

Changing the Look and Feel of Patient Advocacy at a Non-Profit Healthcare System

Case Study

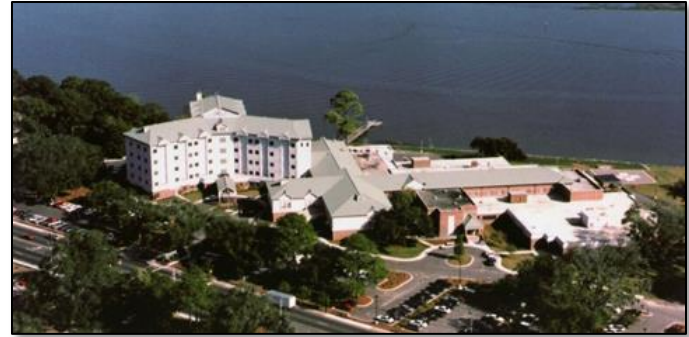
Dixie HFMA 2015



Healthy results. Guaranteed.

Beaufort Memorial Hospital

- Beaufort Memorial Hospital, opened in 1944, is licensed for 197 beds (169 acute, 14 rehab and 14 mental health).
- Fully accredited by The Joint Commission and boast a quality medical staff of more than 150 board-certified or board-eligible physicians at our not-for-profit medical center in South Carolina.
- We are the largest hospital between Savannah, Ga., and Charleston, S.C. Situated on the Atlantic Intracoastal Waterway
- Acute care hospital and a regional referral center.
- Dock for boating accident patients on the Intracoastal Waterway
- Sole Community Hospital
- DSH Hospital



Our History

- **Serving for Nearly 70 Years**
- We opened our doors in May 1944 with 25 beds. Before then, people had to travel over poor roads or by boat to Savannah or Charleston for serious medical care.
- Over the years, our community has grown and our hospital has evolved from a small-town hospital with limited services to a high-quality regional referral center.
- We are a not-for-profit community hospital with a board of trustees approved by the Beaufort County Council. Although we are a county hospital, we do not receive funding from Beaufort County. In accordance with our nonprofit status, we reinvest all excess revenues into improvements to our facilities and services.
- As we have grown and improved, so has our staff. With a medical staff of more than 150 board-certified specialists, we offer a wide range of services to our area residents.



Driver of Patient Advocacy Process Improvement Plan 2012

- **Beaufort County Demographics****
 - Details provided on the following slides
- **Regulatory Environment**
 - ACA legislation updates beginning
 - 501r was still in proposed status
 - SC changing DSH provisions
 - HOP initiative
- **Our Mission Statement**
 - Our mission is to deliver superior healthcare services to our patients and to improve the health of our community.



**Census Bureau

Beaufort County, SC

- Major cities:
Beaufort, Hilton Head Island, Bluffton
- Geographically separated by the Broad River

| People QuickFacts | Beaufort County | South Carolina |
|--|------------------------|-----------------------|
| i Population, 2013 estimate | 171,838 | 4,774,839 |
| i Population, 2010 (April 1) estimates base | 162,233 | 4,625,360 |
| i Population, percent change, April 1, 2010 to July 1, 2013 | 5.9% | 3.2% |
| i Population, 2010 | 162,233 | 4,625,364 |
| i Persons under 5 years, percent, 2013 | 5.9% | 6.1% |
| i Persons under 18 years, percent, 2013 | 20.1% | 22.6% |
| i Persons 65 years and over, percent, 2013 | 23.3% | 15.2% |
| i Female persons, percent, 2013 | 50.7% | 51.3% |

More Importantly

- Beaufort County had one of the highest rates of concentration of uninsured in the state
- 12.5% citizens living below FPL



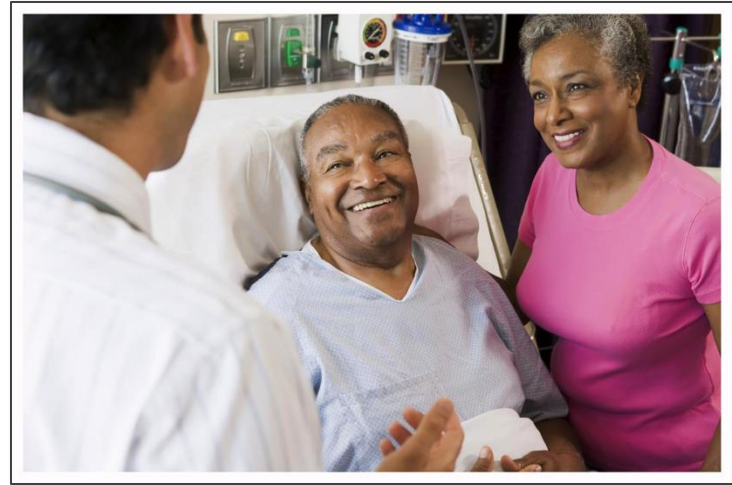
State of Eligibility in 2012 - The Perfect Storm

