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Healthcare Business Insights™

2022 Fall member retreat

Provider and partner innovation lab:
Pre-service as financial clearance and advocacy

Suzanne Droste

Senior Director, Patient Access &
Patient Financial Experience
UW Health

Justin Roepe

Solution Strategist, Commercialization
Waystar

🌐 Respond at **PollEv.com/jericahopkins145** ▦

💬 Text **JERICAHOPKINS145** to **22333** once to join, then **A, B, C, D, or E**

Does your organization offer patients a one-call, pre-service experience for scheduling, financial clearance, financial counseling, estimation, and initial collection?

Yes, for all of those functions — A
Yes, but only for some of those functions — B
No, and do not plan to — C
No, but plan to within 12 months — D
Unsure — E

Learning objectives

Pre-service as financial clearance and advocacy

1. Listen to peers explain how they have worked toward integrated processes, reporting, and structures to ensure patient financial advocacy starts as early as possible

2. Learn from organizations that have been able to shift organizational culture and behavior in a manner that benefits collections outcomes but also improves patient financial literacy and the end-to-end experience

3. Compare strategies, engage in discussion, and ask questions to derive new strategies surrounding your most pressing pre-service challenges

Introducing your first panelist

About the panelist

Suzanne Droste, MBA/MHA

Senior Director, Patient Access &
Financial Experience
UW Health

- In Suzanne's current role she has oversight over financial clearance, registration, admissions, financial counseling, customer service, and self-pay follow-up.

- Over the last few years, Suzanne and her team have seen significant reductions in their no referral/prior auth denials, overwhelming growth in the volume and accuracy of price estimates proactively sent to patients and continued yearly increases in point of service collections.

- Her love for data, technology, cross-functional work, and complex problem solving led her to revenue cycle leadership. She has a special interest in how technology can help us work smarter and more efficiently in healthcare.

Suzanne has an MBA/MHA from the University of Iowa.

She has worked in healthcare for over 10 years, with the last seven being in various revenue cycle leadership roles. Before working in revenue cycle, she held positions in project management, quality & safety, and primary care program management.

UW Health at a glance

UW Health is the integrated health system of the University of Wisconsin-Madison, caring for more than 720,000 patients each year with 1,849 employed physicians and 22,000 employees at eight hospitals and more than 90 clinic locations.

Governed by the UW Hospitals and Clinics Authority in Wisconsin, they partner with the UW School of Medicine and Public Health to fulfill its patient care, research, education and community services missions. UW Health operates 8 hospitals in Wisconsin and Illinois. U.S. News & World Report's Best Hospital in Wisconsin 11 years in a row.

Vision: Remarkable healthcare

Our values: Excellence, Innovation, Compassion, Integrity, Respect, Accountability, Diversity

Organization facts & figures

Clinic locations	90	Employees	22,000
Hospitals	8	Admissions	68,000
Staffed beds	1,551	Outpatient visits	3.2M
Physicians	1,849	Net revenue	$4.3B

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Increasing price estimates and accuracy

- UW Health started a more focused, strategic price estimation project team in January 2021

- This project team was tasked with:
  - **(1)** Increasing the volume of proactive price estimates sent to patients
  - **(2)** Increasing the self-pay accuracy of estimates
  - **(3)** Increasing POS collections through estimated prepayments

- This has been overwhelmingly successful in all 3 goals

- Accomplished through: **Accountability**, **Dedicated weekly goals**, and **Regular data reviews**

