



THE STATE OF COLLECTION

A State Collection Service, Inc. Newsletter
Volume 20, Number 4 • Fourth Quarter 2014

PRIOR EVENTS

WI HFMA Fall Conference

Sept 24-26, Eau Claire, WI

State Webinar Series: 501r Requirements- Conducting a Community Health Needs Assessment 9.25.14 - [view recording](#)

WI AAHAM Joint Revenue Cycle Co-Op

Oct 2-3, Eau Claire, WI

Georgia HFMA Fall Conference

Nov 5-7, Savannah, GA

UPCOMING EVENTS

HFMA's Region 11 Symposium

Jan 11-14, San Diego, CA

HFMA WI Winter Meeting

Jan 28-30, Wis. Dells, WI

HFMA's Dixie Institute

Feb 17-20, Charleston, SC

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LOCATIONS

8 0 0 . 4 7 7 . 7 4 7 4
Madison, WI Beloit, WI
Milwaukee, WI Chicago, IL

TIMES... THEY ARE A-CHANGIN'

—Tom Haag, Chairman and CEO



A number of years ago, Bob Dylan wrote and sang a song about change. In "Times They Are A-Changin'", I'm pretty certain Dylan wasn't referring to the debt collection industry, or specifically State Collection Service. But today, for us, this song seems to really resonate.

Where there is a big-box pharmacy or coffee shop on almost every corner, there are also less than half as many collection agencies as when Bob Dylan wrote his song. Is it because there is less bad debt that these agencies are disappearing? Of course not. There are a number of reasons why this is happening.

Two primary drivers are the need to invest in technology and significant regulation from all levels of government. Call it Consumerism. An industry that was formerly referred to as a paper and pencil industry has become one of the most technologically-dependent. Although we support most consumer regulation, it becomes difficult to get on board when such regulation requires us to invest in products that do not make us more efficient, but rather simply allow us to prove that we are abiding by the regulation. In any case, we have done so and as a result we continue to expand.

In this issue, our team shares where we are today and where we're going in the future. Our plan, as always, continues to be operating on the cutting edge of technology. While the times may be a-changin', our goal will always be to provide our clients with the highest level of service, focusing on complete customer satisfaction and total compliance. ✂



EXPANDING INTO 2015

—Terry Armstrong, President



The theme of this quarter's newsletter is Expansion. It may be a broad topic by its very definition, but the theme seems fitting as we close out our 65th year in business. Expansion truly describes what we've seen throughout the year, for our organization as well as for our clients and the healthcare industry at large. We kicked off 2014 by expanding into the Milwaukee area, bringing us to a total of four office sites. Most recently, we expanded our Beloit location by an additional 86 seats – our second expansion there in just three years. In addition to these overt areas of growth, you'll read in the pages to follow how our investment in Artiva Healthcare has allowed us to expand our service offerings into insurance-related projects in addition to our traditional early out self-pay and bad debt programs.

As you read through the rest of the articles in this issue, I think it will become even more apparent how much things have changed over the past year. We saw the implementation of the Affordable Care Act (ACA) and how it expanded Medicaid programs in many states. The impact of this has meant fewer uninsured patients for many of our clients; even more uninsured individuals are expected to be covered under ACA this coming year as the penalty for not signing up increases.

Over the past year, we have tried to stay on top of the impact of ACA. Several previous articles and webinars have focused on how a major provision of the Act – namely 501r – affects the nonprofit status of many hospitals. This issue continues that topic with an article by Mark Rukavina, in which he provides a nice vulnerability checklist to assess your adherence to 501r. Of course, the impact of the ACA remains to be seen with employers under this Act in January. Will some businesses drop their health insurance benefit altogether or opt for more part-time employees in order to reduce the cost of providing insurance? Only time will tell the true impact of the law, but all of this will certainly make for an interesting 2015.

In her article, Tracy Dudek writes about how we have expanded our speech analytics program with our partner, CallMiner. We strongly believe that this software has been instrumental in improving all aspects of our patient experience efforts, all while improving results. Mike Mullins, in his article, describes a new program we are providing for a client – services via text. This certainly goes beyond our recent expansion to eNotices from traditional print letters. One more space where we are working hard to further improve the patient experience is by providing online statement viewing; Steve Beard shares more about this feature.

