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GeoJan Wright, CMC, CMIS, CMOM

On the topic:

Mastering Point-of-Service Patient Collections
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Mastering Point of Service Patient Collections

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Practice Management Metrics

• Analytics:
The ability to extract and analyze various practice management elements and processes, turning data into useful information that can identify opportunities for improvement.

• Metrics:
The information from the extracted data that is converted into a measurable and understandable format.
Practice Management Metrics

• Medical practices typically obtain and review the following data:
  – Payor Mix
  – A/R by provider
  – Collection %
  – Insurance Aging
  – Payments by Provider

The question is:

Do we know the industry benchmarks?
What are we doing with the information?

Simple Calculations

• Claims Denial Rate:
  Total # of claims denied (3 months)
  divided by
  Total # of claims submitted (3 months)
  =
  Denial Rate for the 3 month period
Claims Denial Management

• Managing your denials will identify problem areas inside and outside of the practice.
  – Access the data
  – Track the common denial reasons
  – Identify areas for improvement
    ▪ Patient registration
    ▪ Claims submission
    ▪ Claims management

Interesting Stats

• 8% of claims that are submitted are rejected due to eligibility
• 79% of practices surveyed checked eligibility
• Only ¼ of those re-checked eligibility on subsequent visits
• Only 1 in 4 people understand their healthcare coverage
Here is a snapshot from MGMA that benchmarks median A/R collections

**MGMA Benchmark Collections**

- **0-30 Days**
- **31-60 Days**
- **91-120 Days**
- **120+ Days**

The expectation is to collect 100% of the patient deductibles, co-pays and co-insurance at the time the patient checks in to the clinic.

Step one is to determine the current POS collections percentage within your practice at check-in and at check-out.

**POS Collection Benchmarks**

- **Patient POS Expected Collections**
- **Collections at Check-in**
- **Collections at Check-out**
Practice Management Metrics

• To understand the metrics, understand the revenue cycle:
  – Preregistration: Collecting preregistration information, such as demographics, insurance coverage, etc. before a patient arrives to the office or facility.
  – Registration: Reviewing, collecting and verifying of all patient information during registration.
  – Patient collections: Determining patient balances and collecting payments.
  – Charge capture: Services provided = billable charges.
  – Coding: Properly coding diagnoses and procedures.
  – Claim submission: Clean claims processes. Submitting claims of billable fees to insurance companies.
  – Remittance/Payment processing: Applying or rejecting payments through sound payment processing methodology.
  – Collections: Collecting payments from third party payers.
  – Utilization review: Ensuring the necessity of medical services.

Linking Revenue Cycle Management with POS Collections

• Entails having a plan that addresses these four components:
  1. Metrics (data)
  2. Management/Executive-level support
  3. Active participation at all levels
  4. Policy, procedure, protocol and scope

Every person in the medical practice must connect to the purpose.
Practice Management Metrics

- If any part of the revenue cycle does not operate effectively and efficiently then the practice will experience poor financial performance.

Changing Times

- Approximately 30% of revenue now comes from patients.
  - Is increasing due to:
    - High Premium/High Deductible Health Plans
    - Patient cost shares
    - Higher self pay population
  - Patients want:
    - price transparency
    - ability to compare
    - to know their cost after insurance
    - no surprise bills
Healthcare Collections vs. Patient Satisfaction

• Balancing practice collections with patient satisfaction can be difficult.

• However, good customer service does tie to good collection practices.

• Why? The answer is simple, the patient is happier when there are no surprises relating to out-of-pocket expenses.

Client/Patient Priorities

Similar to Maslow’s “Hierarchy of Needs” our patients have a Hierarchy of Priorities.

- Mortgage, Rent, Car, Phone, Utilities
- Credit Cards, Education, Tuition, Other Loans
- Healthcare Bills
POS Revenue Cycle

Includes:
• Collections from self-pays
• Collections from insured patients (co-pay/deductible/co-ins)
• Initial payments collected for approved payment plans
• Prior balances and bad debt accounts

Successful POS Collections

Includes:
• Patient education
• Up-front collections
• Payment options
• Review of patient accounts/statements
• Active collections follow-up
Barriers to POS Collections

- Uninformed patients
- Uninformed staff
- Poor financial policies
- Lack of support/education
- Lack of data/metrics
- No established goals
- No accountability

POS Collection Building Blocks

- Patient education
- Staff education
- Strong financial policies
- Support/education on all levels
- Measure and analyze
- Established goals
- Accountability
- Rewards
The Patient Experience in Your Practice

• Patient satisfaction is all about customer service.