Volume: Finalized estimates

Accuracy: Percent of accurate estimates

Front-end payment collections
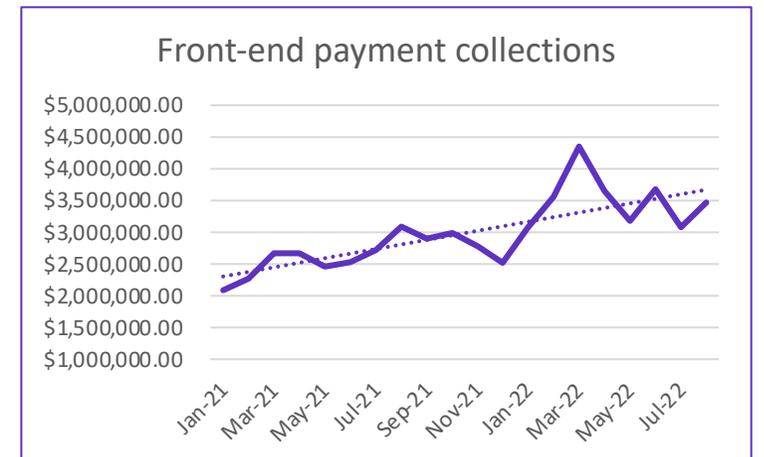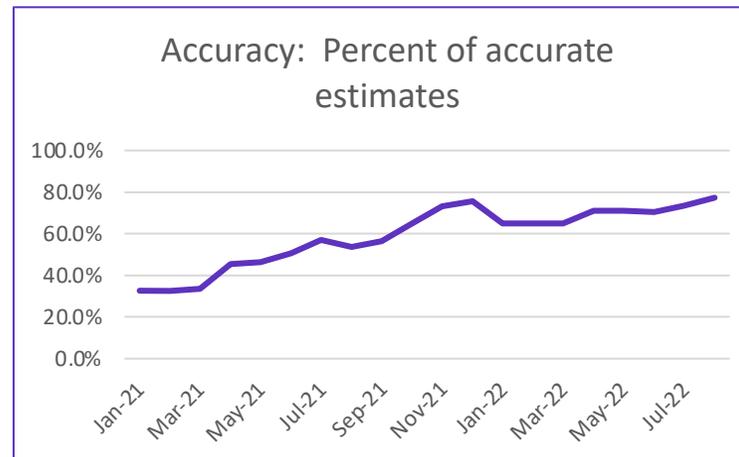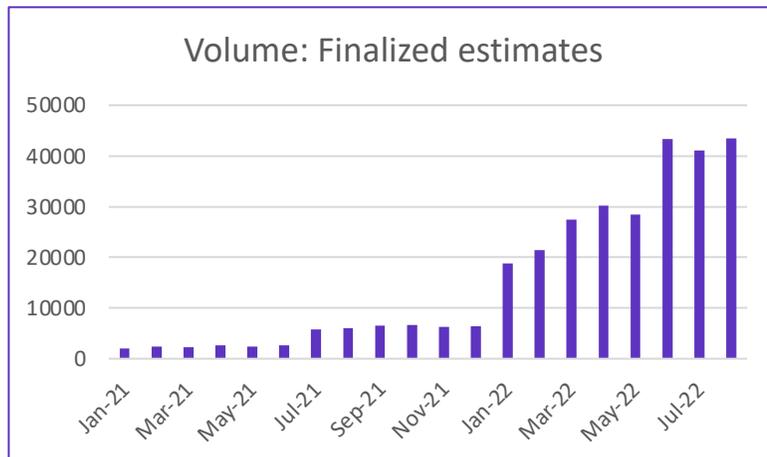
Onto the
next panelist

Our next panelist

Justin Roepe

Patient Access Expert
Waystar

- With nearly 21 years of healthcare experience, Justin has spent most of his time in revenue cycle.

- As a subject matter expertise for front and back-end solutions that are part of the Waystar unified platform, Justin has extensive experience on solutions that leverage Artificial Intelligence, Robotic Process Automation, Crowd Sourcing and Rules Engine technologies that generate increased productivity, accuracy, and cost reductions.

- Prior to Waystar, Mr. Roepe worked for a premier healthcare consulting firm with an emphasis on data intelligence, analytics, revenue cycle, performance improvement and RCM optimization.

- Justin is an active member of the Georgia HFMA chapter and has served in various roles for more than 14 years along with being a board member for two local non-profits.

