Make them want to pay

FINDING PATIENT ENGAGEMENT IN BILLING AND PAYMENT PROCESSES

By Laurie Babin

On average, the United States spends twice as much per person for healthcare than other industrialized countries, yet 75% of Americans say that the country does not get good value for what is spent.[1]

This dissatisfaction can lead to customer attrition, lost revenue for providers and payers, patient confusion and a lack of focus on patient-centered care. Examples include the 72% of consumers who are confused by their explanation of benefits and 70% of consumers who are confused by their medical bills.

The perceptions about value may require providers to rebuild patient confidence, yet inefficient, paper-based billing and payment processes have made that more difficult, especially as patient responsibility has increased.

PAYMENT COLLECTION CHALLENGES

BrightSpring Health Services delivers both clinical and nonclinical habilitative care services to more than 2 million people annually in more than 40 states, across home and community settings. BrightSpring is one of the largest providers of diversified home and community-based health services to complex, high-cost populations. Our primary businesses include behavioral health (including autism services), home health care (including personal care, home health and hospice), neuro therapy and job placement and vocational training, supported by pharmacy and telecare ancillary technologies and services.

As chief revenue and innovation officer, my focus is on business improvement to support revenue and increase cash collections. Before undergoing changes to our collection processes, all of our billing and payment processes were paper-based. As a provider of clinical and nonclinical habilitative home care services, we don't have patients who come into our office and interact with our billing staff. There's never an ideal time to discuss patient financials, especially when we are in a patient's home. Our approach at the time was to administer care — which is always our focus — and then send a bill to the patient's home address. Not only was this process inefficient, but it led to lengthy time to payment and higher costs to collect.

Our staff spent a significant amount of time mailing paper bills, processing paper checks and posting and reconciling payments. According to the American Academy of Family Physicians, paper takes up twice the amount of time as clinical work for providers[2] — every hour spent with patients equated to two hours spent on documentation tasks and paperwork.

Over the years, more clients wanted to pay with credit cards, which we could not accommodate at the time. We needed an online payment solution that could give our clients a more efficient way to pay their invoices and ensure that we maintained and improved our Payment Card Industry (PCI) compliance.

OPENING THE DOOR FOR ONLINE PAYMENTS

Consumers today not only expect convenience in healthcare but will also seek out more convenient options and make their choices based on these options: 74% of consumers said that payment channel choices were "very or somewhat important" to their health insurance payment experience, while 80% said the same for their medical bill payment experience.[3]

For our practice, most of our senior clients have a younger family member serve as their guarantor. This generation of clients especially prefers to pay online.

To meet this need, we built an online payment option and made clients aware of this new payment option. We created marketing materials to add to various patient touchpoints. Specifically, we added new messaging to our website, enhanced our paper statements to drive patients to pay online and added marketing inserts into

our admission packets so clients knew that they had many payment options.

The online payment option gave clients access to:
- Enrolling for eStatements
- Setting up automatic payments and payment plans
- Securely storing payment information in a digital wallet for an "Amazon-like" experience
- 24/7 statement and payment history.

This has reduced our inbound call volume, as many clients no longer call to ask questions about payments. Our staff are also collecting payments faster and now have the ability to streamline posting and reconciliation. Our online payment option has opened the door for us to maintain our focus on care rather than administrative processes such as billing.

ENHANCED PATIENT STATEMENTS

Amid the introduction of the online payment option, we set four goals to enhance patient statements:

1. **Improve the overall look and feel**: The Aite Group reported that 89% of consumers rank an easy-to-read bill behind only security in the healthcare payments experience.[4] We wanted to create statements that were optimized so that patients could easily find the information they needed. By adding our logo and branding colors, we could establish trust with our patients and call out specific balances owed to reduce patient confusion. In recognizing our brand, they would trust the billing site and regularly use it.
2. **Make payment methods clear**: We wanted to clearly display the URL to our online payment option and make sure clients understood that they could pay this way.
3. **Optimize statements as a touchpoint**: Without being able to pay at a physical location, the patient bill is a critical touchpoint in our payment process. We wanted to communicate as much relevant information as we could on the statement, such as promoting eStatement enrollment and payment plans.
4. **Reduce paper**: Even though the client was receiving a mailed statement, we could highlight our online payment URL so

patients could pay a balance online. From there, they could enroll in eStatements and other paperless billing options so we never had to send them another paper statement.