Last, but certainly not least, we are proud to have expanded our community involvement activities over the course of 2014. In her article, Judy Gray further discusses how our employees have been serving their communities during the past year.

To quote Tom (and Bob Dylan!), “times are a-changin’” and we truly appreciate the business that our clients have entrusted us with. As we head into 2015, we look forward to continuing the expansion of our programs and providing our clients with the very best service and results. ✿



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LT. GOVERNOR KLEEFISCH AND WEDC ANNOUNCE STATE COLLECTION SERVICE'S EXPANSION IN BELOIT

State Collection Service, Inc., a full-service accounts receivable management solutions provider, is embarking on a major expansion in Wisconsin that is expected to create 300 new jobs over the next three years.

The family-owned company, which was founded in Madison in 1949, will invest nearly \$5 million to expand and equip its facilities in Beloit, Madison and West Allis to accommodate its continued growth.

The expansion comes as State Collection Service continues to grow its extended business office operations for the healthcare industry, which include self-pay follow-up, payment monitoring, insurance follow-up and other services. Most of the expansion will take place at the company's Beloit call center; however, jobs also will be added in West Allis and Madison.

"When my father started this company, he never expected it to be more than a 15- or 20-person organization representing local creditors," said Tom Haag, chairman and CEO of State Collection Service. "He certainly never envisioned State Collection Service having four locations and employing more than 400 hard-working individuals. Being able to continue growing the company brings us great satisfaction and we are thrilled to be able to create 300 more jobs in Wisconsin."

To help secure the new jobs, the Wisconsin Economic Development Corporation (WEDC) has authorized up to \$750,000 in Economic Development Tax Credits for the company over the next three years. The actual amount of tax credits awarded will depend upon the number of job created during that time.

"State Collection Service is a true Wisconsin success story and WEDC is pleased to play a key role in the company's expansion," said Reed Hall, secretary and CEO of WEDC, the state's lead economic development organization. "In the last year, our Economic Development Tax Credits have helped more than 60 companies create and retain about 12,000 jobs—and it is gratifying to see another company utilize this program to help grow Wisconsin's economy."



Pictures Top Left: Lt. Governor Rebecca Kleefisch speaking to a full house in the Beloit office. Center: Lt. Governor Kleefisch, Member of WEDC and State Collection Service representatives pose for a picture. Top/Bottom Right: Tom Haag and Lt. Governor Kleefisch don hard-hats to take the first ceremonial cracks at the old break room wall that's about to become a doorway into the expanded office space. Lower Left: Tom Haag, Tim Haag and Terry Armstrong take Lt. Governor Kleefisch, WEDC members and State staff on a tour of the build-out well under way.



EXPANDING THE HORIZON OF SPEECH ANALYTICS

—Tracy Dudek, Vice President-Operations

Last month, Ruth Podest, our CallMiner Business Analyst, and I had the opportunity to attend LISTEN2014, the annual CallMiner conference. Those of you who have heard me talk about what this technology has done for our organization know I am passionate about it, but if it's possible, I'm even more excited than ever about what we learned at the conference to take the technology to the next level.



Here are some new or expanded concepts the team will be working on as we look to 2015 and beyond:

- **Agent Desktop Dashboard via MyEureka!** - This product will take the speech analytics scores that we share today and put them on each user's desktop along with key metadata from our collection system. Each agent will have a personal dashboard of their key performance indicators on collection results and quality assurance scores.
- **"Journey Led" Transformation of the Patient Experience** – Being "Journey Led" means to analyze what happens during the entire patient experience, across multiple events or touch points in the customer service process. This means not only analyzing each individual call, but analyzing the complete customer experience across all interactions with our call center. This will be accomplished through advanced search strings that tie key data together across experiences.
- **Measuring "Prosody"** – Prosody is the acoustic emotion of a call based on audio signals. Prosody will allow the system to align audio signals with text to measure the true sentiment, mood, or tone of a call. These measures will be indicators of how the patient truly "feels" on the call.

