Katie Saul:

Hi everyone, we're happy to have you all with us, this is Katie Saul from the Title X Family Planning National Training Center. And, we're happy to welcome you all to today's webinar on monitoring and managing client fee collections. A few things before we begin, you should have all received a copy of the slides in the reminder that was emailed to the registered participants yesterday. We'll post the slides from today's webinar on FPNTC.org along with a recording of today's webinar, the slide deck, and a transcript, hopefully by late next week. Usually we try to get these up within a week or so. And we encourage all of you to use these resources, they are great tools to help you train your networks and to refer to as your implementing some of these changes that we are discussing today.

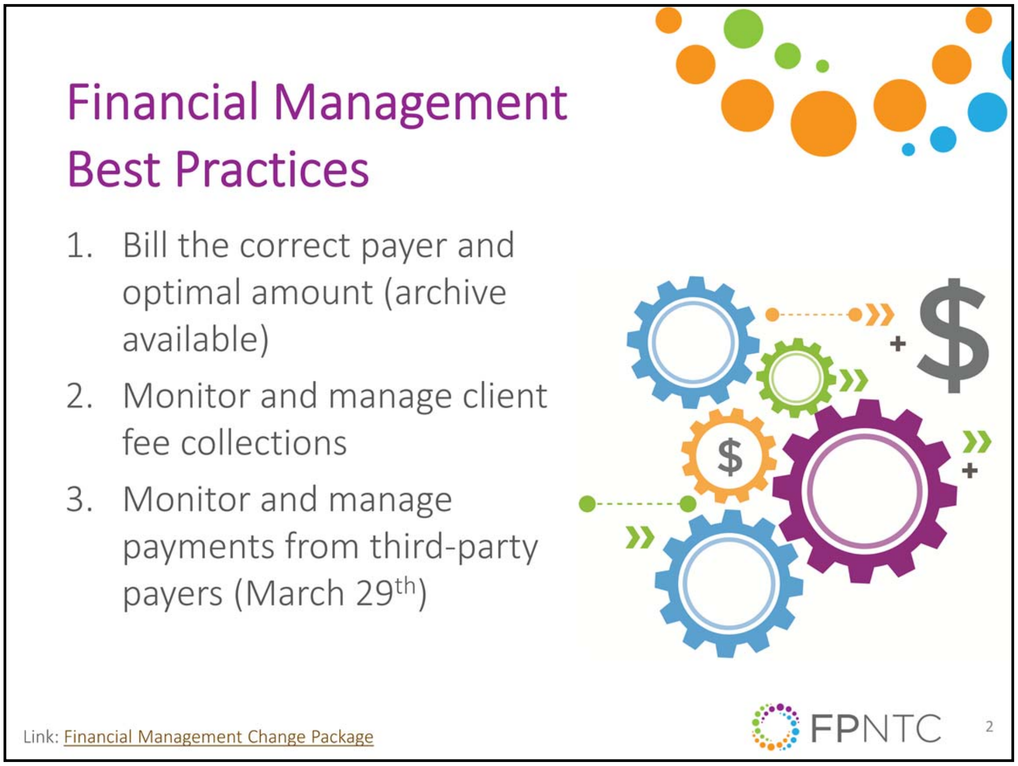
We're going to answer questions a few different ways today. You can use the chat at the bottom left of your screen to ask questions at any time during the webinar, and then at the end of the presentation we will read out the questions that were submitted by chat, but we're also going to open up the phone lines for Q&A, because we know that some of these questions can get a little tricky. So please feel free to chat in at any time, otherwise hold your questions to the end and we will get to you by phone.

Okay, so I would like to introduce you to our speakers today. Debbie Sullivan is a Health Care Consultant with over 20 years of health care management experience. And she has extensive experience consulting on financial management and family planning settings. Debbie co-led the Financial Management Learning Collaborative with Caitlin Hungate from the FPNTC, and previously Debbie spent over 10 years as the Chief Operating Officer at Adagio Health, which is a Title X grantee in Pennsylvania. Debbie's also probably provided technical assistance to many of you out there on the line today and knows the Title X context very, very, well, so we are excited to have her with us.

Caitlin Hungate is a Project Manager from JSI and a member of the FPNTC Training and Technical Assistance Team. Caitlin, as I said, co-led the Financial Management Learning Collaborative with Debbie and is also presenting today. So with that, Caitlin I'm gonna turn it over to you.

Caitlin Hungate:

Thank you Katie. Hi everyone and welcome to today's webinar focusing on monitoring and managing client fee collections. This is the second of the three Financial Management Best Practices outlined in the Financial Management Change Package, a quality improvement guide to increase revenue available on FPNTC.org. My name is Caitlin Hungate, as I said, and I'm a member of the Family Planning National Training Center Team and will be one of your facilitators today. I'm joined by Debbie Sullivan, as Katie said, she's an external consultant with extensive experience.