- On site DHHS Social Worker reviewed all uninsured newborns and their mothers
- Actively screening IP self pay patients bedside
- High Dollar OP Services such as Oncology
- Hit or miss follow up with frequent flyers, OP services and other IP services such as Psych and IRF
- SC DHHS changing vendors for authorization which impacted retroactive coverage of previous visits and the authorization of said visits



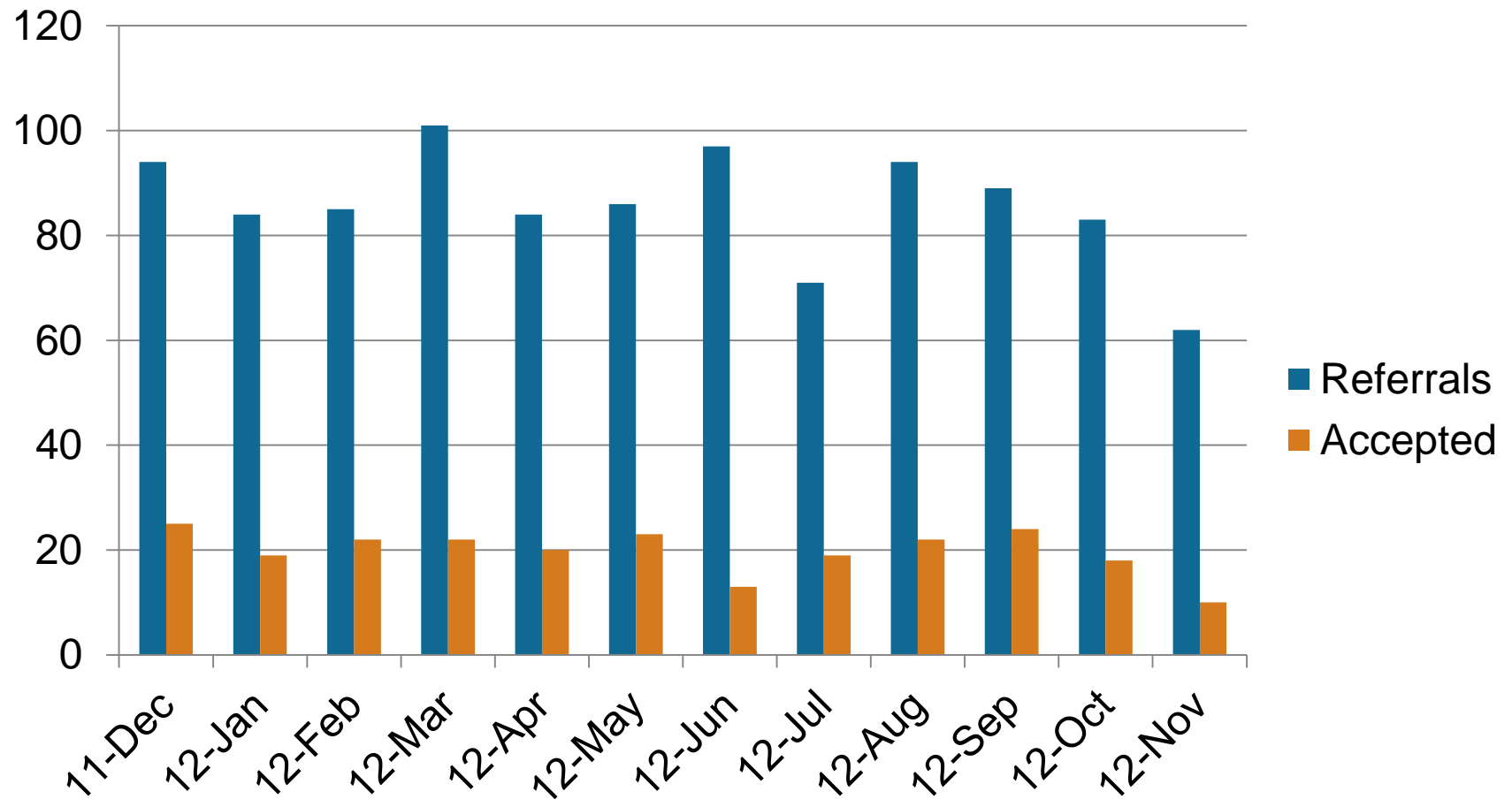
Most Popular Programs Screened 2012

- SSI/SSD
- Medicaid
 - Various forms
- Internal FAA
- MIAP
 - Medically Indigent Assistance Program
 - BMH one of 6 hospitals continued participation in 2012 without any funding