"What is the #1 driver in customer satisfaction? The answer is... RESOLUTION."

Conference keynote speaker, Don Peppers, posed a fantastic question to the group, "What is the #1 driver of customer satisfaction?" The answer is..... RESOLUTION.

Resolution can be first call resolution, this can be the final resolution of the obstacle that was preventing the patient from paying, this can be helping to answer insurance questions or making a three way call to an insurance company with the patient, or any other number of ways to resolve an account.

I was glad to hear we are on track for high customer satisfaction as we are already measuring first call resolution in our scorecards and the use of resolution language on patient calls. Going forward, we will continue to use this resolution verbiage in our training processes and ensure we are getting key client and account information to our agents as they drive for first all resolution.

Our goal is first call resolution with 80% or greater of our patient calls and I am pleased to report that we are exceeding that goal today! With the expansion of our speech analytics technology, we know we can get to 85% or 90% in 2015!



CONGRATULATIONS TOM HAAG!
FOR BEING NAMED ONE
OF COLLECTION ADVISOR'S **WHO'S WHO IN COLLECTIONS**



GROWING OUR LEADERSHIP TEAM

—Mark Neill, Director of Production



These are exciting times at State Collection Service. If you haven't already noticed, we are growing. We experienced an 11% growth rate in 2013 and are projecting to have grown by another 37% by the end of this year. We are adding new clients, increasing our market share with existing clients, gaining new employees in all areas of the company, opening new offices and expanding current offices – all of this growth makes the need for leaders more important than ever before. Having leaders ready and willing to grow with us is vital and will be paramount going into the future.

When you promote employees from within, you already know they fit well with the company culture and have a proven performance record. Also, because they already know the company and the culture, they can hit the ground running instead of going through an on boarding process. In fact, research has shown that internally promoted employees perform better than external hires and are less likely to leave their jobs on their own accord. Of course, any newly promoted employee will surely still need some time to adjust to their new position, and may require a moderate amount of skills training to ensure they are equipped to succeed in their new role.

Supporting the growth and development of our staff is important in order to harness as much productivity and success as possible, encouraging motivation and retention, and setting them up for further career advancements. To aid us in our expansion, the Future Leaders program was born. This program is designed for high-potential employees who have demonstrated leadership aptitude and a sincere desire to pursue management as a career. The purpose of the program is to provide participants with a series of training sessions, discussion groups and assignments that will:

- Expose participants to a variety of collection-related disciplines through classroom instruction, panel presentations and required reading
- Establish task and learning objectives that will enhance and expand the participants' existing knowledge base
- Provide participants with monthly feedback on performance and progress relating to program and individual objectives
- Establish a group of trained and experienced collections professionals for consideration in State Collection Service succession and business growth plans

Classes are held once a month, over a six-month period. The training modules include an introduction to leadership basics, team building and development, collection floor management, root cause analysis, and leadership challenges. The program ends with a panel discussion consisting of current managers and supervisors.

We are currently in our second six-month Future Leaders session of 2014. The program has been well-received and highly successful – in fact, as of November 1, nearly 50% of participants have already been promoted. As we look to 2015, we will continue to grow this program and find our next batch of Future Leaders! 🍀



EXPANDING OUR COMMUNITY INVOLVEMENT

—Judy Gray, Chief Human Resources Officer

As State Collection Service expands and continues to grow, our employees bring with them a diversity of experiences, perspectives, and community pride and responsibility. State Collection Service is proud of its positive and continuing contributions to the communities in which we live and work.

All of our locations support community organizations, and many of our employees generously donate their time and energy to those organizations. Each month we hold fundraisers that support local charities. We have supported local food pantries with monetary donations and food drives. We have supported children in our communities by providing school supplies and backpacks. We support our military “heroes” by contributing to Wounded Warriors. We honor our employees and family members who are bravely battling breast cancer by supporting Susan G. Komen charities.



Community involvement is an important value to the State Collection Service family, and the esprit de corps that we derive from our collective giving is one of the foundations of our company culture.

As we reach the end of 2014, the State Collection Service family will continue to think of ways to help and serve our communities in 2015 and beyond. ✿



Throughout October staff did their part to support Breast Cancer Awareness Month by wearing pink every Monday and Wednesday.