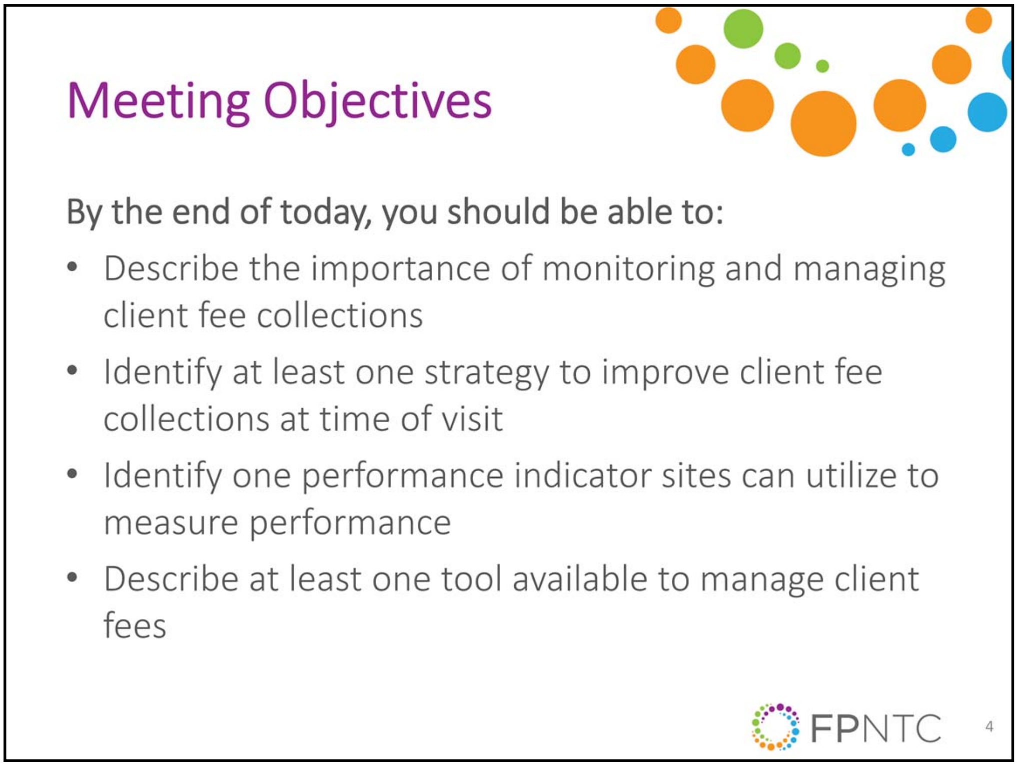
The Financial Management Change Package draws from the literature and most current practice guidelines to improve financial management. It includes the following three best practices, which we're addressing in this webinar series. The first was bill the correct payer an optimal amount, which we helped with last week and an archive of March 8th webinar will soon be available on FPNTC. Today's webinar we're covering monitoring and managing client fee collections, and our third best practice will be on monitor and manage payments from third party payers, and we'll be having that webinar on Thursday, March 29th.

In order to increase revenue, it's important to consider all three best practices and utilize a comprehensive approach that addresses each. We strongly encourage you to refer to the Financial Management Change Package for more ideas about the strategies and successes. Again, it can be found on FPNTC.org and it's linked on the slide.

Today we're focusing on client fee collections as a way to improve revenue. This is an important component of an agency or site's revenue and applies to both uninsured or self-paid client fees as well as the third-party payer client fees. Title X sites or agencies experience common missteps, such as not measuring and/or managing client fees and assuming that clients cannot or will not pay for services. These assumptions often lead to missed opportunities to collect fees that are due to your site or agency.

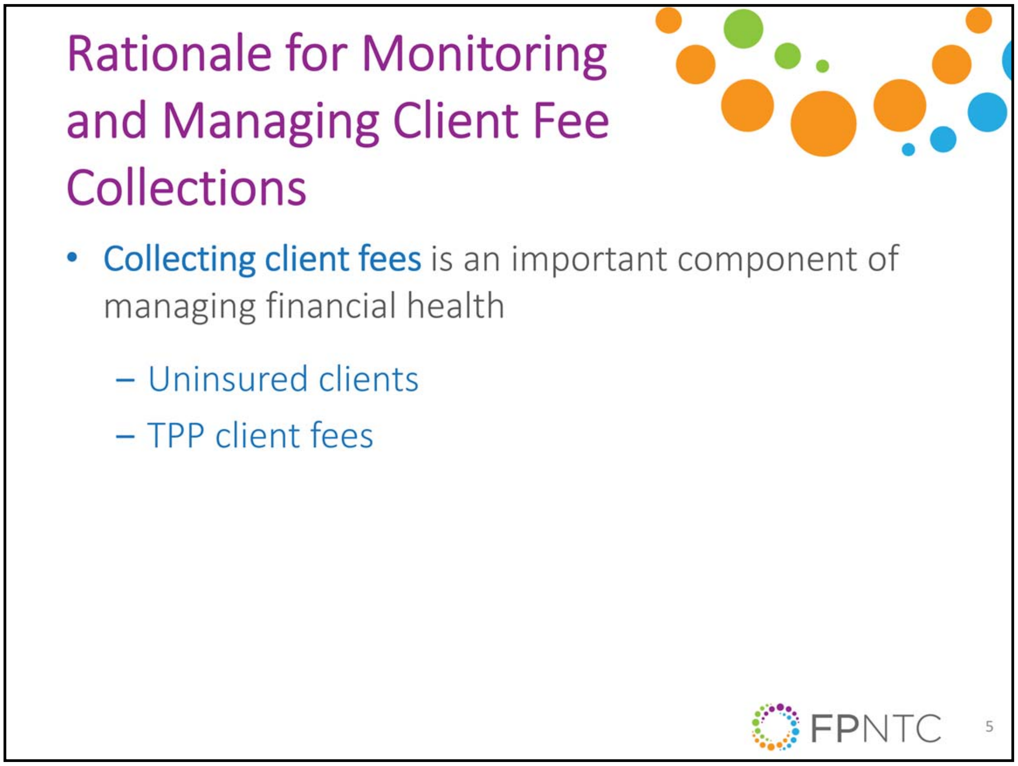
A Title X site or agency may consider working on monitoring and managing client fee collections if the agency's fee collections at time of visit are below national benchmarks, meaning that they're less than 95%. If an agency is not billing for or not billing correctly for third-party payer associated client fees, or maybe they're not sure the third-party payer client fees.

And last but not least, if an agency's client fee balances aged over 120 days, excuse me, is greater than national benchmarks, which range around from 15% to 25%. And these benchmarks ... I want to refer you to a resources that are included in the Financial Dashboard, which we link later to in the presentation.