• Customer services is about how you make the patient feel.

• The more informed the patient is, the better the financial outcome.

Patient Education

• Providing education to the patient regarding their insurance and financial expectations is key.

• Reinforcing that education at every point of contact is necessary.

• Establishing multi-level communications strategies; in-office, telephone, text, forms, website, patient portal.
Patient Education

- Explain the benefits and financial responsibilities.
- Communicate the financial expectations of the practice.
- Estimate charges and out of pocket expenses.
- Provide information on in a variety of formats.
- Solicit their assistance in managing the insurance process.

Opportunities for Improvement

- To improve your patient education information:
  - Evaluate your existing processes.
  - Evaluate your methods of communication.
  - Evaluate your written materials concerning financial and demographic information.

Get the patient involved early & keep them engaged through the billing process.
Staff Education

- Medical office staff must be informed and well-trained.
- Education should be continually provided to all staff members, especially those who are responsible for POS collections.
- POS collections suffer when staff is uninformed and unsure about what their role in Revenue Cycle Management is.

Staff Education

- Education training components:
  - Customer service techniques
  - Insurance plans and benefits
  - Scripting
  - Financial policies
    - Payment plans
    - Estimation tool
  - Compliance
  - Technology Use
  - Resources
Customer Service

• Great customer service is vital to patient satisfaction.

• Staff members are the face of the practice and must present themselves as knowledgeable.

• Staff members who are knowledgeable will inspire confidence in the patient concerning the practice.

Insurance Plans

• Health care insurance has changed dramatically with the ACA legislation. This change has resulted in high deductible health plans that result in higher out-of-pocket expenses for the patient.

• The medical office staff must know the coverage offered by each insurance the practice is contracted with.

• Understanding what the patient responsibility is job #1 in POS collections.
Insurance Plans

- Each practice should have a means to identify contracted insurance plans that provides a breakdown of coverage offered by each carrier.
- Although each carrier will have many different types of plans, this will provide a valuable baseline of coverage and contact information to assist in effectively verifying the patient’s coverage.

Insurance Verification

- A medical practice will use many avenues to obtain insurance verification:
  - Telephone
  - Online
    - Carrier website
    - Third-party source
Explaining Insurance Benefits

• EXAMPLE #1: DEDUCTIBLES, COINSURANCE AND OUT-OF-POCKET MAXIMUM
  - You have an insurance plan that has a:
    ▪ $5,000 deductible
    ▪ 20% coinsurance
    ▪ Out-of-pocket maximum of $6,000
  - This means:
    ▪ You must pay the first $5,000 of your medical costs.
    ▪ After that, your plan covers 80% of the costs, and you pay the other 20%.
    ▪ When the amount of coinsurance you've paid reaches $6,000, the plan covers 100% until your “plan year” renews. A plan is good for 1 year.
    ▪ At the start of each year, your deductible and coinsurance resets for the next plan year and the $5,000 deductible and 20% coinsurance will start again.

• EXAMPLE #2: COINSURANCE AFTER YOU'VE MET YOUR DEDUCTIBLE
  - You bruise your hip in a fall and you need an X-ray.
  - You've met your annual $5,000 deductible so your plan now pays for benefits.
  - What you pay to see your doctor depends on your coinsurance, which in our example, is 20%.
  - Here's how the costs might break down:
    ▪ The X-ray costs $200.
    ▪ Your plan covers 80%, which is $160.
    ▪ Your out-of-pocket cost, or coinsurance, is $40.
Insurance Plans and Benefits

- **EXAMPLE #3: MAXIMUM LIMITS**
  - Your plan covers up to a certain amount for tests, procedures and medical services. These limits help keep rates fair and reasonable, which helps lower costs for all members.
  - Let's say your doctor charges more for an X-ray.
  - Your plan covers a maximum of $200 for an X-ray.
  - Your doctor charges $300.
  - You may have to pay the $100 difference.

