



Panel

A/R Management: Setting the patient and organization up to succeed

2023 Fall member retreat

MODERATOR:

Mitch Ulrich
Executive Vice President

HELP Financial Corporation

PANELISTS:

Rhonda Ridenour
Revenue Cycle Director

Avita Health System

Michael E. Berger
President

M. Berger Consulting Group, LLC

2023 Fall member retreat panel

Your Moderator:



Mitch Ulrich

Executive Vice President

Mitch has worked at HELP Financial Corporation since its inception. He has led the business development team and has worked with hundreds of hospitals, systems and providers across the nation implementing patient engagement and finance programs.

Prior to joining HELP, Mitch worked in the mortgage and lending business and formed his own company specializing in the business development and marketing field.

Mitch holds a BA in Finance and BA in Biology from Albion College.

HELP Financial Corporation at a glance

34 years partnering with providers and their patients

HELP’s Patient Financing Solutions are made up of three key components to provide a patient payment solution from the front-to back-end of the revenue cycle :

- **Credit Line** – Immediate patient approval and funding
- **In-House Plan Reassignment** – Fully funded and managed
- **Pre-Service** – Front-end Patient Engagement Tool

Organization Facts & Figures			
Location	Plymouth, MI	Funded Balances	Over \$2 Billion
Service Area	Nationwide	Guarantors	2 Million
Ownership	Privately Held	Accounts	6 Million
Provider Partners	All Types	Collection Rate	94%

“We strive to create a true business partnership with our provider partners and their patients, cultivating loyalty and satisfaction.”

Mitch Ulrich
Executive Vice President

HELP Financial

2023 Fall member retreat panelists

Our first panelist:



Rhonda Ridenour, CHFP, CRCR

Revenue Cycle Director

After graduating from The Ohio State University with a bachelor's degree in Business Administration, Rhonda started her career as a hospital financial counseling coordinator. She then worked as a patient accounts director at two hospitals before joining a national revenue cycle consulting firm.

As a client service executive, Rhonda led hospital staff and leadership from across the nation through evaluations and process redesigns to realize their ideal, patient-focused revenue cycle model. Yearning to apply these techniques in an organization where she could see the long-term results, Rhonda returned to the provider setting as the Revenue Cycle Director at Avita Health System.

She is honored to direct and lead Avita's scheduling, authorization, registration, financial counseling, customer service, hospital receivable, professional coding, chargemaster, patient receivable, and revenue integrity teams.


Avita Health System at a glance

Avita has a corporate culture of collaboration where the board, medical staff and employees work together to maximize Avita’s mission of improving the health and well-being of those we serve.


Our Values:

- A**ccountable for our actions and attitudes.
- V**alue patients by providing them with exceptional care and honoring their informed healthcare choices.
- I**ntegrity by having a commitment of doing what is right.
- T**eamwork by collaboratively working together.
- A**ccept our leadership responsibility by leading strategically and focusing our resources to maximize Avita’s mission.


Organization Facts & Figures			
Primary service area	Richland and Crawford Counties in Northeast Ohio	Employees	2,000+ staff 130+ physicians / providers
Acute care hospitals	1 PPS and 2 Critical Access	Medical clinics	31 locations outside the hospitals - 11 are RHCs
Staffed IP beds	50 CAH, 10 rehab, 51 PPS	Board governance	Local
Outpatient locations	9 locations in 5 cities	EHR	Epic – Community Connect




AVITA MATERNITY
services




AVITA ONTARIO
SOUTH CAMPUS
Designed for Patient Convenience



Avita *Addiction Recovery*



Robotic-Assisted
BARIATRIC SURGERY



About Life. About You.
The Frontline in Heart Attack Care

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Keys to past success

- **Accurate estimates** delivered pre-service whenever possible
- **Culture** change within Avita
- Patient responsibility **resolution expectations** and options that span the spectrum:
 - Payment in full prior to the scheduled service date by those who can afford to pay
 - Payment plan options for those who can pay but need some extra time
 - Financial assistance for those who are not able to pay for emergency care
- **Balance reminders** beyond printed or electronic statements
- Payment **loan** program
- **Propensity to pay** and **presumptive charity scoring**

"The more you acknowledge your past successes, the more confident you become in taking on and successfully accomplishing new ones."