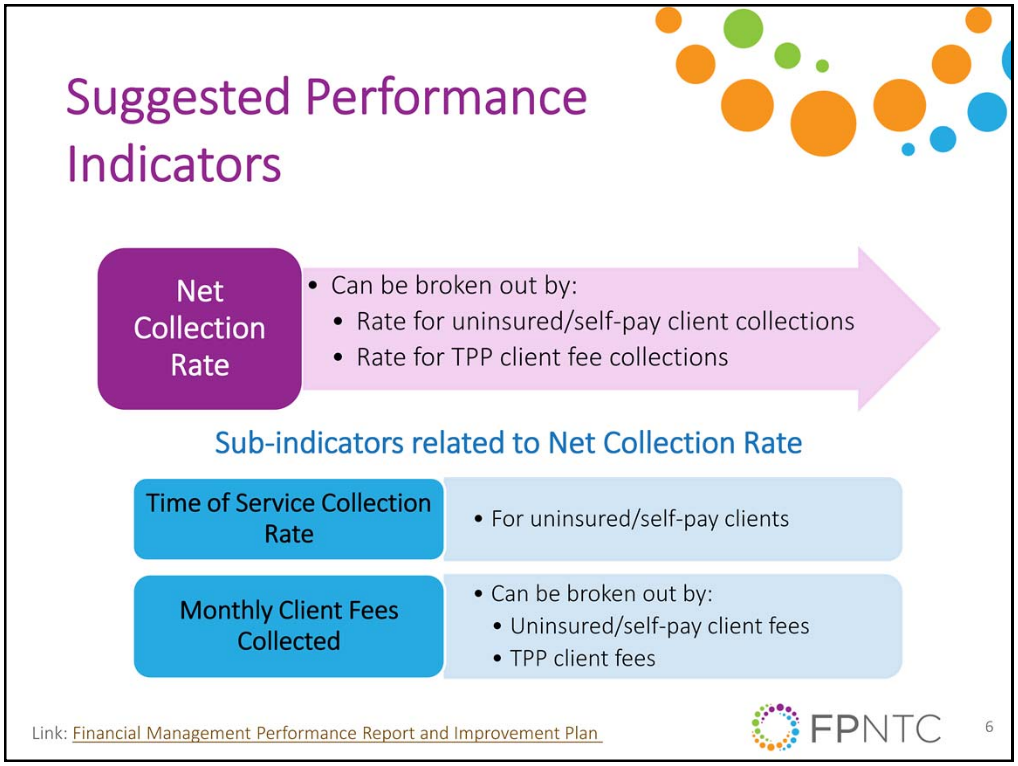
There are four objectives for today's webinar. By the end of today, you should be able to describe the importance of monitoring and managing client fee collections, identify at least one strategy to improve client fee collections at time of visit, identify one performance indicator sites or agencies can utilize to measure performance, and to describe at least one tool available to manage client fees.

And at this point I'm gonna turn it over to Debbie who's gonna go into the rationale and some strategies for monitoring and managing client fee collection.



Debbie Sullivan:

Thanks Caitlin. So, collecting client fees is an important component of managing financial health, as a significant portion of revenue due to your site or your agency for services provided is from client fees. Client fees include those monies due from uninsured self-pay clients and insured clients. For uninsured self-pay clients, it's important to first assess the family size and income correctly to determine the appropriate discount before collecting the fees, and fees from third-party payer clients include those co-pays, deductibles, and/or co-insurances. Again, collect after assessing the appropriate discount.



So, there are several indicators your agency can use to monitor and manage client fees. Indicators can point you in areas in need of improvement. One suggested performance indicator you can use is Net Collection Rate, which is typically calculated retrospectively. It calculates by dividing dollars collected by dollars expected for the services provided during a specific time period. The next collection rate can be calculated for all client fee collections in total or it can be broken out by uninsured self-pay client fees and third-party payer client fees.

We've also identified sub-indicators that sites or agencies can look at, and you may choose to use sub-indicators for various reasons. A couple of these include, one for example, data collection challenges. If gathering the information needed to calculate the Core Performance Indicator, in this case, Net Collection Rate. If it's challenging to gather that, you can select an indicator that's easier to collect the data on and when improved, will yield results in the core indicator.

Another reason you might use a sub-indicator is that certain ones might be more meaningful to your staff. As an example, Time of Service Collection may resonate more so than Net Collection Rate with your staff and more closely align directly with their job responsibilities of collecting at time of visit.

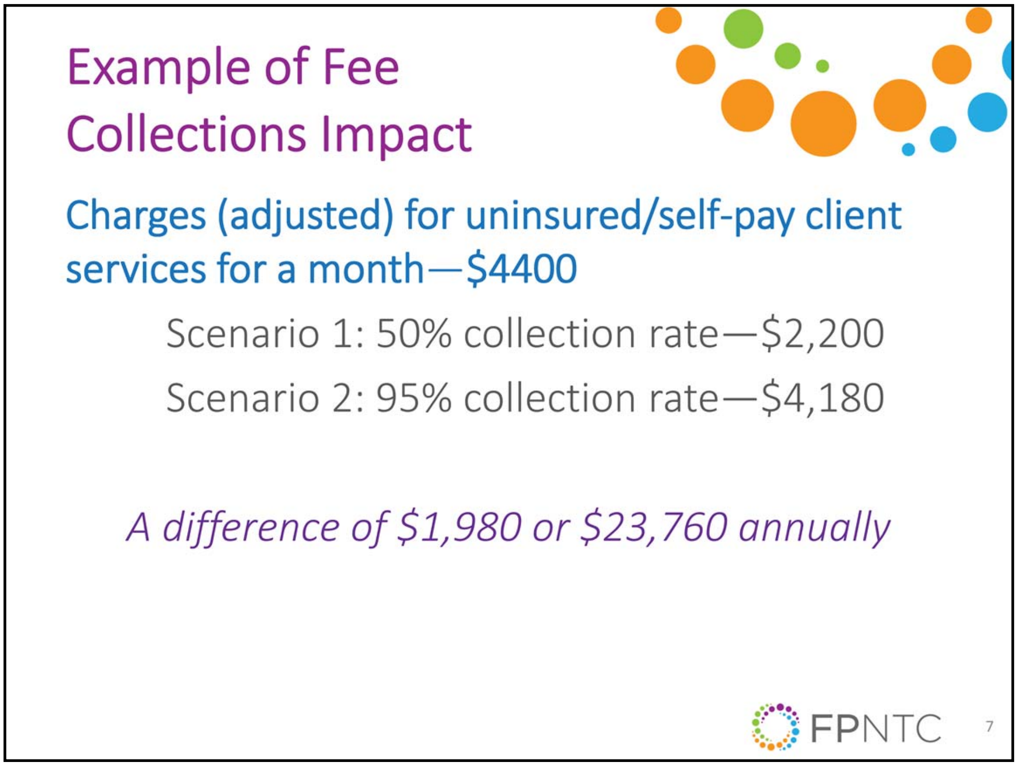
And a third reason I'll mention is that solution or process changes to improve results may involve multiple steps, so measuring and tracking these can lead to improvements in the core indicator.