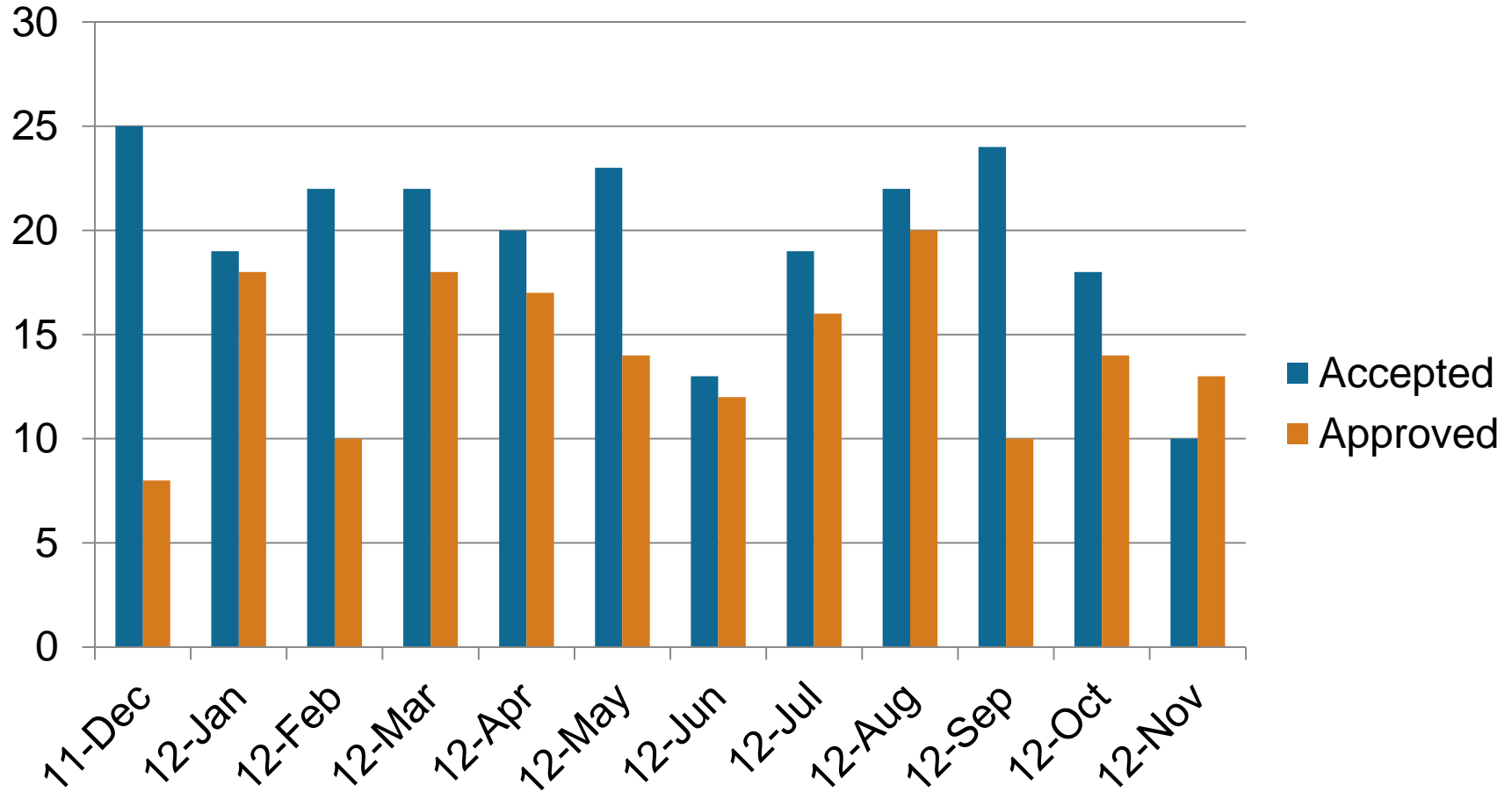
Our performance in 2012

Referrals vs Acceptance: 23%



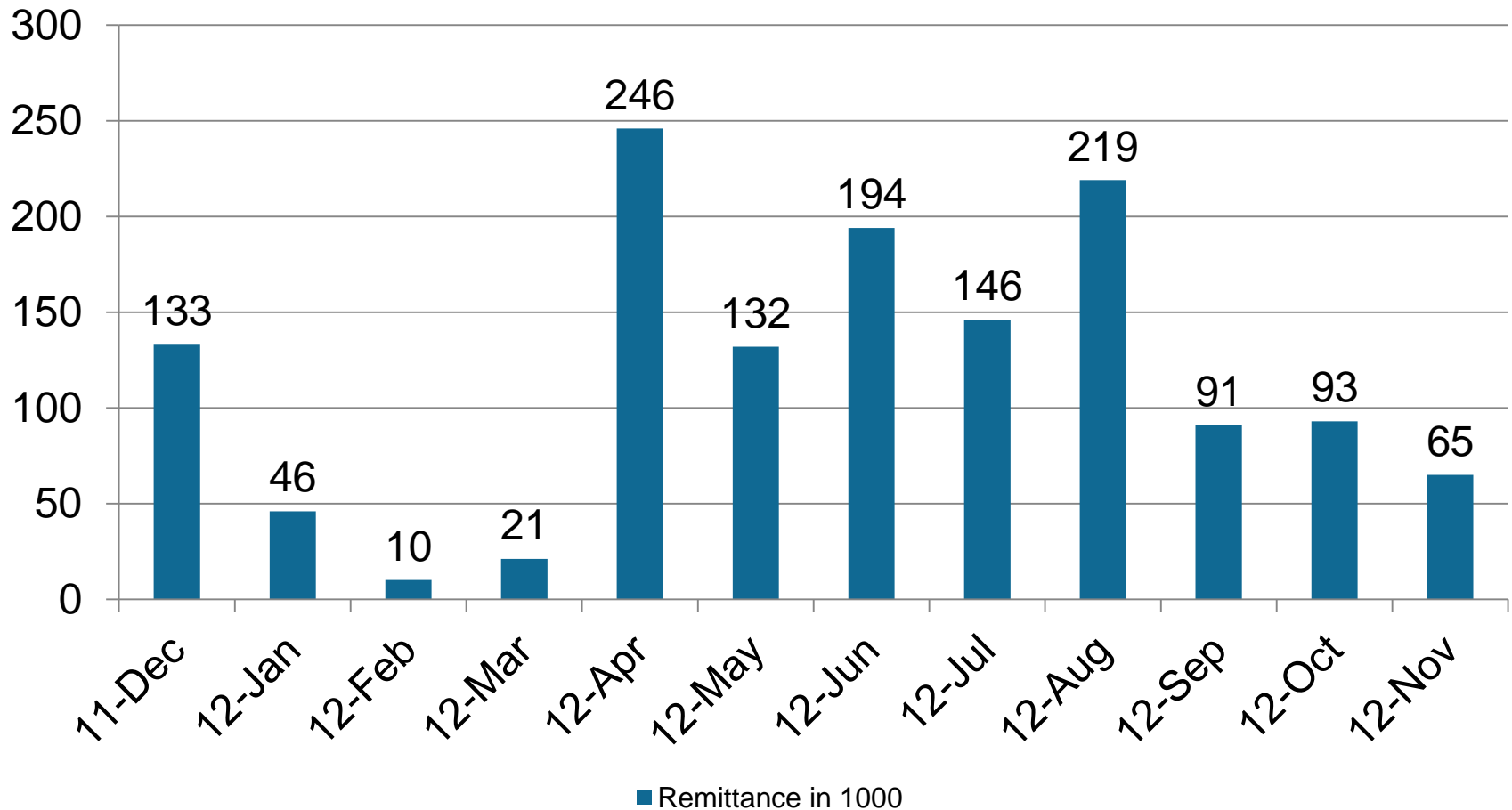
Our performance in 2012

Acceptance vs Approval: 76.4%



Remitted amounts to BMH from previously uninsured 2012

Remittance in 1000



Other Items of Note

- Disability Based Claims took an average of 18 months to process
- Financial Assistance took an average of 18 months to process
- \$15M in aged AR pending processing through MIAP before FAA could be adjusted under the FAA Policy in existence in 2012

Wow

So What Did We Do???



