any more Q&A. Is there anything from the audience that you haven't asked us that you want to put in the Q&A and we

can address? Otherwise, we are at 130. And before we go, I'd like to go back to our Jason and Val to see if there's anything that they would like to say before I Adobe offer my announcements. John and I am Jason and Valerie Enough are participating with us.

I appreciate the information you shared with us and your discussion points in the time that you put into this for, if I may. And to work with commerce, health care. So thank you both so much. And thank you to HFM, a Western symposium for him allowing us to present today.

We really appreciate it. OK, and thank you for that and biologist's emailed or emailed us and said that if any of the audience has questions, you could email her directly and her email is part of the presentation. Before we go, we want to encourage you to give us feedback.

It's very important to us as as Jason and Val and Joe, I've been mentioning in terms of contact with the patients, where we would love to have some contact with the attendees in terms of as we plan future education events.

We really like to hear from you. And and we take the feedback surveys very seriously. You'll receive that from SEBAT within the next 48 business hours. And it's really important to us. We would love you all to respond because we change our presentations.

Are we address the topics that you're interested in? Those who qualify for attendance will receive an email containing the certificate once the survey has been completed. So to get your credit for attendance, you do need to do the survey.

Our next webinar will be on September 10th, and the title of that presentation is Best Practices and Bad Debt and Charity Recognition. The link to register is in the chat box and registration for the twenty two Western Region Symposium, which is our great, you know, 20 state.

On a conference is is ah is open. We I know it was open yesterday, so you can register for the conference now, and that is w w w hfm, a Western symposium dot org. We would love to have you come.

And also please take some time to visit our virtual exhibit hall to browse the products and services offered by our Western regions. Symposium's to sustainer sponsors say if you could say that five times, you can find our virtual exhibit hall on the symposium website at HFM Western Symposium dot org or clinked.

Click the link in the chat box. And you know, at first I really like this live virtual presentation of our sponsors. I guess you can take all the time you need. Usually there's lots of information. There's ways to contact the sponsors.

And I thought, you know, as people saying they love to work from home, I like the virtual exhibit hall as well. I you know, I didn't think I would at first, but I really do like that. And just to throw something in the Northern California chapter of which I am a part is having a webinar on the

new regulations, no surprise billing. So it's offered by some attorneys. And it's on August 19th, 12:00 noon Pacific Time. Anyone, you don't have to be a local member to participate. So I think all of us as as we talked about government regulations today, I mean, this is a big one and it's federal and it's it's January one

. And there's there's a lot to this legislation. So please participate if you want some information. And again, I want to thank all of our presenters and everybody that attended and a great presentation. Thanks for all the information. I think yeah, I think with that, you guys are ready for your Friday.

Have a great weekend. Yeah, have a great weekend.