



Optimizing Revenue Cycle Management with the Patient in Mind

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Introduction

Revenue cycle management optimization is a major challenge, especially for emergency medicine providers facing one of the greatest public health crises in modern medicine's history. Independent facilities have had to overcome significant declines in both patient volumes and revenues during the COVID-19 public health emergency while managing a surge of patients infected with a novel virus.

Emergency medicine providers and those practicing in other specialties are still getting a handle on COVID-19 and will be managing its repercussions for some time. But technology and automation can help to alleviate the revenue cycle management challenges created or exacerbated by the virus, such as increases in self-pay and uninsured patients, friction in the patient experience, and lack of data transparency, to name a few.

Technology can provide end-to-end transparency to streamline the billing process, getting cleaner claims out the door quicker and accurate reimbursement in the door sooner. These technologies can also take the friction out of the patient financial experience by improving front-end processes to avoid back-end pain points and catering to consumer demands for more transparency and more convenient payment options.

Aligning revenue cycle management with the patient financial experience—and having the analytics and reporting to track that—will be key to overcoming the financial and operational challenges providers are up against.

Automating Revenue Cycle Management Improves Patient Experience

The right revenue cycle management technology can create a transparent, seamless patient experience, which benefits the bottom line.

For the longest time, revenue cycle management has been the man behind the curtain. Healthcare organizations have focused on improving the clinical experience using technology and provider education while telling patients and providers to pay no attention to the financial processes occurring in the background.

The separation of the clinical and financial experience may have worked in a world with few high-deductible health plans. But as patient financial responsibility steadily rises, healthcare organizations are having to draw the curtain back on revenue cycle management to create value for patients.

The average family in the US now spends about 11 percent of their income on healthcare, with about a quarter of those expenses attributable to co-pays, deductibles, and other out-of-pocket health costs, according to data from the Kaiser Family Foundation.

With patients spending thousands of dollars on healthcare each year, healthcare organizations need to deliver a quality financial experience in addition to exceptional clinical care. Revenue hinges on providing an excellent experience from patient registration to account resolution. Hospital revenue attributable to patient balances after insurance increased by 88 percent from 2012 to 2017, a recent TransUnion

Healthcare analysis showed. Hospitals with better patient-reported experiences also had higher profitability, Deloitte reported.

The data underscores the importance of addressing the patient experience from both the clinical and financial perspectives. To achieve that, healthcare organizations need to modernize revenue cycle management.

“We’re spending extra money billing the Blue Crosses and Uniteds of a world when we really should be engaging the patient, especially in light of high-deductible plans,” says Carrie MoneyMaker, MBA, vice president of solution design at Zotec.

“Patients should be involved in the entire process just as they are involved with their clinical care,” she stresses. “We need to extend the conversations had during the clinical encounter and through the EHR to the entire patient experience, including scheduling, registration, and other revenue cycle processes to mitigate friction and frustration for patients, providers, employees, and the community as a whole.”

To achieve an all-around quality patient experience and reap the benefits of such an encounter, healthcare organizations need to leverage revenue cycle management technology.

Automating Revenue Cycle Management

Using the power of technology to modernize revenue cycle management is key to improving the patient experience and the bottom line. Healthcare consumers are demanding more digital financial experiences in which they can pay medical bills online, access clinical and financial information via patient portals, and receive communications through email or text. Many patients are also willing to switch providers due to poor digital experiences.

Healthcare organizations have yet to meet patient demand for revenue cycle management automation. Research shows that few healthcare organizations have automated more than a quarter of financial processes, with many lagging with modernizing patient-facing revenue cycle activities, such as patient collections and patient access.

“People are afraid of change, and it’s overwhelming and expensive. Technology is

expensive,” Moneymaker explains. But healthcare organizations can achieve significant ROI by investing in revenue cycle management technology, she emphasizes.

For example, investing in technology that engages patients with the financial aspect of care even before the clinical encounter can result in organizations going from collecting co-pays at the point of service to setting up payment plans before patients even walk through the door. And that engagement leads to improved patient satisfaction, as well as higher collection rates.

Healthcare organizations can see significant gains by investing in revenue cycle management technology, especially systems that engage patients with the financial process. However, not all technologies are created equal.

Investing In The Right Technology

The fears and concerns resulting in key revenue cycle management processes remaining manual have also spurred some organizations to add more people or bolt-on technologies to meet patient and revenue demand for an improved patient experience.

“They think that’s a fix because they bought into these big box solutions, and those products can’t help the organization automate within its infrastructure,” Moneymaker states. “So, they need another bolt-on to help make a slicker and more seamless experience. But in reality, they’re not. They are making themselves clunkier and less transparent across the enterprise, creating a very siloed operation.”

Operating with a patchwork of bolt-on revenue cycle management technologies leads to bottlenecks and burnout among providers and staff who are increasing their number of clicks and turning to manual processes as workarounds.

Revenue cycle management automation that delivers a transparent process from scheduling through the clinical encounter to patient collections will help organizations realize the gains of technology, Moneymaker says.

Healthcare organizations should be looking at the revenue cycle as a whole as they consider automation. This type of mindset will “provide you the transparency, and I’m not just talking about reporting, but within your workflows,” she explains. “If someone wants to look into a workflow, they can do so easily and then provide that transparency to the patient from the point of that scheduled service.”

Investing in an end-to-end revenue cycle management system or technologies that can at least communicate data across systems will help team members understand the entire revenue cycle and its relation to the clinical experience, Moneymaker says.