The Multi-Pronged Plan

1. Eligibility Program Revamp
2. MIAP Participation Evaluation
3. Financial Assistance Policy
4. SC DHHS Worker Program Evaluation
5. Additional HOP Resources
6. Information Technology Needs Assessment
7. Hard Copy Resources and their Use
8. Additional attempts at helping connect patients with resources

Eligibility Program Revamp

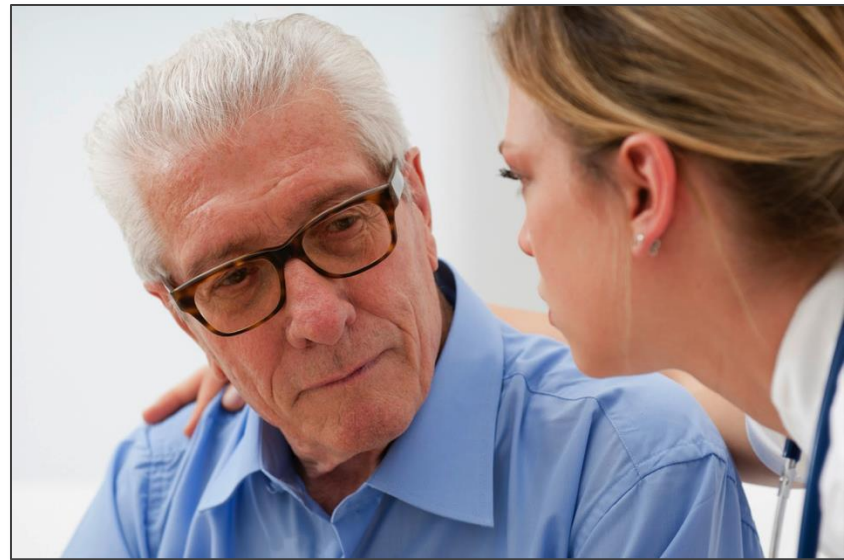
- IDEAL state defined by committee
 - Needs
 - Comprehensive screening of some sort for all un-insured and under-insured
 - Integrated into HIS
 - Involvement at the local level
 - Focus on total patient experience
 - FAA complete processing
 - On site resources
 - Potential for expanded services
- RFP process initiated
- Selection by committee- Unanimous APA
- 6 week implementation

MIAP Medically Indigent Assistance Program

- Met for several months with local DHHS
- Received statuses on as many applications as possible reducing 15M to 10M in process
- Reviewed MIAP applicants for qualification in Financial Assistance program
- Validation through ability to pay software
- Adjustments to FAP or transference to patient responsibility

Financial Assistance Changes

- Discarded MIAP screening to be eligible
- Modified policy to include matrix of FPL
- Added patient cooperation with all other sources of coverage and assistance to include APA screening process
- Next steps, consider exchange participation



On Site DHHS

- Scope of work
- Limited assistance with other applications
- Streamlined these functions and added space to UR



Healthy Outcomes Program

- BMH had established AccessHealth Lowcountry.
- All applicants are screened simultaneously for Medicaid, the exchange and financial assistance.
- Began to look for a singular platform for use by all.