Through the sales of wristbands and raffle tickets, State Collection Service staff made a donation to the Susan G. Komen foundation at the end of the month.

Right: Members of the Madison office staff, donned in pink, showing support of breast cancer research and awareness.





HOW VULNERABLE IS YOUR HOSPITAL'S FEDERAL EXEMPTION

HOSPITAL COMPLIANCE WITH ACA REQUIREMENTS

KEY TO PROTECTING TAX-EXEMPT STATUS

— Mark Rukavina, Principal of Community Health Advisors, LLC

Healthcare Politics in the Post-Election Environment

The 2014 mid-term elections are behind us. Some believe that Republican control of Congress means there will be revisions made to the Affordable Care Act (ACA). The most vocal opponents of the ACA believe that repeal is possible. But repeal is out of the question, at least for the final two years of President Obama's term.

Over the next few years, millions of uninsured Americans will gain coverage. This will make repeal of the ACA even less likely. However, politics will determine whether certain elements of the ACA will be revised. Predicting the future is never easy or certain. But understanding how some requirements of the ACA came to be, helps one assess whether particular provisions of the ACA are in jeopardy under a Republican Congress.



Requirements for Federal Tax Exemption

Included in the ACA was Section 9007. It directed the Internal Revenue Service (IRS) to establish Section 501r of the Internal Revenue Code putting new requirements on hospitals in order for them to maintain tax-exempt status.

The architect of these provisions was Republican Senator Charles Grassley (IA). He has been investigating the pricing, billing and collection practices of non-profit hospitals since 2004. In 2005, he asked selected non-profit hospitals for information on their charitable activities to better understand the community benefit provided in exchange for the federal tax exemption.

The content of a press release issued by Sen Grassley's office in April of this year summarizes his concerns and rationale for insisting that these new provisions be included in the ACA.

Grassley's reforms came after oversight and investigative reviews of nonprofit hospitals revealed troubling practices among some nonprofit hospitals, including providing very little charitable patient care or other community benefits; failing to publicize charitable care to patients; charging indigent, uninsured patients more than insured patients; and using very aggressive collection practices. The Government Accountability Office and others, including the former IRS commissioner, have said for a long time that there is often no discernible difference between the operations of taxable and tax-exempt

Earlier this year, Sen. Grassley requested that the IRS provide an update on the status of a report on the Section 501r provisions that was to have been issued during fiscal year 2012. Given Sen. Grassley's longstanding interest in the issue of community benefit activities of non-profit hospitals, it appears that the Section 501 r provisions will remain in place irrespective of which party controls Congress.

Under Section 501r, hospitals must comply with these requirements and should have conducted at least one community needs assessment and have in place transparent, defensible policies regarding financial assistance (FA), billing/collection, and limitations on charges for FA-eligible patients. As the ACA was passed more than four years ago, non-conforming hospitals run the risk of being scrutinized by regulators and jeopardizing their federal charitable status.

Although final regulations have not yet been issued, the ACA was passed in March of 2010 and hospitals should be able to clearly demonstrate that they meet these requirements. It is the expectation of consumer advocacy organizations that the information required under Section 501r be readily available. And they are watching. This was illustrated in August when two legal service organizations filed a complaint with the IRS and HHS, alleging Jackson Health System failed to meet these requirements. The complaint claims Jackson did not widely publicize its charity care program, subjected uninsured patients to harsh debt collection practices without informing them of available financial assistance, and did not adequately conduct a community health needs assessment.

Publicizing Information

The Affordable Care Act clearly states that the needs assessment must be made widely available to the public and that the above policies must be widely publicized within the community served by the hospital.

The proposed regulations call on hospitals to widely publicize information on their community needs assessments and financial assistance policies and set minimum standards for doing so. The financial assistance policy, an application form and a plain

Continued on page 8



language summary are to be available free of charge. This information, and the assessment, should be posted on the hospital (or health system) website and available in hard copy upon request, free of charge. It is also expected that information on the availability of financial assistance be conspicuously posted in public locations throughout the hospital.

