Weill Cornell Medicine:
Self Pay Collections Optimization

Allison B. McCullough
Revenue Cycle Administrator
Customer Service and Self Pay Collections
Background on the Physician Organization

Founded in 1898 as the Medical College of Cornell University. Affiliated with New York-Presbyterian Hospital in 1927

Federation of 22 clinical departments and centers

Comprised of over 1,300 full-time clinical faculty members
Agenda

• Revenue Cycle Enhancements
• Aligning workforce with technology
• Future Optimization & Automation
Since Installation, we have upgraded software versions 3 times, each introducing new system enhancements and reporting tools.
Self Pay Optimization Results

- Collections Optimization: Collection Lift $3.7M
- Coverage Discovery: Gross Revenue Projection of $1M
- Return Mail Workflow: 1.4 FTE Savings
- 71% Call Time Reduction Since EPIC Go-Live; Decreased additional 15% (30 seconds) since Self Pay Optimization
Enhancements to Revenue Cycle
Customer Service - Consolidated Statement

Separate Statements per physician and department - Pre Epic

- Patients received separate statements from each physician or by clinical department.
- 1 issue = many redundant resolutions
- Call time was high per patient
- Patients unsatisfied with process

Consolidated Statement - on EPIC

- Patients 1 statement for all departments.
- 1 issue = 1 fast resolution
- Increased patient satisfaction
- Much faster call time
Enhancements to Revenue Cycle
Consolidated Statement effect significantly lowers call time

Since 2013, call volume increased 32%, with no additional staff hired

168,948 calls answered
WCM’s Decision to Score and Segment Patient Accounts

Challenges WCM faced prior segmenting and scoring patient accounts:

- Customer Service team was previously unable to determine patient’s propensity to pay and unaware of patient need at time of customer service call

- Increase in aged self pay AR coupled with team was not working as efficiently as possible

- Charity Care decisions were reliant upon coordination with New York Presbyterian Hospital financial services, a separate legal entity

- Payment plan options were rigid
WCM partnership with Experian Health to optimize Self Pay Collections

- Experian Health scores all Self Pay Accounts – balances aged 15 days
- Data returned into EPIC
  - Segmentation Score (Propensity to Pay)
  - FPL (Federal Poverty Level)
  - Updated Addresses
  - Bankruptcy Status
  - Deceased Status
Implementation of Experian Health Data into EPIC:

- A weekly AR file is sent from WCM to Experian Health
- Experian Health scrubs AR file (72 hour turn around time)
- Experian Health returns data points in several files that are automatically downloaded into EPIC
- WCM used Experian Health data points to drive new workflows
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Project Timeline:

AR File - EPIC
- PB: 12-14-2014
- Additional business rules/Updated PB File: 04-2015
- *Kickoff: 07-23-2014

Screening
- Triggers: 02-13-2015
- Bankruptcy: 08-10-2015
- Deceased: 12-21-2015
- Coverage Discovery: 11-2014

Segmentation
- Delivered: 01-26-2015

Return Mail
- Delivered: 12-27-2015
Coverage Discovery is an Experian Health tool that was implemented in November 2014.

WCM sends a weekly file of qualifying accounts to Experian Health to search for active insurance coverage.

A file is returned that is auto-loaded into EPIC and populates a workqueue for Customer Service to add active coverages.

Experian Health searches for active coverage with both commercial and government programs; including Medicare, Medicaid, Blue Shield, United Health, Oxford Health, Cigna, Aetna and other payers.
### Coverage Discovery Results January 2015 – June 2016