- He holds a bachelor's and master's degree in Healthcare Administration and is a graduate of Harvard Business Analytics Program, part of Harvard Business School.

A track record solely focused on the revenue cycle

> "We were blown away with the results. Waystar is definitely one of our top vendors."

Atrium Health
80% automated account handling
$4M+ improvement in patient collections

Baptist Health
+13% increase in clean claim rate
$250k+ reduction in annual operating costs

> "We're using Waystar solutions across our entire revenue cycle to maximize payments and boost efficiency."

> "Previously 60-70% of staff time was manually following up on pending accounts. Now the vast majority is automated."

UC Health
340% faster prior authorizations
46% fewer auth-related denials

Happiest clients in the industry
+ Net Promoter Score of 60 (2-3x industry average)
+ 4.8 average client support survey score (out of 5)

100% would buy again
+ 94% say that Waystar does not nickel and dime
+ 96% would recommend Waystar's Clearinghouse

Teams of specialized + dedicated guides
+ Epic Certified
+ CRCR, CHFP, CHAM, PMP certifications

Meaningful impact
where it matters
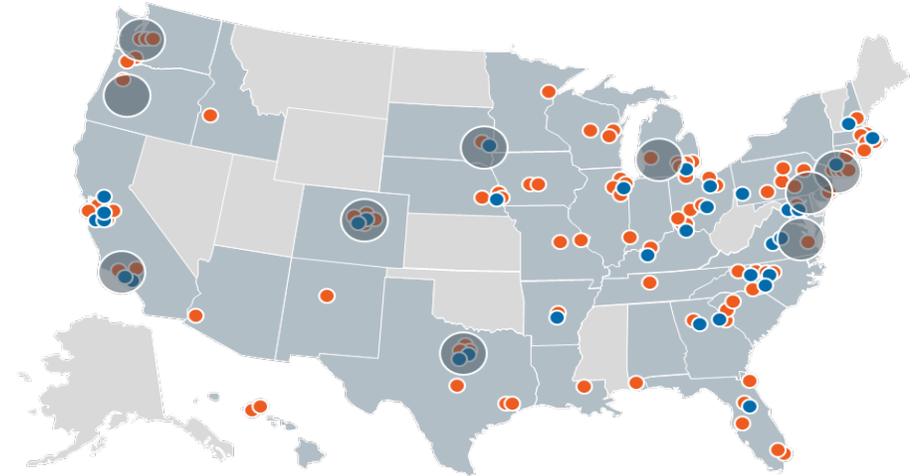
- ● Epic organizations
- ● Academic Medical Centers
- ● Recently joined Waystar platform

16 WINS—AND COUNTING
WAYSTAR
BEST IN KLAS CLAIMS & CLEARINGHOUSE 2022
BEST IN KLAS PATIENT FINANCIAL ENGAGEMENT 2022

BLACK BOOK
Black Book #1 End to End RCM

PEER REVIEWED by HFMA
healthcare financial management association
HFMA Peer Reviewed

BEST HOSPITALS U.S. News 2021-22
14 of Top 20 US News Best Hospitals

WAYSTAR

3 ways to get pre-service right

Financial health **is** patient health

Financial concerns …

<div>

67%

patients worry about
unexpected bills[2]

52%

patients are more stressed
about the billing process
than clinical quality

</div>

<div>

48%

patients have
difficulty understanding
what they owe[3]

44%

Working-age adults
with insurance have
healthcare-related debt[1]

</div>

… become health concerns

<div>

51%

patients skip necessary
medical care due to cost[1]

82%

report that prior
authorization can lead to
treatment abandonment[4]

