Patient Friendly Billing
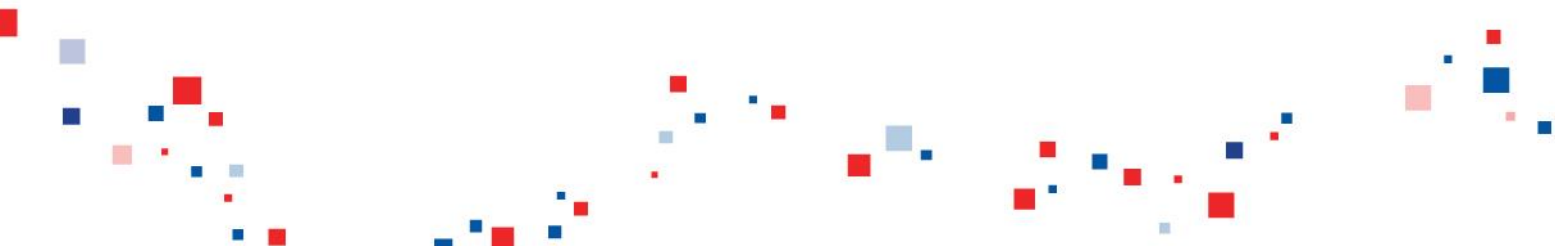
Oregon HFMA Spring Meeting

May 19, 2016

Our legacy is yours.

Patient Friendly Billing Group Charge

Identify best practices for providing, upon request, good faith estimates for self-pay and out-of-network patients.

LEGACY
HEALTH

EMANUEL Medical Center   **GOOD SAMARITAN** Medical Center   **MERIDIAN PARK** Medical Center   **MOUNT HOOD** Medical Center   **SALMON CREEK** Medical Center

May 17, 2016   **RANDALL CHILDREN'S HOSPITAL** Legacy Emanuel   **LEGACY MEDICAL GROUP**   **LEGACY LABORATORY**   **LEGACY RESEARCH**   LEGACY HOSPICE

Recommendations For Providing Good Faith Estimates

- Tier 1
  - > Meets the primary charge of the PFBG as set forth by the Board
  - > Achievable by all hospitals with their current resources

- Tier 2
  - > Hospitals should aspire to achieve Tier 2 standards
  - > May require software or sophisticated internal analytics

Tier 1 Standards

- Hospitals should provide (verbal and/or written) estimates to self-pay and out of network patients

- Estimates should be provided upon request for all scheduled services (i.e. not emergency care) excluding lab or radiology

- The estimates should include all applicable disclaimers regarding services not included in the estimate, potential for out-of-network charges, and reliance on stated benefits

- The availability of financial assistance should be communicated to patients

- The timing of the estimate should be communicated to patients at the time of request

Tier 2 Standards

- Hospitals should provide (verbal an/or written) estimates to all patients upon request

- The estimate should include all applicable disclaimers

- The availability of financial assistance and where the financial assistance policy is located on the hospital's website should be communicated to patients

- Estimates should be provided for all scheduled services
  - > Insured patient estimates should reflect expected out-of-pocket liability. Hospitals should work with insurers to provide information

Commitment to Adopt Patient Friendly Billing Practices

- Request for the hospital CEO to pledge their facilities will adopt and comply with Patient Friendly Billing standards recommended by OAHHS by or before December 31, 2015

Commitment to Adopt Patient Friendly Billing Practices

- **Provide good faith estimates to self-pay and out-of-network patients** upon request for all scheduled services including lab or radiology

- **Provide applicable disclaimers with estimates including, at minimum, reference to the fact that some services may not be included** in the estimate, notice of the potential for out-of-network charges, and reliance on the accuracy of stated benefits

- Based on the applicability of financial assistance, **provide availability of financial assistance** and **location of financial assistance information** on the hospitals' website is communicated to patients at the time of the estimate

- Estimates are **provided within three business days** of receiving all applicable information

Secret Shopping for Compliance

- OAHHS called the hospital operator for each facility to determine if the operator was able to transfer her to the correct area to provide and estimate

- After transfer to appropriate area for each facility, OAHHS spoke with the Provider representative to determine if the hospital who attested to adopting Patient Friendly Billing Best Practices were in compliance with all Tier 1 standards/metrics

Secret Shopper Metrics

- Number of transfers from the main line

- Receipt of a good faith estimate

- Information regarding financial assistance policy

- Time to receive estimate

- Evaluated on a scale of Yes, No, and "Yes, but…"

- Inclusion of disclaimers
  - Reference to the fact that some services may not be included in the estimate
  - Notice of potential for out-of-network charges
  - Reliance on accuracy of stated benefits

Legacy's OAHHS Patient Friendly Billing Secret Shopper Survey Results

- Provision of Estimate and Disclaimers

Provision of Estimate	Yes/No	Met Tier 1 standard	Notes
Was an estimate provided to a self-pay or out-of-network patient upon request?	Yes	Yes	Estimate was provided during the phone call.