<table>
<thead>
<tr>
<th>Payor</th>
<th>Insurance Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York Medicaid</td>
<td>4,743</td>
</tr>
<tr>
<td>Medicare A and B</td>
<td>3,013</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>2,508</td>
</tr>
<tr>
<td>Empire Blue Cross Blue Shield</td>
<td>1,516</td>
</tr>
<tr>
<td>CIGNA</td>
<td>657</td>
</tr>
<tr>
<td>Oxford Health Plan</td>
<td>562</td>
</tr>
<tr>
<td>Amerigroup</td>
<td>307</td>
</tr>
<tr>
<td>Horizon NJ Health</td>
<td>66</td>
</tr>
<tr>
<td>UnitedHealth Community Plan</td>
<td>45</td>
</tr>
<tr>
<td>Affinity Health Plan</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total (Top 10):</strong></td>
<td><strong>13455</strong></td>
</tr>
<tr>
<td><strong>Other Payor:</strong></td>
<td><strong>166</strong></td>
</tr>
<tr>
<td><strong>Grand Total:</strong></td>
<td><strong>13621</strong></td>
</tr>
</tbody>
</table>
Epic Revenue Cycle Tools

Segmentation and FPL scores are present in all account work queues

- A weekly automated job occurs to “score” self pay accounts and auto-populate the information back into EPIC.

- Segmentation is a predictive scoring algorithm that creates weighted scores to illustrate payment probability. Segmentation is based on a scale of 1 – 5, with 1 being the most likely to pay.
  - Segmentation 1 means "high propensity to pay, low balance."
  - Segmentation 2 means "high propensity to pay, larger balance."
  - Segmentation 3 means "medium propensity to pay, large balance."
  - Segmentation 4 and 5 mean "low to no propensity to pay, large balance."

- FPL (Federal Poverty Level) is used to determine Charity Care adjustments.

- Customer Service outbound call workflows are now organized by Segmentation Scores for outbound calls
Epic Revenue Cycle Tools
Segmentation

![Epic Revenue Cycle Tools Screenshot](image-url)
### Epic Revenue Cycle Tools

#### Segmentation

We have integrated Experian Health software directly into Epic to serve as a tool that helps us identify a patient’s ability to pay. Segmentation is based on a scale of 1 – 5, with 1 being the most likely to pay.

<table>
<thead>
<tr>
<th>Segment</th>
<th>Propensity to pay</th>
<th>Balance</th>
<th>%</th>
<th>Recovery Rate</th>
<th>Team Focus for patient collections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>Low</td>
<td>16.92%</td>
<td>82.62%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>High</td>
<td>Large</td>
<td>29.38%</td>
<td>55.21%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Medium</td>
<td>Large</td>
<td>26.79%</td>
<td>22.73%</td>
<td></td>
</tr>
<tr>
<td>4 &amp; 5</td>
<td>Low</td>
<td>Low</td>
<td>26.91%</td>
<td>14.15%</td>
<td></td>
</tr>
</tbody>
</table>

As segmentation scores are included in Epic, Customer Service staff have more informed conversations when speaking with patients.
### Epic Revenue Cycle Tools
#### Segmentation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Segment</strong></td>
<td><strong>Volume</strong></td>
<td><strong>Recovery</strong></td>
</tr>
<tr>
<td>1</td>
<td>19%</td>
<td>75-85%</td>
</tr>
<tr>
<td>2</td>
<td>23%</td>
<td>35-45%</td>
</tr>
<tr>
<td>3</td>
<td>23%</td>
<td>15-25%</td>
</tr>
<tr>
<td>4</td>
<td>21%</td>
<td>5-15%</td>
</tr>
<tr>
<td>5</td>
<td>14%</td>
<td>5-5%</td>
</tr>
</tbody>
</table>
• Return Mail, Deceased and Bankruptcy data points are used to set new account statuses.
• These new account statuses are used to drive accounts to WQs for staff resolution or expedite accounts to collection agencies.
Epic Revenue Cycle Tools
Return Mail

- Account Statuses on Patient accounts drive automated workflows to push accounts to workqueues for manual review or flag for weekly write off to the collection agency.