Financial assistance information should also be available in languages other than English if the primary language spoken by limited English proficient populations constitutes more than 10% of the population in the hospital service area. Hospitals are also expected to ensure that they have taken measures to inform community members in need of assistance of their policies.

How Transparent are Hospitals Regarding Section 501r Requirements?

As part of Community Health Advisors' ongoing work related to Section 501r, we recently investigated a random sample of non-profit hospitals for compliance with its requirements. We reviewed hospital websites for information on community needs assessments and financial assistance policies.

The findings from this investigation were surprising, especially given the industry and media attention focused on Section 501r over the past four years.

- The vast majority (87%) of hospital websites provided access to the most recently conducted Community Health Needs Assessment.
- While 87% of hospitals made reference to help being available is patients if had questions on their bills or needed assistance, it was not always clear that the hospital was offering financial assistance for these bills.
- Fewer than half (47%) of the hospitals included links to their financial assistance applications.
- Two in five (40%) hospitals included summaries of their financial assistance policies
- Only 20% of hospitals included their actual financial assistance policy on their website.

Section 501r Compliance

The Section 501r provisions were intended to improve transparency and accountability regarding community benefit activities. The results above raise concerns about whether all non-profit hospitals are complying with the statutory language regarding the measures to be taken to widely publicizing this information.

There is no doubt that hospitals should have formal, written financial assistance and billing/collection policies in place today and that these policies should be made readily available. Hospitals should also have conducted at least one Community Health Needs Assessment and have developed an Implementation Strategy based on the assessment. The bottom line is this – hospitals interested in maintaining their tax-exempt status under federal law must comply with Section 501r requirements.

Community Health Advisors has developed a simple checklist to assist you in assessing whether your policies and practices put your federal tax exemption at risk. Review the attached checklist. If you answer no to four or more questions, you may come under the scrutiny of policymakers or the general public.

In this case, you may want to consider engaging an expert to review your assessment, implementation strategy and your financial assistance and billing/collection policies to ensure that they comply with Section 501r requirements. Community Health Advisors offers hospitals an expert, external review and provides them with feedback on policies and practices. Such feedback could be critical to ensure that policies and practices are clear, defensible, and that they comply with the requirements of Section 501r.

Regardless of how your review is conducted, it is crucial for your hospital to have formal policies that comply with these federal requirements. The federal tax-exemption for your hospital, one of your most valued assets, depends on it.

Mark Rukavina, Principal of Community Health Advisors, LLC, holds an MBA from Babson College and a BS from the University of Massachusetts in Amherst. He has more than 25 years of experience working on healthcare issues. In his current capacity he provides assistance on issues related to financial assistance, billing and collection, and community benefit requirements for tax-exempt healthcare providers. Mark has testified before US Congressional committees, and has published research and policy briefs.

Prior to establishing Community Health Advisors, Mark served as Executive Director of The Access Project a national, non-profit, research and advocacy organization and before that served as Program Director for a hospital/community partnership in Massachusetts under a national demonstration program sponsored by the American Hospital Association's Health Research and Educational Trust.

Mark recently served on the Healthcare Financial Management Association/ACA International Medical Debt Advisory Task Force and the Healthcare Financial Management Association's Price Transparency Task Force. ✎

Section 501r Vulnerability Checklist

Section 501r Vulnerability Checklist				
Vulnerability Audit - Transparency and Accountability				
Checklist Item	Yes	No	Not Sure	Comments
Has your hospital reviewed and revised its Financial Assistance, Billing and Collection Policies since passage of the ACA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your hospital have written Financial Assistance Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is your Financial Assistance Policy posted on your hospital website?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your hospital have policy on providing emergency or medical care regardless of whether qualifying for financial assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your hospital have Plain Language Summary of your Financial Assistance Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is your Plain Language Summary posted on your hospital website?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does your hospital have written Billing and Collection Policy or is your Billing and Collection Policy included as part of your Financial Assistance Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has your hospital conducted a Community Health Needs Assessment in compliance with Section 501(r)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Community Health Needs Assessment posted on your hospital website?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has your hospital developed an Implementation Strategy based on needs identified in the assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is your Implementation Strategy posted on your hospital website?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a governing board approved your Financial Assistance and Billing/collection policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a governing board approved your community health needs assessment and implementation strategy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



EXPANDING PATIENT COMMUNICATION

—Mike Mullins, Senior Sales Executive

Imagine a world without smartphones – for most of us who rely on these gadgets, it is nearly impossible to do. We browse the internet, shop, text, talk, email, take pictures, play games, listen to music, and much more using these devices. Then consider how many other gadgets are being replaced by your smartphone – alarm clocks, cameras, GPS devices, radios and mp3 players, and yes, even traditional phones.