ACCESSHEALTH
LOWCOUNTRY

Keeping Beaufort & Jasper Counties Healthy

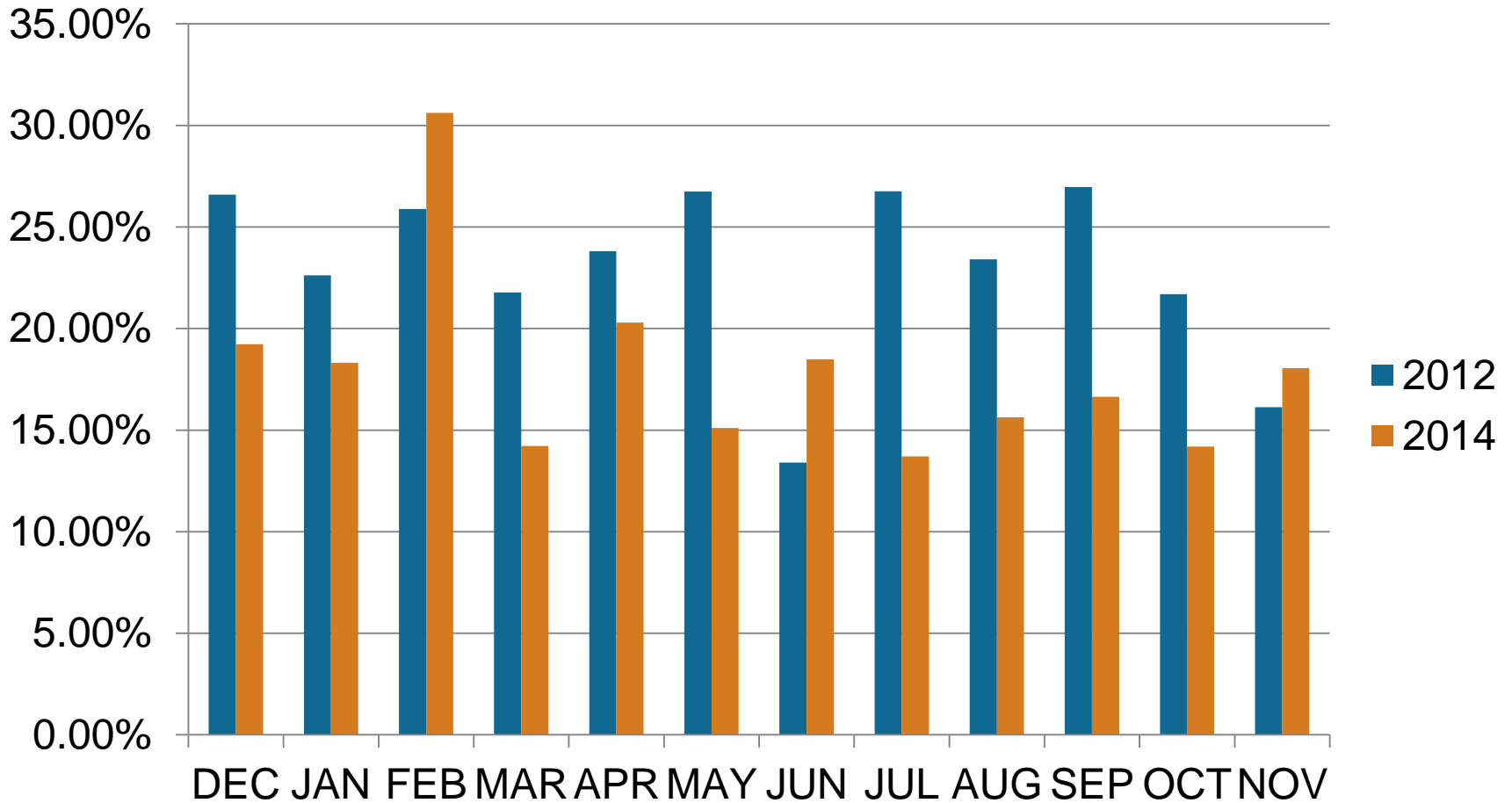
Other Initiatives

- Searched for and included FAP capabilities within a Patient Access Platform Technology
- Revised all existing letters and the paper FAA
 - Always the moving target
 - New regulations at the state level mandated additional documentation to be captured impacting DSH
- Exchange screening program in the inaugural year
- 501r

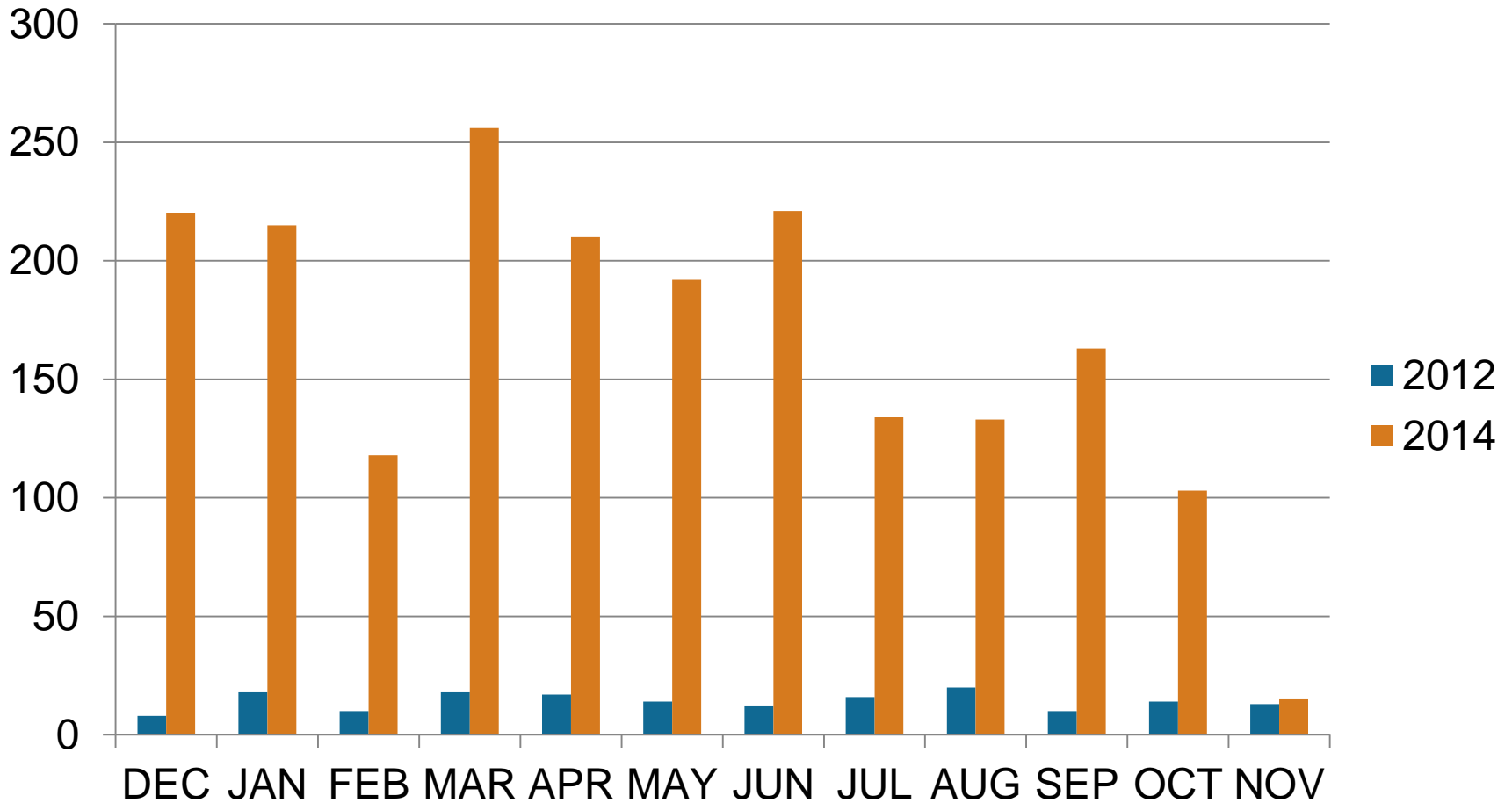
So How Did We Do?