Disclaimers	Yes/No	Met Tier 1 standard	Notes
Were the following disclaimers provided at the time of the estimate?			
Reference to the fact that some services may not be included in the estimate	Yes	Yes	Caller was told that the estimate was for hospital charges only "and stuff like that."
Notice of the potential for out-of-network charges	Yes	Yes	Dislaimer language was stated, but mostly implied.
Reliance on the accuracy of stated benefits	Yes	Yes	Dislaimer language was stated, but mostly implied.

Legacy's OAHHS Patient Friendly Billing Secret Shopper Survey Results

- Financial Assistance and Time to Provide Estimate

Financial Assistance	Yes/No	Met Tier 1 standard	Notes
Was it communicated that financial assistance is available?	Yes	Yes	*This was communicated to the Caller without prompting.*
Was it communicated how to obtain more information on financial assistance?	No	No	*Caller was not told how or where to find additional information on financial assistance, but did tell Caller that they may be eligible for the Oregon Health Plan.*

Time to Provide Estimate	Time	Met Tier 1 standard	Notes
Length of time to provide estimate	Immediate	Yes	*Estimate was provided at the time of the call.*

Legacy's OAHHS Patient Friendly Billing Secret Shopper Survey Results

Summary Notes

- Caller called the main line and asked for a price estimate for a procedure.
- Operator asked if they already had an appointment for the service and because they did not, Caller was transferred to the customer service line.
- Caller was asked for the CPT code for the procedure and what facility they would likely be receiving services at. At that time, the Caller was provided with an average price estimate.
- The person the Caller spoke with was generally very helpful, but the information provided seemed incomplete. For example, the disclaimer language was more implicit than standardized.
- As well, it was mentioned that Legacy can provide financial assistance, but not how to obtain more information.

Legacy's OAHHS Patient Friendly Billing Secret Shopper Survey Results

Because all billing and estimate calls for your health system are routed to a central location, one individual hospital was initially called directly and the Secret Shopper process was completed in full during this call. To gather a complete understanding of how all the individual hospitals in your system handle calls about estimates, the individual hospitals were each contacted using the same initial script; however calls were ended once the reached the appropriate department.

Legacy Good Samaritan Medical Center

		Notes
Phone # called	503-413-7711	Caller was appropriately transferred.
Date of call	3/3/2016	
Number to transfers	1	

Legacy Meridian Park Medical Center

Phone # called	503-692-1212	Operator was friendly and told Caller to which department they were being transferred before doing so.
Date of call	3/2/2016	
Number to transfers	1	

Legacy Mount Hood Medical Center

Phone # called	503-674-1122	Operator was friendly and told Caller to which department they were being transferred before doing so.
Date of call	2/16/2016	
Number to transfers	1	

Legacy's Immediate Actions upon Receipt of Survey Results

- Results were shared with Legacy Senior Leadership including the CEO and CFO.

- Results were shared with individual hospital leadership teams including Chief Administrative Officers

- Results were shared with management team responsible for providing estimates and all members of the revenue cycle leadership team

- Results were shared with all teams included in the process (Operators, Customer Service, etc) and results discussed

Legacy's Additional Action and Next Steps

- Internal Secret Shopping

    - > We created our own script and had employees call from an unidentified number, to different access points to ensure they were able to get the information needed for a procedure

    - > Conducted calls, soliciting feedback from multiple departments

    - > Reviewed results with individuals, both positive and negative

    - > Provided additional education to improve

    - > Will continue to randomly conduct secret shopper calls, after 100% of the Tier 1 and Tier 2 Best Practices are implemented to ensure the best possible experience for our patients

Lessons Learned

- Staff need continued practice providing estimates to ensure all best practices are in place at all times

- Ensure all new employees are trained and audits in place

- Created different scenarios each week for the group to discuss at a huddle, to ensure skills are current

- Continue to provide feedback and offer assistance to team members who are uncomfortable and need more training

- Staff may feel some of the information they provide should be obvious, however it may not be to our patients (example-where to go for financial assistance, just stating we have financial assistance is not helpful to the patient)