Moreover, phone conversation itself is being rapidly replaced by text and email. Many patients and consumers prefer the convenience of receiving text and email alerts with important information, and the ability to interact with service providers, anytime and anywhere.

To allow patients to communicate with us using whatever method they prefer, State Collection Service has expanded its patient communication efforts to include text notifications and e-statements within our early-out service model.

We recently created a program with a client that manages unpaid copays at the time of service. The patient receives a text message with contact information and a request to call. Those inbound calls are routed to our client-specific team members trained to obtain payment for outstanding co-pays prior to claim adjudication. We expect expanded use of patient text notification with this client engagement, and with other clients in the future. Increased convenience for the patient results in increased contacts and decreased days of outstanding payments.

We are also expanding our email communication channels. State Collection Service has implemented the use of e-notices that let patients know that their statements can be viewed online. The statement viewing portal allows patients to indicate how they would prefer to receive their statements, by email or postal mail, as well as view previous statements and make payments.

Our goal is to improve the overall patient experience by improving our interactions. An important part of that effort is to keep up with the times and create better ways to communicate with patients. If communicating electronically is something you are interested in discussing further, contact us at (800) 477-7474 or sales@stcol.com. 🌟



The WOW Award was created to recognize those employees who go above and beyond in their role, providing a great example for those around them and making us all stop and say, "WOW!"

A patient received such high quality service from our collector that he went on our website to submit a compliment:

"I wanted to be sure that I contacted you to let you know what a pleasure it has been to work with [one of your collectors]...She is very easy to speak with and helped me handle the collection issue calmly. No one likes to be in this collection situation, so it is very assuring to have a helpful person on the other end [of the line]. Thank you!"



Above: James Reed (Supervisor, Beloit) and Leanna Stenberg (Collections, Beloit)



A CONNECTED PORTAL EXPERIENCE: BETTER FOR YOU, BETTER FOR THE PATIENT

—Steve Beard, Chief Business Development Officer

Effective communication between healthcare organizations and their patients is more challenging than ever - and the stakes are higher. Two factors in particular have heightened the importance of streamlining patient communication channels:

- **Self-pay as a percentage of revenue** is on the rise, and many providers have seen their billing-related costs and accounts receivables levels increase – a growing risk to the bottom line.
- **Meaningful use incentives** require that providers not only offer an online portal for patients to access their medical records, but a minimum of 5 percent must actually use it.



Increased electronic engagement between healthcare providers and patients provides significant opportunities for improving revenue cycle metrics and encouraging patients to access EHRs in order to meet meaningful use requirements. Providing a single login to access both payment tools and EHR information not only boosts the financial benefits, it improves the patient experience.

Improve Revenue Cycle Metrics

Online payment portals alone can help improve revenue cycle metrics by reducing billing-related costs and accelerating payments. Apex Information Technologies, one of our patient statement partners, reports that 90% of all online payments made through their online portals are made before the due date. And patients who pay online are more likely to enroll in electronic statement delivery, improving communications.

Impact Meaningful Use

Because many patients prefer to view statements and make payments online, providers can leverage the popularity of online payments to help drive traffic to electronic records. In some cases, that additional traffic could make the difference in whether a provider qualifies for meaningful use incentive pay. Users of Epic's MyChart, for example, can now gain access to Apex billing and reporting solutions directly from MyChart, without having to recall and enter yet another user name and password. As a result, 19% of online payments are completed by patients through the integrated patient portal account.