- Return Mail Statuses
  - New (Experian Health returns new address) – pushes accounts to WQ for team to review and confirm
  - Improved (Minor address change – apt #, ST. vs. Blvd. etc) – address auto-updated in EPIC
  - Exact Match (Experian Health returns same address on file in EPIC) – pushes account to collection agency
  - X (No Information Found) – Experian Health unable to find any information - pushes account to collection agency
Return Mail

RETURN MAIL STATUS UPDATES

- No Match: 40%
- New: 32%
- Improved: 8%
- Equal: 20%
- Invalid: 0%
Epic Revenue Cycle Tools
Immediate Results

- Within first 6 months of utilization of Experian:
  - Increased unit yield from $82.88 to $83.35
  - Increased collection of $565K

- Increased satisfaction of EPIC end users
  - Team can immediately identify a patient’s propensity to pay at time of call.
  - Ability to target accounts for outbound calls has been successful. Ability to offer Charity Care discounts during patient calls

- More reporting capabilities to discuss Self Pay AR with clinical specialties with MyReports and Cognos
Epic Revenue Cycle Tools
Performance Management: Collection Agencies

- Agency Reconciliation – 8 Reports
- Agency Performance Reporting – 14 Reports
- Collection Efforts – Benchmark Agencies against Experian benchmark

Weill Cornell Medicine Agency Benchmark

<table>
<thead>
<tr>
<th>Agency</th>
<th>Placement Amount</th>
<th>% of Accounts</th>
<th>Unit Yield</th>
<th>Avg Amount Placed</th>
<th>Recovery Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>Placement &lt; $100</td>
<td>70.33%</td>
<td>$3.98</td>
<td>$56.75</td>
<td>14.88%</td>
</tr>
<tr>
<td></td>
<td>Placement $100-$1,000</td>
<td>27.72%</td>
<td>$32.15</td>
<td>$276.20</td>
<td>11.64%</td>
</tr>
<tr>
<td></td>
<td>Placement &gt; $1,000</td>
<td>1.95%</td>
<td>$175.10</td>
<td>$2,777.84</td>
<td>6.30%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.00%</td>
<td>$15.13</td>
<td>$149.54</td>
<td>10.12%</td>
</tr>
<tr>
<td>Agency 1</td>
<td>Placement &lt; $100</td>
<td>66.68%</td>
<td>$7.60</td>
<td>$27.14</td>
<td>28.02%</td>
</tr>
<tr>
<td></td>
<td>Placement $100-$1,000</td>
<td>31.58%</td>
<td>$50.82</td>
<td>$273.37</td>
<td>18.59%</td>
</tr>
<tr>
<td></td>
<td>Placement &gt; $1,000</td>
<td>1.74%</td>
<td>$278.80</td>
<td>$3,445.55</td>
<td>8.09%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.00%</td>
<td>$25.97</td>
<td>$164.32</td>
<td>15.80%</td>
</tr>
<tr>
<td>Agency 2</td>
<td>Placement &lt; $100</td>
<td>67.39%</td>
<td>$7.99</td>
<td>$26.62</td>
<td>30.00%</td>
</tr>
<tr>
<td></td>
<td>Placement $100-$1,000</td>
<td>30.90%</td>
<td>$55.96</td>
<td>$273.36</td>
<td>20.47%</td>
</tr>
<tr>
<td></td>
<td>Placement &gt; $1,000</td>
<td>1.71%</td>
<td>$313.06</td>
<td>$3,483.45</td>
<td>8.99%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100.00%</td>
<td>$28.03</td>
<td>$162.00</td>
<td>15.80%</td>
</tr>
</tbody>
</table>
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Next Steps

Long Term Goals

- **Automated Charity Care** – adjustments made prior to a patient receiving final notice statement

- **Auto dialers** – implementing an automatic dialer to increase outbound call campaigns
  - Import call results into EPIC
  - IVR Payment Option
• WCM plans to make modifications to the Financial Assistance program to make a more consistent and seamless process with the New York Presbyterian Hospital.

• WCM will use information and the tools from Experian Health to assist in qualifying patients for charity care and assistance.

• Data received from Experian Health will assist the WCM in identifying patients with a low propensity to pay and %FPL

<table>
<thead>
<tr>
<th>Segmentation</th>
<th>% of Accounts</th>
<th>Recovery Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segment 4</td>
<td>17.33%</td>
<td>10.85%</td>
</tr>
<tr>
<td>Segment 5</td>
<td>5.62%</td>
<td>6.33%</td>
</tr>
</tbody>
</table>
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Questions

Contact Information:
Allison McCullough alb2057@med.cornell.edu