



Effingham Hospital's Front-End Makeover

How One Facility Boosted Upfront Collections by 86 Percent and Reduced AR Days from 103 to 50



By Laura Campbell

In the television series “What Not to Wear,” the hosts spend each episode overhauling a person’s style for the better – from clothing to hair and makeup. It’s usually not easy. The person being made over generally has a hard time letting go of her old clothes and style. In the end, though, after the outside transformation process is complete, that person’s attitude often undergoes a change as well: a new confidence emerges and a stronger smile appears.

Over the past couple of years, Springfield, Ga.-based Effingham Hospital has experienced its own dramatic makeover, specifically in the areas of patient access staff responsibilities and in how the facility handles front-end operations.

Beverly Kicklighter joined Effingham in early 2006 as the hospital’s business office manager. When Kicklighter arrived, the facility was part of a larger organization, and front-end revenue cycle operations were simply not the focus. The hospital concentrated on the post-service side – as many providers have done for decades (and continue to do).

There was no process in place for upfront collections; the patient access staff members weren’t asking for co-pays or deposits, and they certainly weren’t working with patients to set up payment plans. Effingham’s upfront collections were only \$4,700 for the entire first quarter of 2006.

Kicklighter was shocked. Like other businesses, the hospital was providing valuable services – but it wasn’t asking to be paid for those services.

Later in 2006, Effingham became a stand-alone facility. Norma Jean Morgan, who rejoined the hospital as its CEO, Kicklighter and other team members began to change things around.

“Getting on the Upfront Collections Train”

Effingham’s management team understood two important facts. First, the responsibilities of the facility’s front-end staff had drastically changed over time. Historically, the patient access department has been responsible for such tasks as scheduling, registration and admissions. Today, however, the responsibilities are far more multifaceted. They are reviewing referrals, verifying eligibility, validating demographic information, determining charity care and discounts, requesting payments, and other complex tasks. As patients continue to bear more financial responsibility for their care, the frequency of such duties will only increase.

Second, Effingham realized that the front-end staff needed the proper

tools and training to effectively handle the above-mentioned activities. Without these investments, the hospital’s revenue cycle would continue to suffer. Kicklighter told her co-workers to “get on the upfront collections train and ride it,” or the hospital’s ability to continue providing exceptional community service would be threatened.

Registration Clerks Become Financial Counselors

Effingham implemented an innovative organizational change: The front-end staff members, then called “registration clerks,” would become trained as experts in all things related to patient financial communications, and they’d be given a new title, “financial counselors.” The mandatory two-month training spearheaded by Kicklighter involves a number of modules, including a course on “Insurance 101” and learning all the systems to support them in their work.

The patient access staff have a new look as well. They wear white lab coats with their names on them, punctuating their new role as professional, expert financial counselors. As their responsibilities have increased, the staff members’ salaries also have been appropriately adjusted.

Implementing a Point-of-Service Solution

Going hand-in-hand with financial counselor training was the need for a point-of-service collection system. CEO Norma Jean Morgan was introduced to a web-based solution developed by nTelagent, Inc.

nTelagent’s point-of-service collection system, called the Retail Application for Healthcare, tells healthcare registrars and financial counselors exactly what to do and what to say to all patients (insured, uninsured, charity) at the front end regarding financial responsibilities – similar to applications used in the retail industry at the point of sale. Morgan was attracted to the overall simplicity of the Retail Application, to the fact that it was easy to use and could be quickly implemented.

Effingham implemented the nTelagent solution in August 2008. After just a few weeks, the specialist assigned to Effingham had incorporated the hospital’s business policies into the Retail Application, and staff had been trained on the system.



Georgia Scroll

Results

Collections have been steadily rising, partly due to the well-trained financial counselors, but also because they have the tools they need to best communicate with patients.

