



Innovation Reshapes Self-Pay Performance For Large Health System

As consumers sought ways to control their rising cost of health care coverage over the past few years, carriers introduced new insurance plans across the healthcare market with lower insurance premiums, but with significantly higher deductible and coinsurance expense responsibility passed on to the patient. The shift from insurance responsibility to patient responsibility led to an alarming growth in Self-Pay accounts receivable for health care providers and a need for improved Self-Pay billing and collection solutions, including better patient engagement. This challenge continues to be a driving trend experienced across the health care industry.

| A Case in Point

Kaleida Health, the largest healthcare provider in Western New York with 2,095 beds and \$1.5B in Net Patient Revenue experienced a rapid and continuing increase in self-pay and bad debt. Serving the area's eight counties with state-of-the-art clinical technology and comprehensive healthcare services, providing care to more than one million sick or injured patients at its facilities annually, Kaleida was suffering from outdated self-pay processes and the lack of related technology.

| The Opportunity

Not unlike many large healthcare systems, Kaleida Health utilized a hybrid model to manage the Self-Pay billing and collections process using a combination of internal resources and numerous external vendors cobbled together, with limited functional integration.

As Kaleida began to assess their RCM processes, with a number of pain points/opportunities in the self-pay processes were identified.

Kaleida Health Legacy Process

- A visit-based statement was being produced by hospital's patient accounting system and mailed by a print mail vendor. Inbound calls were managed by limited inhouse staff for up to the first 45 days of the billing cycle.
- Unpaid accounts were not placed with a Pre-Collection vendor until 45 days of inhouse collection efforts. The goal of internal efforts was to reduce the fees paid to a pre-collect service.
- There was limited to no outreach after statement, i.e., Few Calls, No Text Message, Email or Voicemail Drops.
- Inconsistent Management of Payment Plans, with No Auto Debit Functionality.
- Limited user functionality with the Online Portal.
- No Mobile Portal.
- Excessive Hold Times Prior to Billing on Certain Accounts.
- Customer Service Team Overwhelmed with Inbound Calls.
- No Financial Assistance Presumptive Eligibility.
- Many accounts with billable insurance benefits were routinely classified as Self Pay.
- No Proactive Way to Identify Bankrupt or Deceased Accounts.

After careful consideration and desiring to significantly improve its bottom-line through cost savings and revenue improvement initiatives, Kaleida issued an RFP. After an exhaustive review process of RFP responses, CaptureNet was selected as the system's partner, chosen for its pioneering experience in innovative use of analytics and workflow automation.

Partnering with CaptureNet Transformed Self-Pay Performance

During the RFP process CaptureNet performed a Historical Analysis of two years of comprehensive AR data. The Historical Analysis created the basis for the Value Proposition which, among other findings, revealed that significant process improvement would be gained if Kaleida Health were to adopt a Day 1 Self Pay outsourcing strategy.

CaptureNet worked very closely with the Kaleida Health team to successfully implement the project, taking on as much of the work related to the implementation, including providing IT resources, as allowed by the system.

Specific process and functionality highlights of the value CaptureNet brought to Kaleida Health included:

- Monthly Guarantor Based Intelligent Statements & Letters.
- Outbound Calls, Text Messages, IVR functionality and Voicemail Drops on all accounts.
- Payment Plan Management and Auto Debit Functionality
- Customized Online Portal to Match Hospital Branding with Industry Leading Functionality
- Mobile Portal with Industry Leading Functionality
- Improved workflow and automated processes to maximize speed of collections
- Increased patient satisfaction by increasing speed of answer by 250%
- Pre-Statement Insurance Eligibility Mining with a BOT to Rebill (PayorNet)
- Proactive Bankruptcy and Deceased Scanning



Results Snapshot



COLLECTIONS

Improved by 24%

\$5M annually increased self-pay collections



STATEMENT

Guarantor Based Intelligent Statements & Letters

Monthly statements with retail, credit card-like formatting – improved patient satisfaction



PORTAL AND MOBILE

% of People Paying via Portal went from 15% to 35%



OUTREACH

3 to 5 touches a month as needed vs the previous 1 – maybe 2



SPEED OF ANSWER

Improved patient satisfaction by increasing speed of answer by 250%



INSURANCE ELIGIBILITY WITH BOT

Increased patient satisfaction by not billing patients who had insurance

Discovered \$200 - \$300K a month billed by BOT

Katie O'Connell

Interim Vice President, Revenue Cycle
Kaleida Health

What Has Been the Biggest Surprise in Working with CaptureNet?

The level of partnership is the biggest surprise I have in working with CaptureNet. While all firms want to ensure a satisfied customer, CaptureNet has from day one consistently gone beyond what I have traditionally experienced from other vendors. Their near immediate patient and detailed interactions with our questions, feedback and opportunity identification on their work and the upstream processes that affect their work, and constant evolution of their own services to better serve us has been at a level that I did not expect (and very much appreciate!)

Why would you recommend CaptureNet to a Colleague?

Ease of Implementation and Results.

The CaptureNet team was a great partner from the start, the organization they provide around the intake process was fantastic, and our results have only gotten better and better as their partnership with us has grown.