So, some sub-indicators for Net Collection Rate could include Time of Service Collection Rate, and this refers to dollars collected at the time of visit divided by dollars expected for the client services. This differs from that collection rate in that it focuses on monies collected just at time of visit rather than monies collected for a service at any point for that given service. Best practice is 90/95% and your site may choose to collect co-pays as well, and you could include that money, and those charges into that measurement as well.

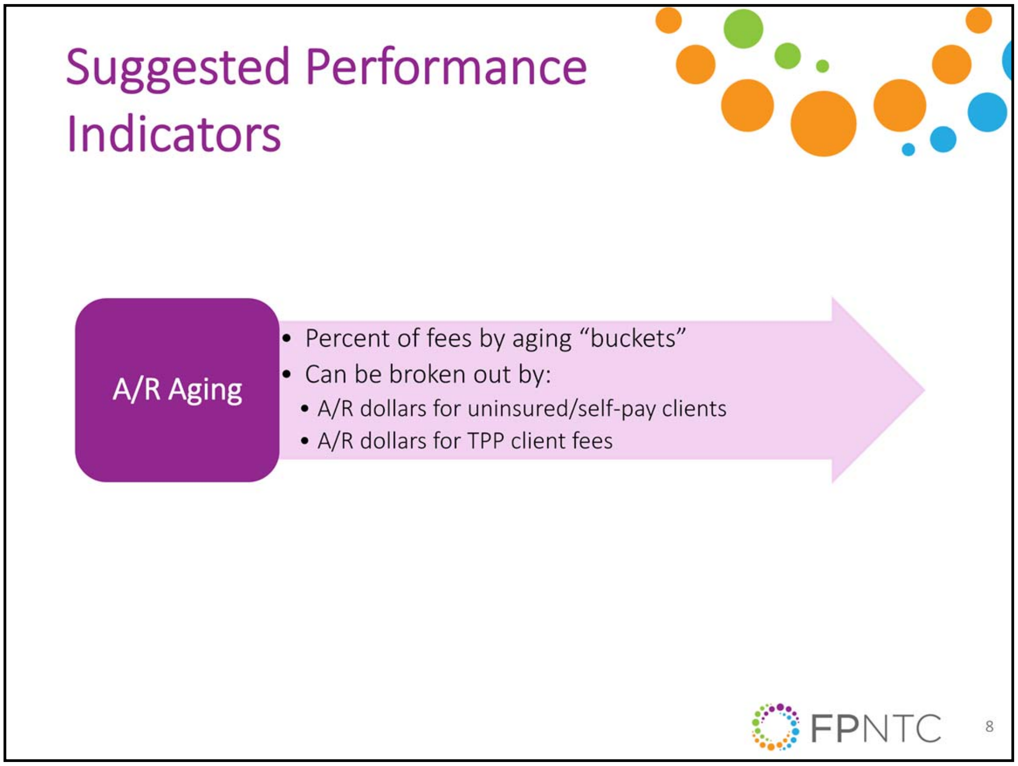
So, this is a really useful measure as collecting at time of service, first of all, represents the best chance of collecting monies due to you. And, better collections at time of visit will certainly improve your Net Collection Rate.

Second one I wanna mention is Monthly Client Fee Collection, so that's dollars that are just collected each month. Now, this can be easily trended and shared with staff; however, it'll fluctuate, not only with increased or improved collections, but it will fluctuate with an increased number of clients, or with changes in the number of clients in each [inaudible 00:09:46] Cat Count category, but it's still useful. This measure again can resonate with staff. It's easy to gather. Staff responsible for collecting fees, whether front desk or exit, they can even gather this without a system report. So, if data extraction is an issue, this is really a useful measure.

Additionally, Net Collection Rate is typically again, a retrospective analysis, so measuring fee collections can provide some immediate feedback to progress storing to QI Initiative.