After implementing the Retail Application, Effingham increased its upfront collections by 86 percent within eight months (July 2008 vs. March 2009). Looking at a longer timetable, **upfront collections for Q1 2009 increased by an astounding 383 percent compared to Q1 2006.**

According to Kicklighter, “nTelagent’s Retail Application takes the guesswork out of handling the complex tasks around patient financial responsibilities. The financial counselors enjoy the system because it does the hard work for them. nTelagent gives them the tools to check a patient’s demographics, so they know not to ask a low-income patient for a \$500 deposit. The scripts tell them how to handle each account, depending on income level. They can also accurately determine and handle charity care.”

The nTelagent Retail Application has given Effingham’s staff the information and confidence to best communicate with the patient. Patients can

rest assured that if they are eligible for financial assistance or discounts, they will be notified of them.

“The financial counselors love that the system allows them to print promissory notes on the spot and have the patient sign them right then,” said Kicklighter. “Before, they had to do all the calculations manually and hand-write the promissory notes.”

Effingham also saw a hefty reduction in AR days, resulting in more cash on hand. In 2006, AR days outstanding were at 103. Bringing collections in-house and using nTelagent’s solution, Effingham more than halved AR days to around 50.

Effingham Hospital is one to watch, as the facility’s management continues to embrace innovative solutions in both clinical and financial areas.

Who knows what future makeovers are in store?

Laura Campbell, President & CEO, Laura Campbell & Associates, Business Growth Advisors, www.laura-campbell.com, laura@laura-campbell.com 615-579-6599

Georgia HFMA Kicks Off Fall Charity Campaign

By Scott Luton

Vice President Business Development - Atlanta, Definity Partners

The Georgia HFMA used Fall Institute to kick off a 2009/2010 charity campaign to raise funds for Operation Homefront Georgia.

Our goal for this campaign, which began Nov. 5th and will conclude on February 28th, is \$5, 000. We’d be very thankful if you’d make the suggested donation of \$25 OR if you’d lead a fundraising effort in your local area to raise funds toward our overall goal. Please take a minute to read the additional information below about Operation Homefront.

OPERATION HOMEFRONT GEORGIA *Supporting Georgia Military Families. Supporting America.*

Operation Homefront Georgia is a 501 (c) 3 non-profit, and is part of a national organization that has 30 chapters throughout the country. The creation of this organization was in response to the needs of military families whose loved ones were deployed to Iraq and the Middle East. Operation Homefront is a 4-Star Charity as rated by the Charity Navigator with only 8 cents of every dollar going to administrative expenses.

The primary mission of Operation Homefront Georgia is to provide emergency financial assistance to our military families and to wounded warriors when they return home.

Operation Homefront Georgia serves all 13 military installations in the state of Georgia, as well as the families of the National Guard and Reserves. All of the aid given to the military families is in the form of grants, not loans. Funding for assistance is derived from corporate and

civilian donations and sponsorships. Operation Homefront Georgia receives no funding from the, military or any federal agency.

Due to increased deployments to war zones by the National Guard and active duty military at bases such as Ft. Benning and Ft. Stewart, funding needs continue to increase. In 2008 Operation Homefront provided financial assistance and morale related support to over 4,000 requests for assistance. In 2009 their caseload will exceed that number by over 100%. The people Operation Homefront serves tend to be in lowest income brackets with pay grades E5 and below.

For 2008, these are a few examples of contributions:

- \$49,000+ in mortgage and rental assistance
- \$15,000+ in grocery and food assistance
- \$26,000 in auto repairs
- \$15,000 in utility assistance

You may send a check to OPERATION HOMEFRONT GEORGIA, P.O. BOX 71224, Marietta GA 30007-1224 OR MAKE AN ONLINE DONATION BY CLICKING ON THE FOLLOWING LINK: https://app.etapestry.com/hosted/OperationHomefront/OnlineDonation.html?notifyEmail=georgia@operationhomfront.net&owner=18GA&trans_processor=transRef18

In either case please write “HFMA” on the memo line on the check or in the comment section of the email contribution.

You may also go to the website: www.homefrontga.org for further information about Operation Homefront Georgia.