“People are breaking revenue cycle off as separate conversations. Then, breaking each type of conversation into mini conversations. You have to look at the big picture from the

moment the patient comes in the door or before to the very end of it. It should all be part of what you’re looking at to improve your revenue cycle,” she highlights.

Automating the revenue cycle as a whole will require a transformation that many healthcare organizations are too hesitant to take right now. But as patients become a significant revenue source and consumerism creates new demands on providers, revenue cycle technology will play an increasingly important role in not only boosting the bottom line but also creating value for patients.

“I get that it’s overwhelming. It can feel like your mouth is on a fire hydrant, but it’s so doable and so very necessary,” Moneymaker stresses. “You need to use data from across the entire enterprise to tell the same, valuable story to patients.”

Mobile Tech Key to Patient Financial Experience During COVID-19

COVID-19 has radically changed and impacted nearly every aspect of our daily lives. From social distancing and self-quarantines to employment and home stability, the pandemic is forcing everyone to rethink how they get things done. The healthcare industry is no different. Doctors, practice managers, and providers are thinking critically about how they can still focus on the same great care and patient financial experience at a time when nothing feels normal.

However, the healthcare industry is one of great imagination and ideas, and even in these uncertain times, this presents opportunities for innovation. Even before COVID-19, it was clear that patients desire the same consumer-driven options they receive from other industries. This idea of “healthcare consumerism” means that organizations must provide services and bill in a convenient, secure format that carefully preserves the distinctive patient-provider business relationship. In this new age of COVID-19—and the prevailing feeling of a lack

of control—this push for customer-focused efficiency couldn’t come at a better time.

That being said, if healthcare organizations are determined to make the leap towards a satisfying, retaillike consumer experience for patients, they may want to start by simplifying the most prevalent source of friction and confusion—the patient financial experience—while also addressing the key factors of staying viable under new social and public health mandates.

Eliminate Friction

To successfully ride the consumerism wave and balance the high levels of patient satisfaction that support value-based reimbursement with new needs for social distancing, healthcare organizations must view their financial processes through their patients’ eyes. Then, they must reduce points of friction—defined as any negative aspect affecting the consumer experience.

Mobile phones have become a staple in consumer lives. Apple realized that its customers preferred to pay for transactions with their phones because using a credit card created friction. Therefore, Apple Pay, Samsung Pay, PayPal, and other financial mobile apps have been successful in reducing the friction of financial transactions. But they also represent a way to keep people safe during transactions and interactions.

By harnessing contactless payments through mobile pay, both patient and provider can stay safe without interruption during the billing cycle. By removing common sources of friction, this kind of technology helps create harmonious financial relationships reflective of the patient-centered clinical care delivered by providers. That’s increasingly important, given the rise in reimbursement models that tie hospital and health system reimbursement to overall patient satisfaction.

Implement Patient-focused Financial Strategies

Reducing friction, emphasizing safety, and strengthening the patient-provider business relationship requires engaging in patient-focused financial conversations from pre-registration through post-discharge. By helping patients understand what they owe—and why—hospitals and health systems can keep them from being blindsided and upset by unexpected bills. Here are a few strategies to do that:

Enable mobile scheduling. Begin the positive financial experience with the convenience of mobile scheduling, which can reduce appointment delays as well as satisfy patients and keep people safe.

Personalize communication methods. Even while many people are still apart, communication is a chance to be together. Meet the diverse needs of patients and enhance engagement by offering flexible financial communication strategies. In other words, let patients choose the communication method that works best for them. For instance, a millennial may ask to receive a text with a link to set up a payment plan, but a baby boomer might prefer to write a check after receiving a printed statement. Offering a variety of communication methods raises the odds that patients will feel comfortable and pay their bills.

Tailor payment options. Knowing how much a procedure will cost doesn't always mean a patient can afford it. Using technology to forecast patients' ability and propensity to pay out-of-pocket expenses can help healthcare organizations ensure they connect each patient with the appropriate payment options or financial assistance in advance of services.

Deliver upfront cost estimates. Focusing on the consumer means understanding that financial security, particularly as it comes to healthcare costs, is emotional for patients, as well as one of their biggest priorities. Leverage technology to calculate remaining deductibles and out-of-pocket costs, and then use this information to provide financial transparency to patients prior to service. Doing so gives patients the chance to prepare for what they owe—both practically and emotionally—before ever stepping foot in the facility. It allows them to make care decisions confidently and increases the likelihood they will be willing and able to provide payment.

Offer payment convenience. Allow patients to select the payment method that provides the greatest convenience. For instance, providers can alert patients to their balances through text messages and let patients submit payments via text message, a website, an interactive voice response system, or by calling a customer service representative.

Simplify, Engage, And Grow

Aligning the healthcare revenue cycle with consumer needs and demands is key, particularly in the rapidly changing world of COVID-19. Engaging patients throughout the financial process with mobile technology can help hospitals and health systems sustain their own fiscal well-being while providing a satisfying, retail-like experience to patients.

As care increasingly expands out into the community—into retail clinics, schools, mobile units, and more—these efforts have the potential to better and even save patient lives. But to do so, healthcare organizations will need a transparent, patient-centered approach that mirrors the conveniences found in other industries. Anywhere healthcare is delivered, the right financial management tools can help simplify the patient experience and strengthen the unique patient-provider business relationship.

About Zotec Partners

Zotec Partners is one of the largest, privately-held, end-to-end revenue cycle management providers in the country. Our technology solutions and processes are designed with one goal: simplify the healthcare financial experience. By partnering with all types of providers and their patients to disrupt the status quo, we are embracing the evolution of healthcare delivery and reimagining revenue cycle performance.

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