Managing the Uninsured

- There is a larger portion of the population who have no form of insurance coverage.
- Having the ability to set payment expectations for these patients will depend on their socio-economic status.
- The practice should have a discount and payment plan policy based on federal poverty guidelines.
Customer Service Insurance Tools

• Design a brochure or quick-reference sheet for patients to help them understand the insurance benefits and payments and also to explain why they may be financially responsible for the bulk of the services they receive.

• Include contact information for insurers with which the practice participates so patients can contact those companies with specific questions about their own coverage.

• A practice should ensure that someone is always available to answer financial questions. This may require additional staff training, but it’s well worth it in terms of being able to boost collections.

Why are POS Collections Important?

• Easier to collect up front than after service

• Likelihood of collecting is greatest at POS

• Cost to collect is lowest at POS
Don’t Miss Opportunities

• The front desk staff will have many opportunities to express the financial policies and expectations, don’t miss them!
  – When the appointment is scheduled
  – Appointment reminder calls
  – When the patient arrives
  – When the patient checks out

Plan Your Communication

• Communicating patient responsibility obligations can be difficult.

• Scripting is used to help staff members feel more comfortable asking a patient for money.

• Providing opportunities for role-play can be a valuable training tool.
When to Consider Scripting

• Staff members are reluctant to ask the patient for payment.

• Patients are reluctant to pay and push back against your payment policies.

• Point of service collections are not where they need to be in terms of collection goals.

POS Scripting

• Management must understand how important it is to give staff members tools to increase POS collections.

• The following slides will provide some examples of how scripting can assist staff members in collecting payments due at the time of service.
POS Scripting Sample A

**When?** - Prior to the appointment, after receiving the response from the insurance eligibility verification request, explain the insurance benefits and coverage details to the patient and inform him or her that payment is due at the time of service.

“I will be happy to walk you through the price estimation, if you’d like.”

*Wait for the patient to respond.*

*Be sure to address any questions or comments.*

---

Proceed with,

“If I have addressed all of your concerns, I would like to remind you that this is an estimate based on your insurance benefits.”

“There may be additional charges that we cannot predict right now, but if that does occur, we will send you a statement after we have received an explanation of benefits from your insurance company.”
POS Scripting Sample A

Proceed with:

*We accept cash, checks and all major credit cards.*

*Pause, and if there are no further patient questions or comments, say,*

*“Have a nice day, [Mr./Mrs./Ms. Last Name], we will see you at [time of appointment] on [date of appointment].”*

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POS Scripting Sample B

**When?** - The day before, at the point of the appointment reminder call or when the patient arrives.

- Re-verify his/her demographics and insurance eligibility and benefits.
- Inform the patient upon receiving a response from the health insurer, of his/her benefit coverage details, making sure to identify the copay, coinsurance and remaining deductible amounts
- Maintain eye contact and a pleasant facial expression:

  *“[Mr./Mrs./Ms. Last Name], according to your insurance benefits, it shows that your financial responsibility includes a $10 copay, 10% coinsurance and a $1,000 deductible. Your insurance company indicates that you have met $500 of your annual deductible.*
POS Scripting Sample B

“Based upon the services that will be provided at or during your or today’s appointment, and combining the $500 remaining deductible, copay and coinsurance amounts, the total amount you will owe today is $310.”

“How would you like to pay for this? We accept cash, checks and all major credit cards.”

Wait for the patient to respond.

- If the patient has questions relating specifically to the price estimate, review the calculations with the patient in detail.
- Be sure to refer to your practice’s payment policy for inquiries related to the patient’s inability to make payment at the time of service.

POS Scripting Sample C

When? – At check-out, for collecting payment from patient after the appointment.

Based on your review of the patient’s insurance eligibility verification response and previous conversations with the patient, say:

“According to your insurance benefit coverage details, your fee today is $310.”

Look directly at the patient and say, “How would you like to pay for that—by check, cash or credit card?”

Then wait and allow the patient to answer.

Look at the patient directly and allow them to answer. Do not speak until the patient has responded to your question.
POS Scripting Note:

Remember,
You are not offering to the patient a choice to pay or not to pay.
You are asking which method of payment will be used.
If you have to explain the price estimation, do so.

Co-pays should NOT be billed.
Co-pays should be collected at the time of service.