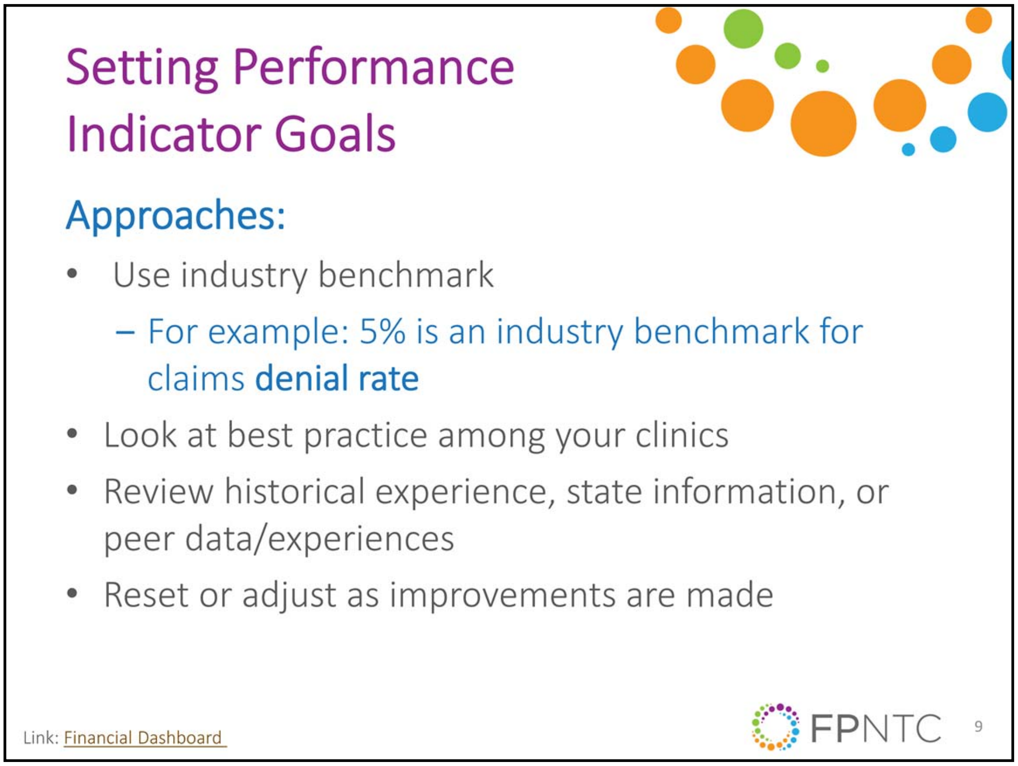
So, let me do a quick example, just, it's up on the screen here, to demonstrate the importance of collecting client fees. So, in this case, in one month, the total charges, adjusted, so after the discount was applied, and this clinic was $4,400. In Scenario One, they were collecting at a 50% collection rate, and that represents a total of $2,200. And in Scenario Two, with a 95% collection rate, it totaled $4,180. So, when you look at the difference, you've got $1,980 in a monthly difference or an annualized amount is nearly $24,000, so again, quite an impact.



Another useful performance indicator is Accounts Receivable Aging. So, Accounts Receivable Aging, it's simply all the money due to you for services provided grouped by age or date range as post date of service. So one approach to using this indicator is to identify the percentages in each aging bucket and compare it to best practices. Aging buckets include typically 0-30 days post date of service, 31-60, 61-90, 91-120, and 121+.

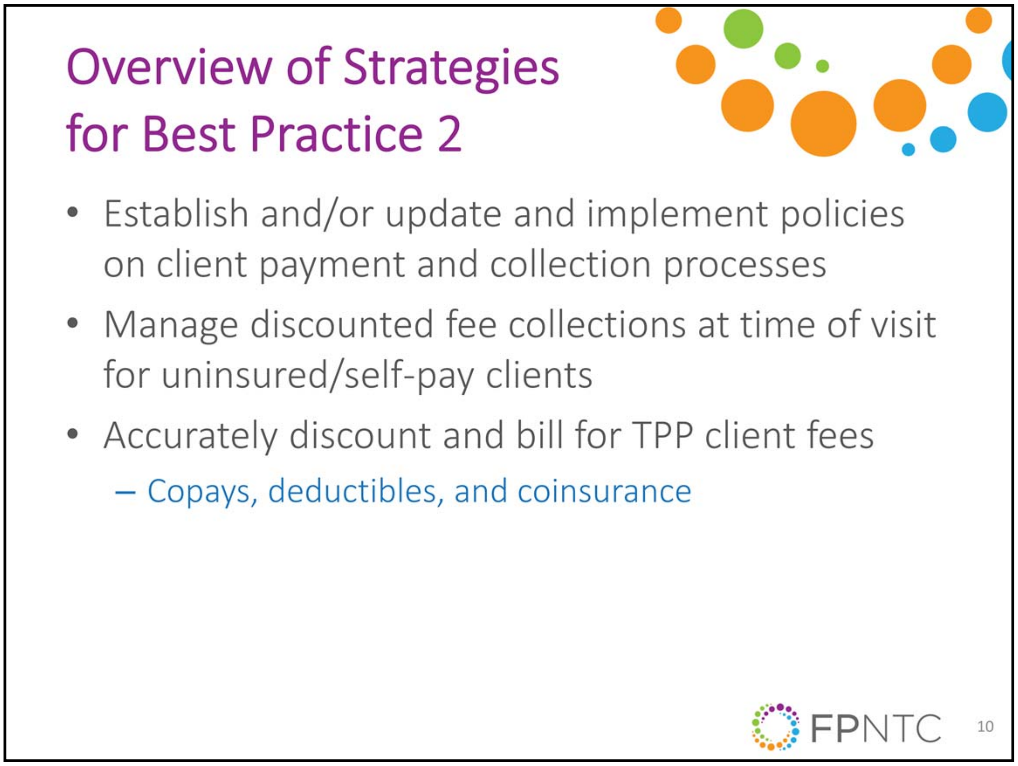
So, for example, in the 121+ day bucket, a best practice is typically less than 15% to 25% of your total receivables in this category or bucket. Caitlin mentioned that we have resources in the back that list industry best practice reaches each of these buckets. The Client Fees Accounts Receivable Aging can include all outstanding dollars owed from clients in one category, or it can be separated into two different categories, one for the uninsured self-pay clients and a second for those clients' fees owed from third-party payer clients.