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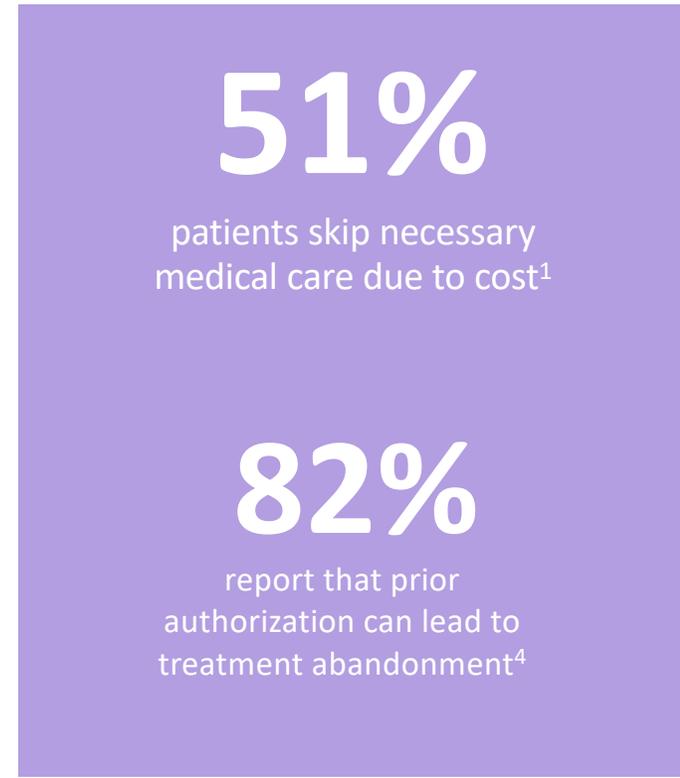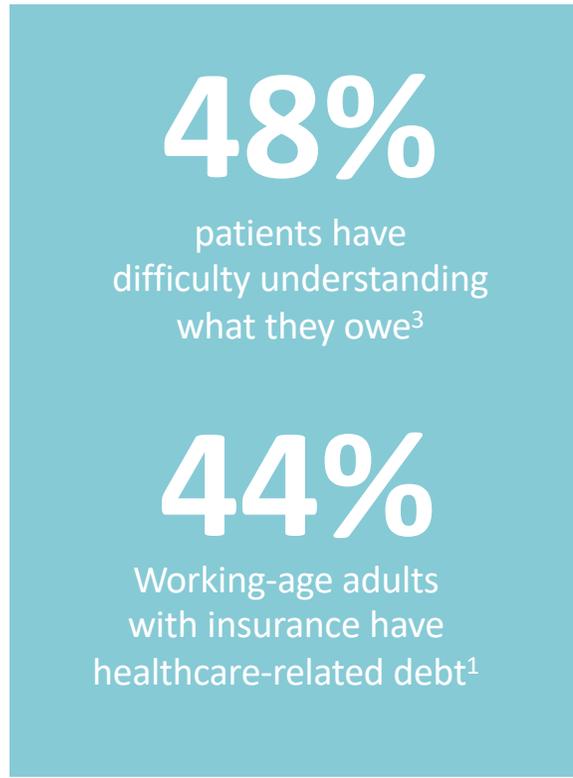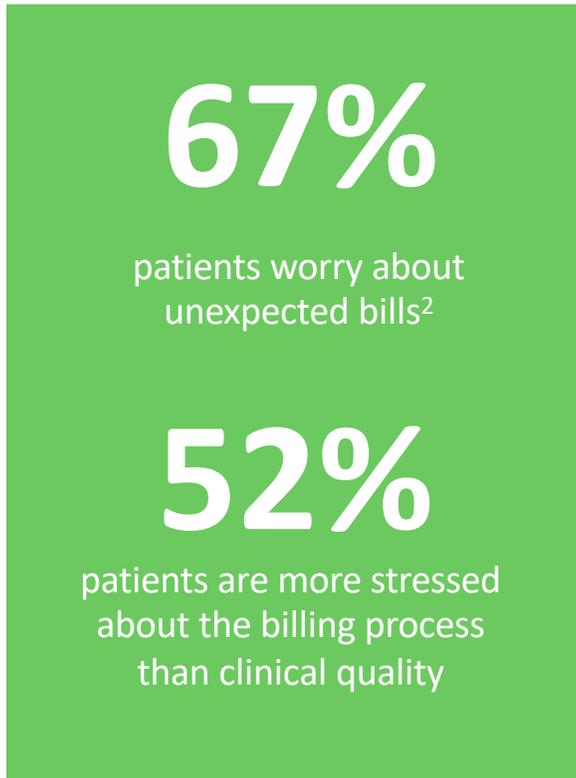
[1] Kaiser Family Foundation
[2] US Bank
[3] TransUnion
4. AMA https://www.ama-assn.org/system/files/prior-authorization-survey.pdf

