

Valley Presbyterian Hospital increases POS collections 112 percent with Patient Access Solutions

Bad debt stemming from uninsured or under-insured patients is a significant contributor to the financial pressures facing health care providers. A key element to meeting the challenge is optimizing up-front collection opportunities. One way to improve collection rates is to provide patients at the point of access an accurate estimate of the cost of care and their personal financial responsibility.

CHALLENGE

Valley Presbyterian Hospital (Valley Presbyterian) is one of the largest non-profit acute care facilities in Southern California's San Fernando Valley. The majority of the hospital's patient mix is comprised of uninsured, self-pay and Medicaid patients, each of which typically present providers with challenges in recouping payment.

Recouping payment is especially difficult in the emergency department (ED), where services can be costly and staff requests for payments are typically limited to co-pays. The Valley Presbyterian registration staff lacked tools to generate estimates for procedures and tests. They were ill-equipped to provide patients with accurate information on financial obligations of receiving hospital services. Moreover, California providers are legally required to provide patients with a financial estimate of services. It was necessary to make tools available to support staff in generating actual numbers to make the dollar value of health care services real to Valley Presbyterian patients at all points of access.

SOLUTION

Valley Presbyterian selected nThrive's Patient Access Solutions in May 2008 to generate patient-friendly estimates to patients entering the hospital on an inpatient or outpatient basis, as well as through the emergency room. The Web-based CarePricer® tool has been proven to support hospitals accelerate the revenue cycle, increase cash flow, reduce overall levels of bad debt and monitor compliance with regulatory standards.

CarePricer delivers quick and easy access to patient eligibility/benefit information. Using "on-contract" insurance plan data, CarePricer automatically calculates the patient's payment responsibility enabling hospital access staff to provide quick and accurate up-front estimates of personal financial liability. The ability to better educate patients enables more informed counseling and improved patient satisfaction. Equally important, it positions health care organizations like Valley Presbyterian to receive more accurate payments prior to delivery of care.

Valley Presbyterian used CarePricer with its ED medical screening process as an essential component in generating correct ED-level information to support an accurate quote. Once ED registration personnel are notified of patient triage results, they meet with patients or

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Paul Manganiello, Director, Admitting,
Community Wide Scheduling and Privacy
Officer, Valley Presbyterian Hospital

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family members to assess and address financial and insurance issues. Relevant data from the ED screening and patient assessment is entered into CarePricer which then generates a cost estimate.

“CarePricer is very user-friendly,” says Paul Manganiello, director, Admitting, community wide scheduling and privacy officer. “The system is designed to provide the staff with multiple ways to obtain information for patients. Service Categories and individual tests can be entered on the same estimate, and estimates are available in multiple languages to aid in effective communication.” Manganiello added, “The entire revenue cycle continuum benefits from the increased employee focus on insurance and financial issues facilitated by these nThrive solutions.”

RESULTS

The CarePricer solution demonstrated its value. Valley Presbyterian has used the system for two years and has gained a 112 percent increase in monthly point-of-service (POS) collections, which translates into \$1.5 million in additional cash flow.

Within the first year, ED POS collections increased by 600 percent—from \$10,000 per month to \$70,000. In addition, up-front collections increased from \$80,000 to \$170,000 per month, representing a 112.5 percent increase. Continued improvements have been achieved in first quarter of 2011, as up-front collections increased to \$200,000 per month. Increased employee and patient satisfaction, according to Manganiello, is an additional benefit that extends beyond a healthier revenue cycle. Hospital staff are able to give patients consistent information, provide estimates specific to visits and courses of treatment and explain in detail how those estimates are created—all important factors in managing expectations and strengthening patient relationships.

Talk with a specialist to learn more:

solutions@nThrive.com | 678.323.2500 | www.nThrive.com/#contact

ALIGN REIMBURSEMENT STRATEGIES

Gained quick and easy access to hospital-specific historical claims data and patient eligibility/benefit information

Delivered prompt and accurate up-front estimates of patient personal financial responsibility for services

Obtained various estimate viewpoints based on service line category, procedures and tests

Supported conveying estimates in multiple languages to aid in effective communication

Optimized up-front collections

Increased staff and patient satisfaction

Year 1: \$1.5 million in additional cash flow in 2010

Up-front collections increases 112.5 percent

ED collections increased 600 percent

First quarter 2011 up-front collections increased to \$200,000 per month