An agency or site often bills third-party payer clients for their portion of fees once the ERA, or the Electronic Remittance Advice, is received, and so measuring these dollars billed and dollars collected separate from those uninsured self-pay client fees that you're gathering right at time of service can enable your agency to identify more accurately if you have an issue with either or both billing and payment processes.



The measures mean nothing if they're not compared to a goal or a benchmark, and there are several ways to set goals for performance indicators. Some have some clear industry benchmarks, such as a denial rate or some of the measures we've just shared with you. Another approach though is to look at best practices in your network of sites. So, for example, if you have a site, which has a collection, a time of visit rate, of 80 and it's the best one in your sites, maybe that's the measure you use as an initial measure for all of the sites in your network.

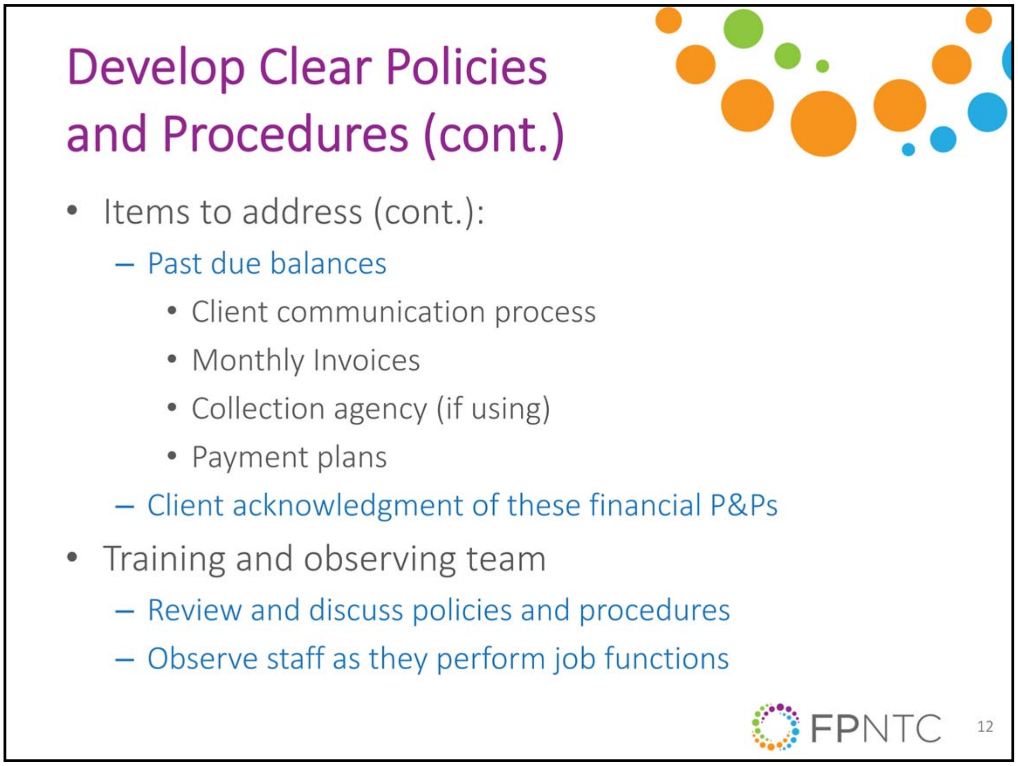
You can also set goals based on historical experience or state information, or your peer data experiences. But remember, it's important to note that regardless of what approach you take and where you set your performance indicator goals initially, they can certainly be reset or incrementally adjusted as you make improvements.



Next we're gonna discuss strategies for improvements for the best practice of monitoring and managing client fee collection. The first is to establish and/or update and implement policies on client payment and collection processes. Another strategy is to manage discounted fee collections at time of visit for uninsured, self-pay clients. And last but not least, is to accurately discount and bill for third-party payer client fees including those co-pays, deductibles, and co-insurances.

So, it's important to assess the frequency at which your site or agency reviews your existing policies along with your approach to developing and/or reviewing your policies. As a suggestion, consider reviewing one policy a month at the monthly meeting. You can sort of get though a lot of those then in a given year. And think about how your site or agency includes or doesn't include billing and collection policies and procedures around scheduling check-ins and exit communications, method of payment that you accept, your payment expectations, specifically time of visit, if you include that, billing and collecting for your third-party payer client fees. How do you address credit balance? A word about credit balance is, it's important to note that sometimes if we're collecting third-party payer fees up front, an agency may collect more from the client, such as in the co-pay amount, than it was supposed to. These amounts need to be returned to the client in a timely fashion. Each state has its own unclaimed property laws, but the guiding principle is that practices are required to refund any overpayment, in any amount, to clients.

Last two policies, to just make sure you address our client refusal and also a policy on waving charge, as an example there, who can approve that waiver?