POS Scripting Sample D

When? – The patient becomes embarrassed or angry.
– Let the patient speak, listen to him/her without interruption.
– Address the issue with compassion. Show empathy, say: “I understand that you’re upset about this.”
– Be direct, that you need to work out a solution for payment.
– Explain that a claim will be filed to the insurance company as a courtesy to limit his/her financial responsibility.
– State the facts. “Our practice has a contractual obligation with your insurance company to collect payments at the time of service.”
– Advise the patient. “You are the policyholder, and if you believe your insurance should pay more, you may want to contact your insurance company directly.
– Reiterate the expectation.

“In the meantime, the amount due for today’s visit is $310. How would you like to make this payment—by cash, check or credit card?”

Wait for the patient to respond and offer the payment.

Thank the patient. “Thank you, [Mr./Mrs./Ms. Last Name], for your understanding.”
POS Scripting Sample E

When? - If a patient says they cannot pay the entire amount at the time of service.

State:

“Our policy is to collect at the time of service, however, I am only authorized to accept a payment of half of the total charges. That will be $________. The balance will be due in _____ days.

When? - If the patient cannot make that payment.

Ask:

“How much are you able to pay today?” or “I will need for you to speak to my office manager for alternative payment arrangements.”

Thank the patient for the amount that he/she paid.

Follow up by saying,

“How much are you able to pay today?” or “I will need for you to speak to my office manager for alternative payment arrangements.”

“Here is a bill for the remaining balance which will be due within _____ days.”

Be sure the patient commits to a date for that payment.

Wait for the patient to respond.

Note:

Make sure you address the entire balance - not just one payment. Then put the new payment arrangement in writing. This creates an agreement that the patient is more apt to abide by, as opposed to an oral agreement.

• If your practice is interested in allowing patients to make payments over time, there are many laws governing the extension of consumer credit. Make sure you contact an experienced attorney to ensure your credit practices meet all applicable regulatory requirements.
Financial Policies

- A financial policy establishes an informed financial acknowledgement agreement between the practice and the patient.
- Your financial policy should be well-written and easy to understand in layman’s terms.
- The practice should expect the patient to accept and comply with the policy by signing an acknowledgement.

Financial Policy Basics

- Your policy should cover these information basics:
  - Insurance
  - Co-payments and deductibles
  - Non-covered services
  - Proof of insurance
  - Claims submission
  - Coverage changes
  - Nonpayment
  - Missed appointments
Financial Policies

So, Still why don’t our patients pay?

• Some patients are hesitant to pay anything up-front simply because they don’t understand how their insurance works or what services are covered.
  – You may have had patients ask: “Why does the doctor need my $10 or $20 co-payment in addition to what he’s already getting from the insurance company?”

Financial Policies

• Generally, patients aren’t trying to be difficult. They simply need to be educated about co-payments, deductibles, covered and non-covered services.
• Some patients have genuine difficulty.
  – People lose jobs, get divorced or face catastrophic illness.
• These people need help and they are usually grateful when you are able to give them a break.
Payments, Payments, Payments

• Make sure it is easy for your patients to make required payments:
  – Accept payments via cash, checks, debit cards, and credit cards.
  – Ensure that patients can pay via:
    ▪ the patient portal
    ▪ the practice’s website
    ▪ in the office upon check-in
  – Know where the closest ATM machines are

Payments, Payments, Payments

• Offer a prompt pay discount
• Offer sliding fee schedule based on income
• Offer payment plan for patients who indicate they are willing to pay their bill in installments
• Standardized down payments
• Auto-debit plans
• Bank loan partnerships
Other Payment Options

• For any option other than full payment at the time of service be sure to document the parameters of alternative payment options
  – the terms of payment
  – what happens if the patient misses a payment
  – the patient’s signature on the document

OIG Approved Prompt-Pay Discount Guidelines

• In AO 08-03, the OIG approved the proposed prompt-pay discounts for both inpatients and outpatients, based on:
  – The provider would not advertise the prompt-pay discount to patients. Instead, patients would be notified of the discount during the course of the actual billing process. This would eliminate the likelihood that the discount would constitute an inducement for patients to utilize the provider.
  – The prompt-pay discount would be reasonably related to the amount of collection costs that would be avoided. In other words, the program would be commercially reasonable in that the provider would forgive amounts commensurate with the reduction in costs it would otherwise incur in collecting the accounts, including bad debt.
OIG Approved Prompt-Pay Discount Guidelines

• Third-party payers would be notified of the prompt-pay discount.
• All costs associated with the arrangement would be borne by the provider.
• Based on the foregoing factors, the OIG concluded prompt-pay discounts were unlikely to be used to encourage referrals, but rather were implemented for the purpose of improving collections and reducing collection costs.