Additional Resources-Estimates Check List

Estimates Checklist	
Scheduled or Unscheduled?	Check Epic. If you find an account for this procedure - transfer to Pre-registration at x35300. If no account, continue with your "shopper estimate".
Does the patient have insurance coverage?	If so, does the patient know their benefits? If we know this is an OON coverage , you may run as self-pay. Enter as much information in as you can with regards to insurance.
CPT or no CPT?	If the patient does NOT have a CPT code, do your best to locate one with the information you have. Google is your friend and don't be afraid to offer a call back if necessary.
Did you verify the CPT?	Read back the CPT to the patient to ensure you are giving an estimate for the correct CPT given.
Estimate	Do your best to provide caller with an estimate. Advise that estimate is just an estimate and may change if services performed differ from estimate given.
Advise of potential for OON (Even if OON – provide the patient with an estimate using self-pay)	Whether the insurance is IN or OUT of network, provide the TIN of the chosen facility and advise patient of the potential that either the facility or the procedure itself could be non-covered based on the patient's benefits. Encourage patient to call insurance company to check.
Advise that estimate covers ONLY hospital charges (physician bills will be separate)	"Physicians" can include but are not limited to: • Anesthesiologist • Pathologist • Surgeon • Radiologist • ER Physician Provide them with the name and phone number of the billing service for potential physicians based on procedure.
Discuss Financial Assistance and other payment options	Ask the patient if they would like more information about Financial Assistance.
Discuss where to find the FA application	Direct patient to legacyhealth.org for more information on our financial assistance program and/or offer to screen and mail an application.

Additional Resources- Oregon Hospital Guide

Oregon
HOSPITAL GUIDE

HOSPITALS BY MEASURE   COMPARE HOSPITALS (0)

FIND A HOSPITAL   ABOUT THE GUIDE   UNDERSTANDING THE DATA

<< Back to Search Results

PRINT PAGE   SAVE & COMPARE

LEGACY EMANUEL MEDICAL CENTER   DIRECTIONS

EMANUEL MEDICAL CENTER
LEGACY HEALTH

2801 N Gantenbein Avenue   (503) 413-2200
Portland, OR 97227   www.legacyhealth.org
Multnomah County

QUALITY

TYPE: Diagnosis-related Group (DRG)
OWNER: Voluntary non-profit - Private

FINANCIAL & UTILIZATION

FINANCIAL & UTILIZATION DATA

The financial data provided by ORHospitalGuide.org allows you to compare and contrast the financial data of Oregon hospitals such as operating margins, charity care, and gross patient revenue, as well as others. Utilization data allows you to see the usage patterns and capacities of each individual hospital--with data points like staffed beds, occupancy rate, and inpatient discharges, among others.

COST ESTIMATES

QUALITY DATA

The quality data on this site allows you to view and compare the quality of health care provided in Oregon hospitals, such as patient experience, or patient safety.
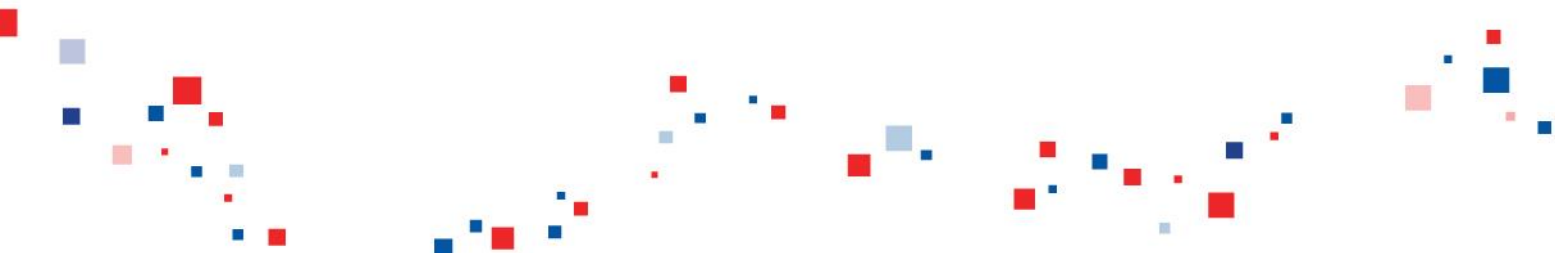
COST ESTIMATES

Oregon hospitals are committed to helping you with a cost estimate in advance of a procedure. The contact information on this site will connect you to the resources at each Oregon hospital to receive a cost estimate.

Thank you!

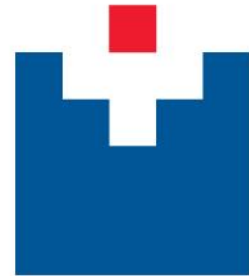EMANUEL Medical Center | GOOD SAMARITAN Medical Center | MERIDIAN PARK Medical Center | MOUNT HOOD Medical Center | SALMON CREEK Medical Center

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