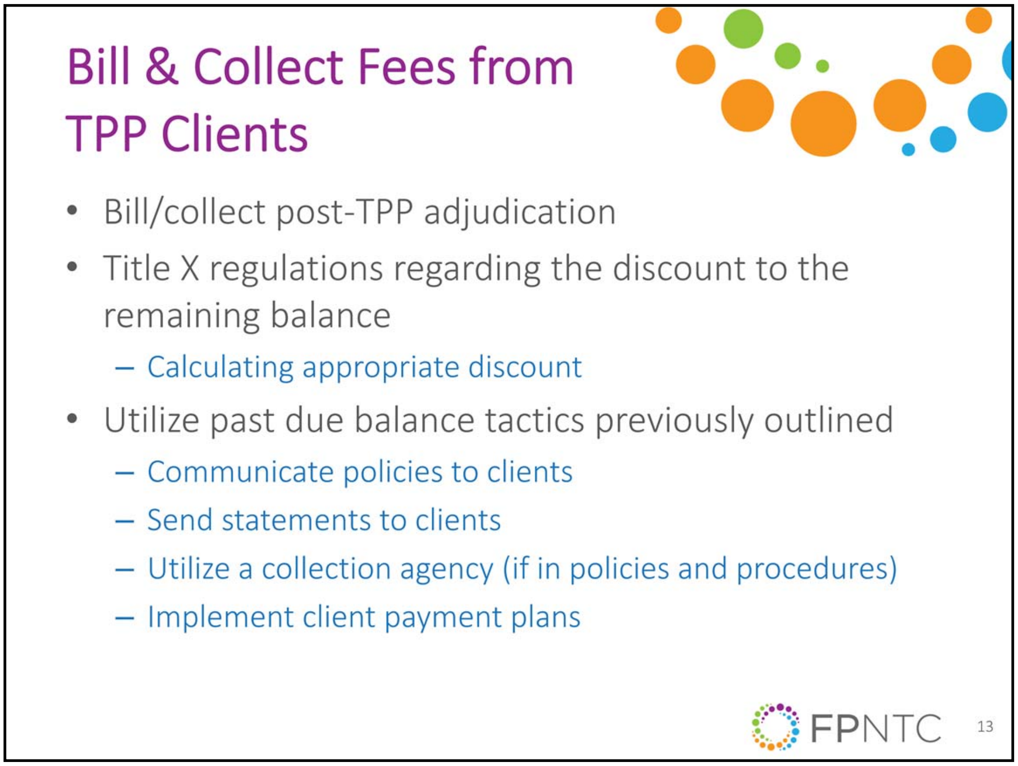
Policies and procedures should also address past due balances. Think about how balances are identified, when and how that is communicated to clients as well. Think about policies and practices regarding client invoicing. Is it monthly? And how soon after services is an invoice sent out and how many invoices are sent prior to further action? And that further action might include write-offs, or sending the client account to the collection agency and/or implementing a payment plan. Typically, sending three to four monthly statements prior to taking further action is recommended.

Consider use of the collection agency and develop your policies and procedures on this topic if you do. For example, your policy and procedure may include details such as only pursuing those clients with balances over a certain threshold, or those who have made no payments for six months, or only including clients when client contact is permitted. Payment plans, when a part of your process should outline specifics such as the monthly payment amount, how a client can qualify for a payment plan, and the payment plan should be agreed on and signed by both the client and your agency, but the client doesn't honor the agreement, consider expanding you the policy to use of a collection agency to procure that unpaid balance.

A brief mention to include write-off policies, specifically, when accounts are written off and who's responsible. I also suggest making sure that you receive a client acknowledgement of your agency's Payment and Collection Policies and Procedures. One strategy is to provide the client a copy of his or her signed acknowledgement of your policies.

Often policies and procedures get shared with new employees and sort of count as training and orientation. Certain elements can easily get missed or misinterpreted at this time, so I highly encourage you to review policies and procedures in person and allow for dialogue and questions with your staff. Observe them as they perform their job functions and as they're outlined in the Policy and Procedures. Provide feedback. And bad habits develop, so consider observing your staff periodically. Routine training is a recommended best practice, regardless of whether you're implementing a specific initiative or not. Remember your staff really play a critical role in billing and collections.

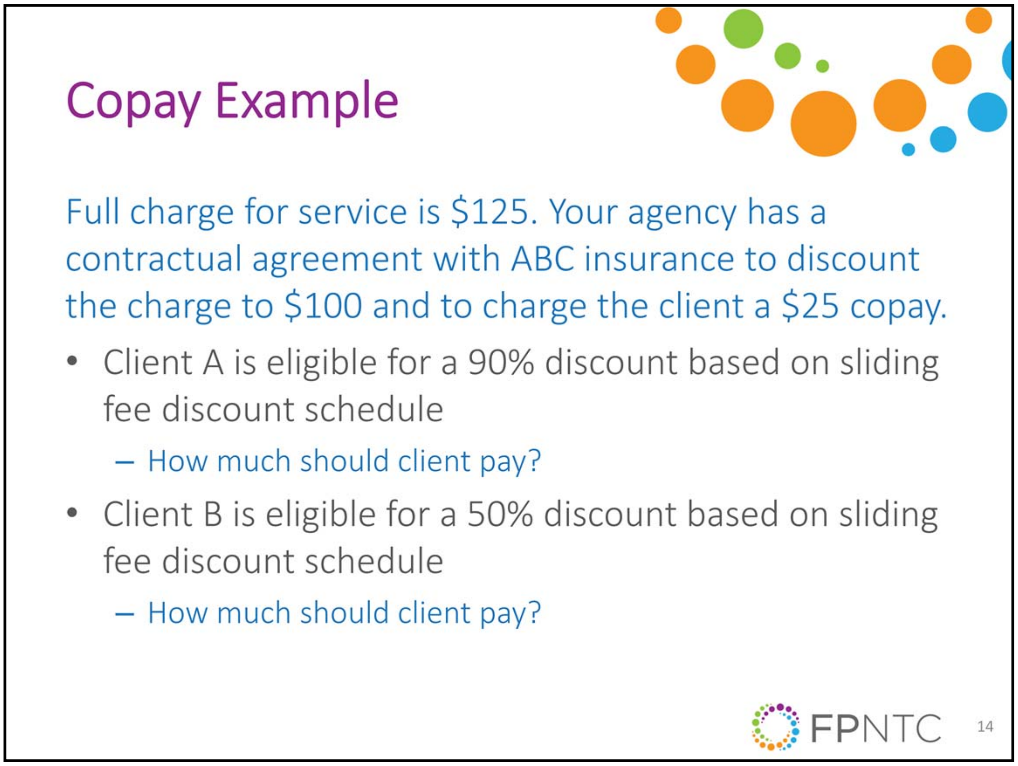
While your agency is reviewing and/or developing these policies and procedures, it is really important to reiterate that Title X requirements state that clients cannot be denied services for their inability to pay.