Goals

For a better "one-stop-shop":

✓ **Enable staff:**
with more time and tools for effective patient conversations

✓ **Eliminate surprises:**
upfront with transparent, accurate, easy to understand estimates

✓ **Implement billing flexibility and identify cases:**
for financial assistance and charity care early

Eliminate surprises

Flexible billing & financial assistance

Enable staff

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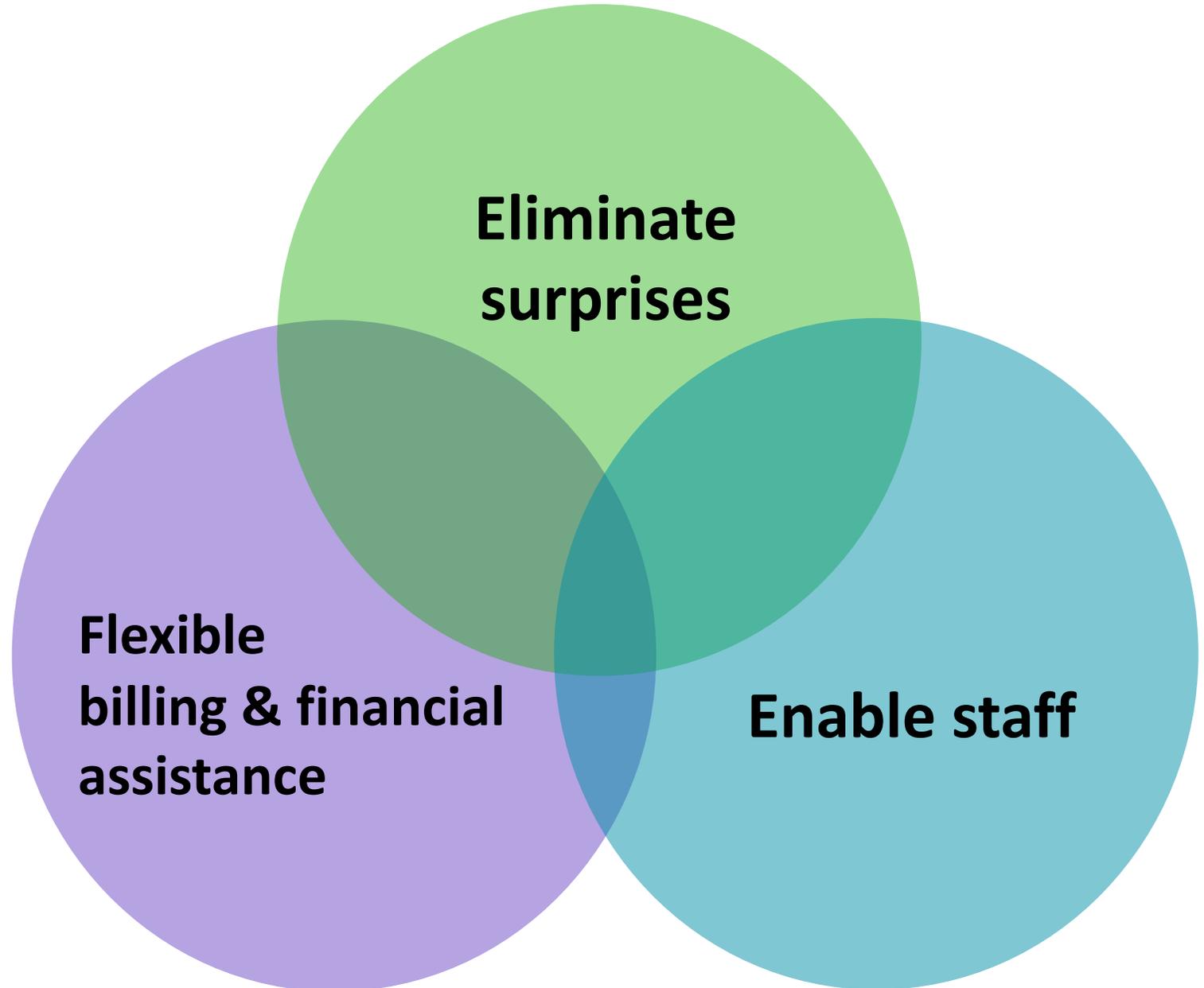
1. Enabling staff with time and tools