As a result, clients now understand exactly what they owe, see that they have multiple options to pay, recognize our brand and feel comfortable providing credit card information online. Our staff are sending fewer statements to collect balances, receive fewer mailed payments and are more efficient because they spend less time processing and reconciling manual payments. This gives them more time to focus on patient care.

PCI COMPLIANCE

Before adding our online payment option, we had clients who still wanted to pay by credit card. However, with in-home visits, the most efficient way we could do this at the time was to collect patient credit card information on paper, bring it back to the office and manually process payments with the written card number. This was not a secure way to store payment card information and greatly increased our PCI scope.

By adding an online payment option, we satisfied our clients' need for this option, reduced staff effort and costs to collect and significantly reduced our PCI compliance scope.
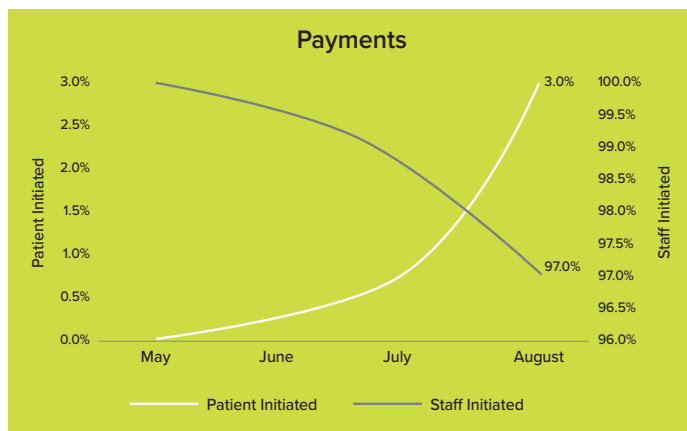
Payments

RESULTS

Our staff are spending less time on manual, inefficient paper processes while our clients have come to value our online payment option. Our initial results show a steady increase in patient-initiated payments and a decrease in staff-initiated payments. Our clients began paying online before we even announced that this payment option was available. Many of the clients who are paying now weren't even a part of our pilot program — they saw our announcement and signed up.

Additionally, we reduced the number of check payments and increased the number of credit card payments. About half of our payments are made by credit card, whereas they previously were almost all check payments. We also reduced overall costs on printing, mailing and processing paper statements. Our staff spends less time and effort processing check payments, handling inbound calls and correcting errors that are inherent in manual, paper processes.

Our goal is and always will be to make sure our caregivers can continue to focus on care and this process change has allowed us to do that. ■
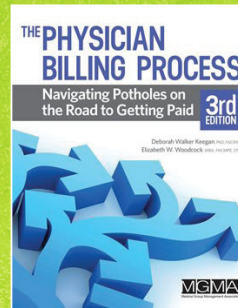
Laurie Babin, chief revenue and innovation officer, BrightSpring Health Services, *laurie.babin@brightspring.com.*

NOTES

1. National Opinion Research Center. "Americans' views of healthcare costs, coverage and policy." March 2018. Available from: bit.ly/CuBUXo.
2. Porter S. "Researchers study how ambulatory physicians spend their time." American Academy of Family Physicians. Oct. 11, 2016. Available from: bit.ly/2G6K1gl.
3. Trilli M. "U.S. medical bill payments: Support for the health plan model." Aite Group. March 14, 2018. Available from: bit.ly/2TkS4tL.
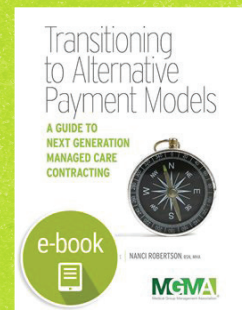4. Ibid.

Spotlight
MGMA EDUCATION