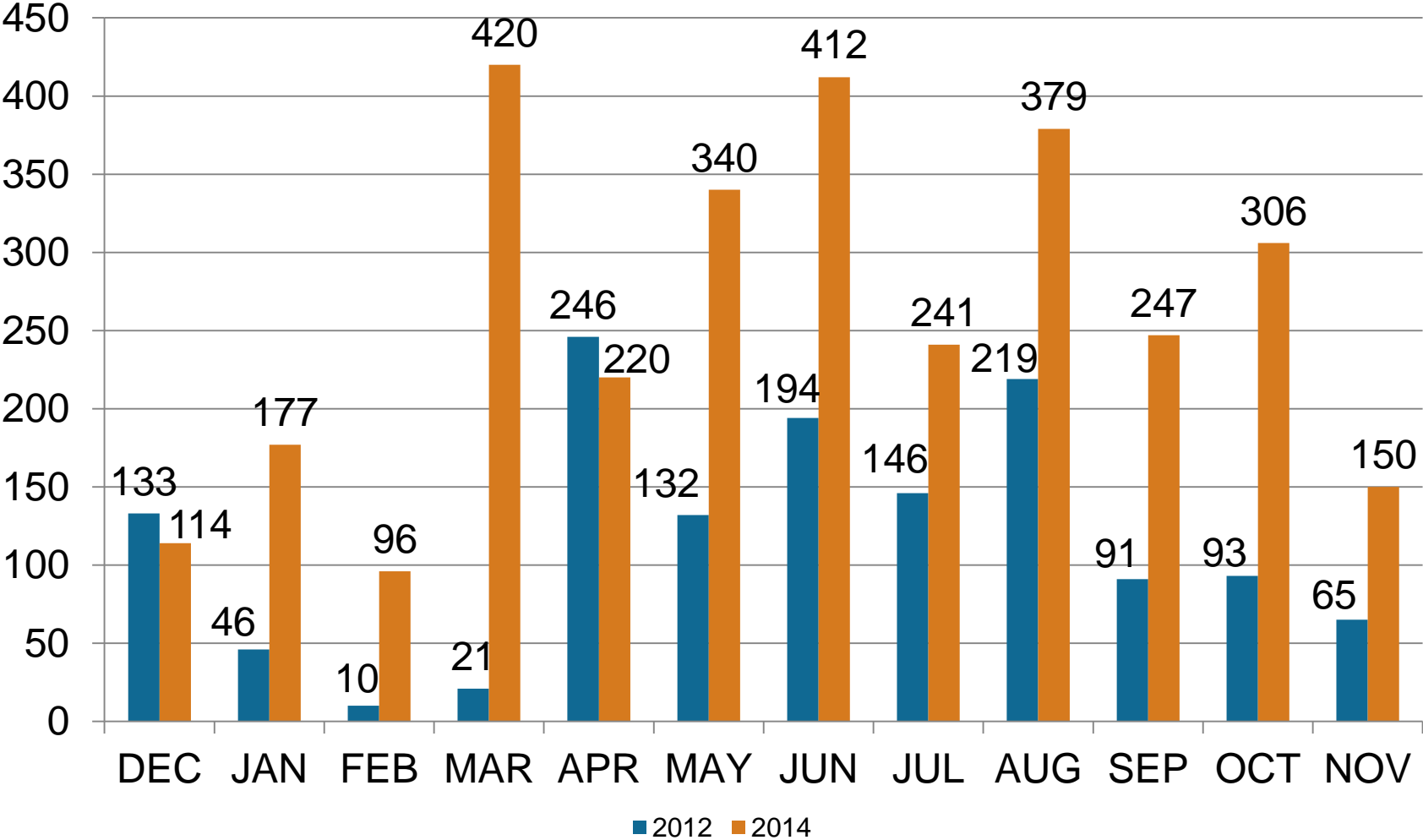
Our Performance Acceptance Rate 2012 vs 2014



