



Healthcare Revenue Cycle Management

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Onsite Financial Counseling

COMPLETE REVENUE CYCLE MANAGEMENT / BUSINESS OFFICE OUTSOURCING

MEDICAID ELIGIBILITY ADVOCACY

ONSITE FINANCIAL COUNSELING

INSURANCE BILLING AND FOLLOW UP

THIRD PARTY LIABILITY

EARLY OUT/SELF PAY

PRIMARY AND SECONDARY BAD DEBT COLLECTIONS

PHYSICIAN BILLING AND FOLLOW UP

With the number of uninsured and underinsured patients continuing to grow to an estimated 56 million by 2013, hospitals are finding more and more patients are struggling to pay for healthcare. They see the Self-pay section of their patient accounts receivable file growing at an alarming rate.

At the same time, when a patient needs treatment or an important test, hospitals rightly focus on the quality of care they provide. But a new focus has emerged — how to get paid for that care.

High-performing hospitals should achieve these key benchmarks:

Category	Percent of Amounts Collected in Full
Inpatient Self-pay balances collected prior to discharge	65 percent
Outpatient Self-pay balances collected prior to service	75 percent
Emergency Care Self-pay balances collected before discharge	50 percent
Payment arrangements on Inpatients and High-balance Outpatients who don't qualify for Medicaid or Charity Care	95 percent

If a hospital isn't seeing this level of performance, TOG can help. Our Payer Path Model™ helps hospitals gain control of their Self-Pay portfolio from the beginning.

We provide onsite financial counselors during **each client hospital's** peak admission and discharge hours, to ensure personal contact. Our financial counselors coordinate with Medicaid caseworkers or county caseworkers to ensure timely and thorough application submission.

Our financial counselors help patients complete any other source of payment (Victims of Crime, county indigent funds, etc.), as well as the hospital's Charity Care application. Only when we have eliminated all other sources of funding will we begin the **self-pay collection process**, where we engage patients with dignity and respect.

We help hospitals establish the right policies, develop the right procedures and training tools, and implement the right monitoring program to ensure success. One The Outsource Group is engaged, client hospitals see a positive difference in patient satisfaction as well as in the KPI's that monitor patient cash collections!

The **Healthcare Information and Management Systems Society (HIMSS)** has published the following Key Performance Indicators.

Key Performance Indicators	Best Practice Standards
Medicaid eligibility screening for all uninsured patients	100 percent
Medicaid eligibility screening for all Medicare-only patients	100 percent
% uninsured IP's screened for financial assistance	95 percent
% uninsured OP's screened for financial assistance	Individual
% uninsured Emergency Department (ED) patients screened for financial assistance	80 percent
Collects deposits for elective services prior to service	100 percent
Collects IP patient-pay balances prior to discharge	65 percent
Discusses options for account resolution with IPs	100 percent
Financial assistance approved within 10 days	100 percent
Medicaid approvals obtained within 30 days	100 percent

Charity Care

Both for-profit and non-profit hospitals have a commitment to, if not a direct responsibility for, certain community benefit costs, including charity care, which is a full or partial discount of charges, usually based on a patient's family size and income, and often subject to an asset test.

Compliance

The Outsource Group is compliant with each client's policies and procedures. All patient-facing employees are well versed in HIPAA compliance, and receive additional compliance training annually. In addition, we are compliant with FCRA, FDCPA, and all local and state regulations.