It’s the LAW

• The Medicare law requires clinicians to charge Medicare beneficiaries the same as they charge other patients.
• Waiving or discounting the Medicare co-pay on an ad-hoc or case-by-case basis is not allowed.
• However, Medicare will, accept a sliding fee discount schedule if appropriately designed and implemented.
It’s the LAW

• The key is to establish a discount policy that is uniformly applied to all patients based upon ability to pay.

• As long as the discount policy is uniformly applied to all patients, all the time, it is acceptable to discount deductibles and co-payments for Medicare beneficiaries if they qualify under the discount policy established by the clinic.

Sliding Fee Schedule Discount Programs

• A Sliding Fee Discount Program must be based on:
  – written policies
  – applied uniformly to all patients
  – supported by operating procedures
### Sliding Fee Schedule Discount Programs

- The following areas must be addressed in the policy:
  - How the Sliding Fee Discount Program will be advertised to the patient population
  - Patient eligibility for the Sliding Fee Discount Program, including definitions of income and family size (including what/who is included or excluded) and frequency of re-evaluation of patient eligibility
  - Documentation and verification requirements to determine patient eligibility
  - If the practice chooses to collect a nominal charge for those at or below 100% Federal Poverty Level, an explanation of the nominal charge and policies around establishing and collecting nominal charges
  - If any patient using the Sliding Fee Discount Program will be sent to collections for outstanding debt, the practice must have a clear description of their collection policies.
Sliding Fee Schedule Example

Jeanine Brown, an insured patient, receives a service for which the practice has established a fee of $80, per its fee schedule.

Based on Jeanine Brown’s insurance plan, the co-pay would be $60 for this service.

The practice also determined, through an assessment of income and family size, that he is at 150 percent of the Federal Poverty Guidelines and thus qualifies for the practice’s Sliding Fee Schedule.

Under the Sliding Fee Schedule, a patient at 150 percent of the Federal Poverty Guidelines would receive a 50 percent discount.

Therefore, Jeanine Brown would receive 50% off the $80 fee, resulting in a charge of $40 for this service.

Rather than the $60 copay, the practice would charge Jeanine Brown no more than $40 out-of-pocket, consistent with its Sliding Fee Schedule, as long as this is not precluded by the insurance contract terms.

Prompt Pay Discounts

• Some physicians may choose to provide a prompt pay discount or a self pay discount to patients, if payment is received at the time the services are rendered.

• It is important to point out that most health care contracts state, that the plan will "pay the lesser of" the physicians usual charge or the plan's allowable. Therefore, it is important to develop a written prompt payment discount policy.
Things to Consider

- A carefully developed prompt payment discount policy could work for your practice. Be sure to put the policy in writing.

- Offer the discounts only for services that are paid in full at the time of the service, in advance, or maybe within a certain number of days.

- Make it clear that the discount is available to anyone who meets your terms, unless their insurer’s policies or contracts prohibit it. If an insurer can pay you in full within your terms for the discount, it receives the discount, too.

Things to Consider

- Apply the discount to your standard fees, not to any contractually reduced fees.

- Inform your patients of the availability of the discount as appropriate during the billing process.

- Make efforts to ensure that the amount of fees discounted to patients bears a reasonable relationship to the amount of avoided collection costs.
Turning Around POS Collections

• When POS collections fail, it is time to take a fresh look.
• It is time to look for ways to motivate staff members.
• It is time to shake up the status quo.
• It is time to develop a collection campaign strategy.

Point of Service Collection Campaign

• A successful point-of-service collection campaign will include:
  – Staff Input
  – Individual and Team Goals
  – Performance Evaluation
  – Recognition, rewards and accountability
Staff Input

• You may be surprised to find out that within your office, you already have star performers when it comes to POS collections.
  – Invite these individuals to share what makes them successful.
  – Enlist these individuals to become team leaders.
  – Involve the staff in implementation strategies

Establish Goals

• A medical practice should set the precedence for successful collections.
  – Set a goal to collect 100% of copayments and, if possible, deductibles at the time of service.
    ▪ This requires appointment reminders that state patients must pay the copayment and/or deductible at the time of their visit.
    ▪ If the patient isn’t able to cover the financial responsibility, offer options including rescheduling the appointment or other payment options.
Team and Individual Goals

• Having both individual and team goals will help:
  – Encourage high performers
  – Motivate low performers
  – Encourage mentoring
  – Promotes engagement
• It will take time to establish which goal(s) are right for the practice.