- Jack Canfield

"Use your past successes as a trampoline, not an easy chair."

- H. Jackson Brown, Jr.

Newer initiatives

You must learn from your past mistakes, but not lean on your past successes. - **Denis Waitley**



Pre-payment loan program

- Bariatric surgery
- Deliveries
- Non-urgent surgeries and testing



Structured financial clearance program

- Uninsured patients
- Underinsured patients
(*estimated patient responsibility >\$5,000*)
- Service deferred until cleared
 - Scheduled
 - Non-emergent
- Non-emergent scheduled services are not eligible for financial assistance



Testing ground for enhanced financial education and pre-service collection

- Focused training for pre-registration team
- Automation testing
- Script refinement
- Preparation for organization-wide training

2023 Fall member retreat panelists

Our second panelist:



Michael E. Berger

President

Michael is currently an independent consultant and was formerly the director of revenue cycle at Saint Peter's University Hospital with management responsibilities for access, financial counseling, hospital/physician accounts receivable, HIM and clinical coding/CDI.

Berger has more than 35 years of experience in senior leadership revenue cycle positions within the provider, consulting, and outsourcing environments. He is currently providing consulting services with HELP Financial Corporation and has additionally provided consulting support for a wide spectrum of providers in 35 states and internationally in Botswana, Africa.

In 2016, Michael added Rutgers University Adjunct Lecturer to his resume, teaching a healthcare issues course in its undergraduate Healthcare Management Program.

M. Berger Consulting Group, LLC at a glance



Provider goals and achievements:

1. Staffing level guidance / resource maximization
2. Operational integration and performance
3. Key Indicator evaluation and improvement planning
4. Cash flow short-term improvement and long-term maximization
5. Vendor evaluation and management
6. Staff training



Vendor goals and achievements:

1. Analytics / Value Proposition development
2. Marketing and Trade Show support
3. Product support and development

The M. Berger Consulting Group, LLC is a boutique firm providing concierge revenue cycle management services to the provider and vendor community.

Our specialized services focus on providing customized services and advice to senior leadership within each organization that will allow them to improve their key **financial and patient/client engagement** performance goals.

Patient financial services and patient engagement

Utilized patient financing to achieve the following:



Positive patient satisfaction/engagement



Reduction in canceled elective procedures via "Pre-Service Program"



Increased patient/guarantor collection rate to **4.1%** of net patient service revenue



Reduced bad debt rates by **30%**



Positive impact on reserves through improvement in A/R aging



Administrative cost reductions

QUESTION #1

PROGRAM SELECTION

In your planning phase for selection of a vendor, what criteria were utilized in reviewing the options:

- Medical credit cards?
- Recourse and non-recourse patient financing vendors?

QUESTION #2

CRITICAL FACTORS

Were any of the following factors critical to you and your CFO?

- **Cost/Budget**
- **Cashflow implications** – Cash collection value of outstanding/future payment plans
- **Impact on A/R** – short-term and long-term
- **Financial Reserves**
- **Patient engagement/satisfaction**

QUESTION #3

RESULTS

What unintended benefits resulted from implementing the HELP program?

- The level of collections vs. what was collected internally
- Short-term improvement in bad debt levels
- Increase in payment plans
 - Marketing to self-pay patients
- Impact of pre-service program on service volumes by integrating into scheduling and financial verification
 - Hearing aides, elective procedures, and physician satisfaction

QUESTION #4

MEASURING SUCCESS

How did you measure patient satisfaction outside of complaints?

Was the level of patient account add-ons a viable criterion or was it solely based on the number of defaulted accounts?

QUESTION #5

DOES IT FIT?

Rhonda – You have multiple facilities, *did the program work across locales, service volumes and bed sizes?*

Michael – Your facility was a Faith-Based University Health System in a suburban setting. *Were there any unique factors to consider relating to this type of facility?*



Thank you

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