Our Performance Count of Approvals



Remitted Amounts to BMH from Previously Uninsured 2012 vs 2014 (in 1000s)



Successes

- Reduced the average approval time for entitlement program approval from 18 months to 3.7 months.
- Total of \$13,411,946 Charges/Gross AR resolved in 2014.
- FAP processing time reduced from an average of 178 days to 63 days.
- Better alignment with our mission and vision.
- Better access to care for the citizens and children of our region.

Chronic Patients

Why Offer Patients Assistance?

- They are frequent utilizers of healthcare services
- Their medical care typically results more expensive levels of care
- Long-term access to Medicare and if Medicaid eligible SNF services
- There is a Disproportionate Share opportunity as 65% of disabled patients are dual eligible



• One out of every ten (12.6%) working age Americans(ages 21-64) has a **DISABILITY**

Return and Utilization Rates

| | Additional Inpatient Visits within 12 months | Additional Outpatient Visits within 12 months |
|----------|---|--|
| Disabled | 1.80 | 4.50 |

Inpatient Length of Stay

| | Average Length of Stay |
|----------|------------------------|
| Non-Aged | 3.93 |
| Aged | 5.63 |
| Disabled | 5.02 |

The Most Effective Enrollment Strategy

We think Lucy had the right idea



- Educate
- One-on-one
- Communicate in the patients language of choice
- Be available to the patient and Navigate them through the process

Going Beyond Medicaid...

- SSI / SSDI
- Old Age Pension A, B, HCP-A, and HCP-B
- Indian Health Services
- Children's Buy in Program
- Disabled Adult Child
- Qualified Disabled Widows
- Breast and Cervical Cancer Program
- "Choices" Plans
- Emergency Medicaid
- Refugee Medicaid
- MAGI Medicaid – Adult, Child, and Pregnant
- NICU Babies
- CHP+
- Qualified Health Plans
- Crime Victims Compensation
- COBRA payments
- Third Party Payments
- Long-Term Care Medicaid
- Home Based and Community Health Services
- Working Adults with Disabilities
- Medicare Savings Programs- QMB, SLMB, QI-1
- Workers Compensation
- Motor Vehicle Accident Insurance
- General Liability Insurance

Healthy results. Guaranteed.

How Far Will You Go?

STRATEGY: Initial contact during inpatient visit or at the time of care is not enough, a strong follow-up program is essential.

- Avoid over-reliance on the patients word and diligence
- Set standard abbreviations & document everything
- Establish a post discharge follow-up program that includes outreach and ensures filing deadlines are met
- Patient smart technology will ensure patients are not falling into gaps, increase conversions and help with performance measurement.
- Benchmark and measure outcomes



Streamline

Processes - Eliminate Redundancies

- Within your enrollment process
- Between the facility and the state/county
- With the patient and your process



System Buy-in / Messaging

- Make sure everyone who needs to know has access to the information
- Create system-wide communication strategies

Partnerships - Look beyond the hospital walls

- Leverage resources in the community that are available for patients
- Relationships with State and Local agencies

Action Items

Make Decisions

- Decide what role your organization is able/willing to play.
- Review and update policies.

Segment

- Customized enrollment programs for different patient groups.
- Use technology to expand opportunities and leverage the registration process to expedite decision making.

Partner & Expand

- Build community relationships to improve access & eliminate redundancies.
- Take a broad approach beyond traditional Medicaid & SSI.
- Expand communication and share information system wide.

Educate, Navigate & Connect

- Be the resource and ensure your patients are knowledgeable of all options.
- Mitigate financial risk by connecting patients to programs with better reimbursement.