Reduce administrative burden for staff and improve face-time with patients

Things to consider:

- **Free staff time** from payer calls and portal hunts so they can direct attention to patients or more complex tasks

- Make sure your technology **surfaces pertinent information to your team** so they can easily understand each patient's situation

- **Create patient segments and workflows** to ensure team members understand the patient beyond their name

UCHealth transformed its processes for financial clearance and prior authorization in preparation for its next phase of growth.

60%
of authorizations automated

340%
faster authorizations

9-day
authorization lead time (auth on file prior to service)

46%
decrease in authorization-related denials

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2. Eliminate surprises

Provide consistent communication, supported with accurate information

Things to consider:

- **Re-frame financial discussions** and empower staff to open the door for dialogue

- **Combine outpatient and inpatient charges** in one estimate

- **Communicate early and often**, throughout the entire patient journey

- Give staff and patients the **accurate information** they need at the right times

- Be **consistent in messaging** and tone across all channels whether it's in person, digital, or paper

- Look to your vendors for **compliance support**

Fostering patient trust and staff satisfaction with NSA

---------- Forwarded message ---------
From: **HHSC Hospital Price Transparency** <Hospital_Price_Transparency@hhs.texas.gov>
Date: Wed, Jul 6, 2022 at 10:24 AM
Subject: RE: [▶] RE: ABC Hospital, Inc., d/b/a/ ABC Hospital, License Number 123456- Pricing Transparency Links 2022- 1 - Response - June 20 2022
To: Smith, Mary <mary.smith@abchosptial.com>

Good morning,

Regarding:

DBA Name	CCN	License #	Address
ABC HOSPITAL	123456	123456	123 HOSPITAL DRIVE

This location is in substantial compliance with Texas Health and Safety Code Chapter X at this time.

Please continue to notify this inbox of any changes including the required annual updates.

Kind regards,

Hospital Price Transparency

Health Care Regulation – Regulatory Services Division

Texas Health and Human Services Commission

Hospitals - General Hospitals | Texas Health and Human Services

3. Billing flexibility and early identification for financial assistance

Ensure payment and plan options are clear to understand and easy to implement

Things to consider for <u>pre-service</u> conversations:

81% of **patients** want to **know the cost** of care prior to the time of service

40% of patients **pay their bills** outside of working hours

64% of Americans live **paycheck-to-paycheck**

30% of **bad debt** should be **re-classified as charity**, on average, across the industry
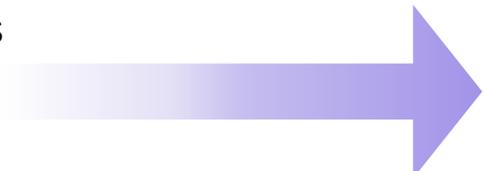
- ✓ Before a patient arrives, present **pre-service estimates** and patient **self-serve payment plans**

- ✓ Avoid surprises down the road with **pre-service digital notifications**

- ✓ Provide ability to **pay on your own time**, 24/7/365, using preferred method

- ✓ On a budget? Review our **flexible, interest-free payment plan options**

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Thank you

Suzanne Droste
UW Health

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