Evaluate Performance

• The importance of evaluating individual performance will:
  – Provide opportunities for rewards
  – Provide opportunities for recognition
  – Provide training opportunities for those who missed their goals
Individual Incentive Plan

• A range of rewards based on percentages of established target collection goals, such as 25% to 125%.

<table>
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<tr>
<th>Collection Goal</th>
<th>Personal Incentive</th>
<th>Frequency</th>
<th>Group/Individual</th>
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</thead>
<tbody>
<tr>
<td>125%</td>
<td>3.5-5%</td>
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<tr>
<td>100%</td>
<td>2-3%</td>
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<tr>
<td>50%</td>
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</table>

Group or Departmental Plan

<table>
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<th>Group</th>
<th>Goal</th>
<th>Incentive</th>
<th>Frequency</th>
<th>Group/Individual</th>
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<td>Team Party</td>
<td>Monthly</td>
<td>Group</td>
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<tr>
<td>Collection Dept</td>
<td>$50,000</td>
<td>Team Party</td>
<td>Monthly</td>
<td>Group</td>
</tr>
</tbody>
</table>
What types of Rewards

• Monetary vs. Non-Monetary
  – There are varying opinions about providing employee incentives, some do, some don’t
  – There are even some people who are not motivated by incentives.

• Polling staff members will provide insight into a successful incentive plan.
• Getting buy-in from staff is vital.

Monetary Incentives

• Flat-rate bonus
  – *Meet the goal, get $100.00*

• Two-tiered goals and bonuses
  – *Meet first target, first month, etc; get $75.00, $125.00, respectively.*
  – *Meet second more stringent target, first month, etc; get $125.00, $150.00, respectively.*

• Percentage of salary bonus
  – *All employees who meet the goal get a bonus of 2% of their salary.*

• Percentage of dollars collected bonus
  – *Employees get .5% of monthly collections in excess of $7,500.*
Non-Monetary Incentives

- Plaques, certificates
- Lunches or dinners for staff
- Gift certificates
- Time off
- Trip
- Prizes
- Parking spot

Monitor the Progress

- A POS Collection Campaign will require ongoing evaluation and monitoring to ensure positive outcomes.

- If your plan does not work, reflect on the following:
  - Have you established the right goals?
  - Have you established the appropriate processes?
  - Are staff members engaged?
  - Are patients compliant with the policies?
Training and Re-Training

- A POS Collection Campaign must include a training strategy to ensure that employees are *set up* for success:
  - New employee orientation
  - In-house workplace training
  - Outside classroom training

Training for Effective Collections

- Customer Service Skills
- Technology Use
- Collection Techniques
- Insurance Plans
- Scripting
- Department policies and procedures
- Resources
Managerial Support

- The driving force behind any POS Collection program is management.
- Tying front desk staff members to the revenue cycle through the importance of point of service collections is critical.
- Support for the program must come from every level within the practice, even if it means a new position for a dedicated POS team leader.

In Review
We have addressed key elements for Mastering POS Patient Collections:

- Metrics and Analytics
- Revenue Cycle
- Patient Satisfaction
- Patient Education
- Staff Education
- Scripting
- Insurance
- Financial Policies
- Collection Goals
- Performance Evaluation
- Incentive Programs
- Managerial Support
- Training
- Monitoring
Resources

• OIG Advisory Opinion No. 08-03
  – https://oig.hhs.gov/fraud/docs/advisoryopinions/2008/AdvOpn08-03A.pdf

• TMA Practice Management Tips - Prompt Payment Discounts for Patients
  – https://www.hcms.org/uploadedFiles/Harris_County_Medical_Society/Practice_Resources/Billing_and_Coding/Tip-%20Discounts%20for%20Patients%20final.pdf

• MGMA
  – https://www.mgma.com

• NAHAM
  – https://www.naham.org

Questions?

• Thank you for your attendance!

• Get your questions answered on PMI's Discussion Forum:
  http://www.pmimd.com/pmiForums/rules.asp