Deliver a Better Patient Experience

Streamlining access points for the patient means less to remember, less time commitment, and better visibility to the information they need to manage their healthcare. In addition to medical records, patients have access to past statements and payment history all in one place. Patients can self-serve to resolve billing-related questions, which may eliminate another touch-point with the call center or billing staff. When patients do call, visibility to information online helps to resolve calls faster.

For a quick results with sustained returns, establish an online patient payment portal that is seamlessly integrated with your EHR system. Integration provides benefits to support your financial goals today, but also delivers an exceptional customer experience so you can protect patient loyalty for the future. 🚀



In October, State Collection Service helped sponsor Milwaukee's Step Out Walk for Diabetes and a few brave souls weathered the frigid temps to represent State at the 5K.

Way to go!

Pictured: Sheri Reichert (Insurance Discovery Team) and her son, Evan



INVESTING IN PEOPLE AND TECHNOLOGY FOR COMMERCIAL CLAIMS

—Brandi Rudd, Director, Extended Business Office



Anyone with experience in a healthcare business office can understand the impact of slow commercial payers as well as unpaid or denied claims within the revenue cycle. Rebilling, follow-up, and appeals take time and energy away from an already-taxed business office. While you may know State Collection Service as a firm specializing in handling patient self-pay balances (both in the early out and bad debt settings), what you may not know is that we have invested in the people and technology to address issues centered around commercial payers and claims to further assist today's healthcare business office.

A recent investment in Artiva Healthcare enables us to not only phone the payer in an effective manner, but also allows us to submit an electronic inquiry (276) and the status (277). This technology also enables us to track denials and report back to our clients with the results. Denial management is typically associated with "denials after the fact." A denial may be the result of a lower-than-expected reimbursement or no insurance payment at all. Denials may also be the result of various other factors including incomplete or inaccurate insurance information, lack of pre-certification or authorization, diagnoses and procedure coding errors or omissions, or past filing limits submission of claims. Even a lack of meeting medical necessity can result in a denial.

To truly minimize denials, rather than just reacting to them, the revenue cycle leader must understand why claims are denied. By utilizing the information found on the 835 to trend and track the denials at the time of payment posting, we are able to effectively report back to you, the client. Denials may be tracked by category and subcategory to determine the nature of the denial – Clinical or Technical. Codes should then be tracked at the type or CARC code (Claim Adjustment Reason Code) and further refined to be sorted by payer, provider, and biller.

By drilling this far into the denials, you can establish trends. As trends are identified, we can work to determine the root cause of that denial. This information should then be shared throughout the organization to establish processes and training protocols to avoid these denials in the future. Reimbursements generated from successful appeals can be tracked to demonstrate the value of monitoring and working denials. Being aware of the type of denials by payer enables you to take the appropriate action and potentially avoid similar denials going forward.

Sixty-five years of success have taught us that our services must continue to evolve as the needs of our clients grow. Helping manage commercial claims for our healthcare partners is just one of many revenue cycle services we offer. If you would like to receive more information on how we can help with your commercial claims – or any other aspect of your revenue cycle – contact us at (800) 477-7474 or sales@stcol.com today! ✎

Beloit Office Pot Luck Benefits Adopt-A-Family!

November, Beloit's EBO department sponsored a luncheon for the Adopt-a-Family program. With the proceeds from events held in 2013, the Beloit office was able to sponsor two families and provided gift cards to three other families in need.



This year, the team plans to again sponsor two families. They also have the ability to sponsor several more families in need with the money raised from the luncheon.

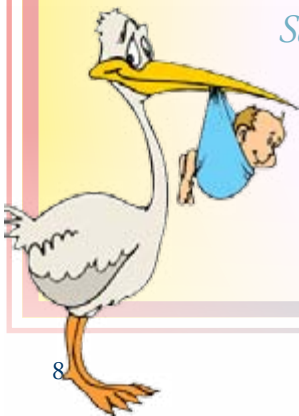




* * The Holidays @ State * *



Oh, Baby!



Roman James, son of Annie Gartner (Client Services, Milwaukee), was born on August 31, weighing 5lbs 12oz.

Eisley Sage, daughter of Erika Powers (EBO Manager, Madison), was born on October 10, weighing 9lbs 15oz, and was 21 inches long.

