



## Best Practices for an Effective Bad Debt Program

nThrive Speakers Bureau // Sample Presentation



# Objectives for Today



## Understand market trends

for increased risk of  
medical debt,  
uncompensated care and  
rising collection costs



## Examine strategies to increase payments

and decrease patient  
objections through  
education and guidance  
that result in  
understanding of patient  
financial responsibilities



## Understanding compliance

and the impact on bad  
debt best practices



## Discover how propensity to pay can help

accelerate your  
reimbursement and  
improve cash flow

# Effectively resolving patient accounts is increasingly critical to providers' bottom line

## Patient Access



of self-pay revenue written off to bad debt actually meets **charity-eligibility guidelines**<sup>1</sup>



once the patient leaves the hospital, likelihood of collecting drops 20% every 3 months<sup>1</sup>

## Billing and Collections



**42.9M** Americans have a bill in collections

Patients satisfied with the billing process are

**5x** more likely to recommend a hospital



**Patient satisfaction rates drop** by 30%+ from post-discharge through the billing process

**81%**

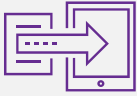


of patients report **anger and frustration with medical bills**, which negatively impacts patient experience<sup>2</sup>

<sup>1</sup> Healthcare Economics v25, Modern Healthcare: The consumer is wielding greater power, but hospitals aren't ready, CEOs say, December 22, 2017 <sup>2</sup> nThrive focus groups



# Market Forces Contributing to Bad Debt



## Disparate Systems

Mergers or new system implementations like EHR upgrades, require data to be merged from disparate systems to one centralized system <sup>1</sup>

## System Backlogged

A common result is that A/R systems become backlogged <sup>2</sup>



## Inefficiencies

The AMA estimates claims processing inefficiencies cost between \$21B and \$210B

## High Deductibles

State insurance marketplaces and high deductible health plans created additional variation and complexity in insurance plans <sup>3</sup>



## Decrease Costs

Health systems must find new ways to decrease costs, as private payors and employers can no longer absorb shifted costs

Strategies include lowering cost to collect and bad debt write offs, and increasing cash collections

# The connected patient is a consumer who demands to be at the center of services



## Self-service

74% of U.S. consumers are more likely to choose a health care provider that offers self- service channel flexibility.

## Shop for services

15% of total health care spend (\$80.8B) is out- of-pocket. 3% (\$2.4B) of that was spent on consumer activity.

## Access to data

52% of consumers would like to evaluate quality and satisfaction with specific providers and hospitals. 28% change providers based on availability of quality and cost data.



From Patient-to-Payment,<sup>SM</sup> nThrive empowers  
health care for every one in every community.<sup>®</sup>

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