A second strategy for this best practice is billing and collecting fees from third-party payer clients. So, once the Electronic Remittance Advice, the ERA, is received, your agency will know the exact amount the client with third-party payer is responsible for in the way of co-pays, deductibles, and co-insurances. This amount then needs to be discounted based on the client's family size and income and Title X guidelines. So, I just want to say that certainly collecting fees prior to receiving the ERA is allowable, but it can lead to credit balances and create additional work for your staff. So, unless you can accurately gauge amounts due at time of visit, which requires specific electronic research for each client, consider waiting for the ERA. Again, the pro is that you would have a better Collection Rate at time of visit when you collect for these, the con is that you can create a lot of work around processing refunds.

Remember, all clients regardless of insurance status require a family size and income assessment when they present for services, not just those uninsured clients. Use that information as well as Title X guidance to assure an accurate discount calculation of the co-pay and deductible fees. And the Title X guidance is that clients should never pay more than what they would owe based on the sliding fee scale. I have an example forthcoming.

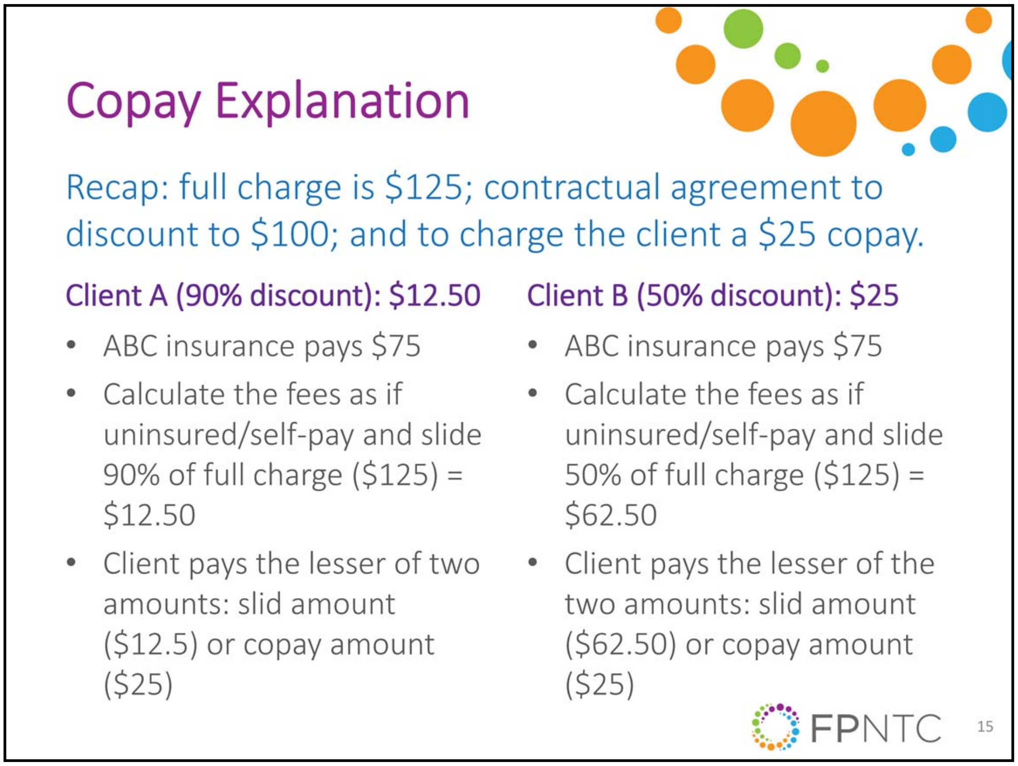
It's also recommended that you utilize those past-due balance tactics we outlined on the prior slide, for your third-party payer client fees, and they're listed here as well.



So, a co-pay example, let's talk through this example of how in an agency would apply the Title X program requirements. So, in this example, let's say your full charge for service is $125. Your agency has a contractual agreement with ABC Insurance Company to discount the charge to $100, and of that 100, to actually charge the client a $25 co-pay.

So, let's talk about Client A first. So, Client A is eligible for a 90% discount based on your agency's sliding fee scale discount. How much should this client pay? Please use the chat function and type in an answer to this question.

Okay, I see some answers being typed in, and actually I see four or five different ones, so we're gonna review this in a minute. So, if you're still chatting, that's great, but we're gonna move on to Client B, and let's go over Client B. So, it assumes the same set of circumstances with the third-party payer, but we're now going to assume that this client is only eligible for a 50% discount based on your agency's sliding fee discount schedule. How much should Client B pay? So, please type in your answers for Client B. We'll take a moment to let you do that before we move to the next slide and go through the math and the correct answers.



Okay, we're gonna move on to the answers. So, just a recap, the full charge on your fee schedule is $125. You have a contractual agreement with Insurance Company ABC to discount this service to $100 and to charge the client a $25 co-pay. Let's talk about Client A first. The correct answer is $12.50, and let's go through the math of that calculation. So, Insurance Company ABC is obligated to pay $100 minus the $25 co-pay, so Insurance Company is going to pay $75. The client pays $12.50, and so to accurately come to that calculation, first we're gonna calculate the fee, as if the client is uninsured self-pay. So, we're gonna slide 90% of the full charge, so that full charge was $125. When you slide that 90%, the amount comes to $12.50. So, we're gonna compare that amount to the co-pay amount of $25. As you can see, the lower amount is that split amount, the $12.50. So that is the answer, $12.50 for Client A.

The Title X guidelines says that a client with insurance shouldn't pay more than what they would pay if they were paying on the sliding fee discount schedule. So, what about the rest of the charges? So, first of all, the difference between $101.25, that $25 is written off as a contractual adjustment. That was money you weren't ever going to collect with ABC Insurance because of your contractual arrangement. The remainder of the co-pay that you didn't collect, that $12.50, is written off as bad debt. Title X funds help to offset these amounts.

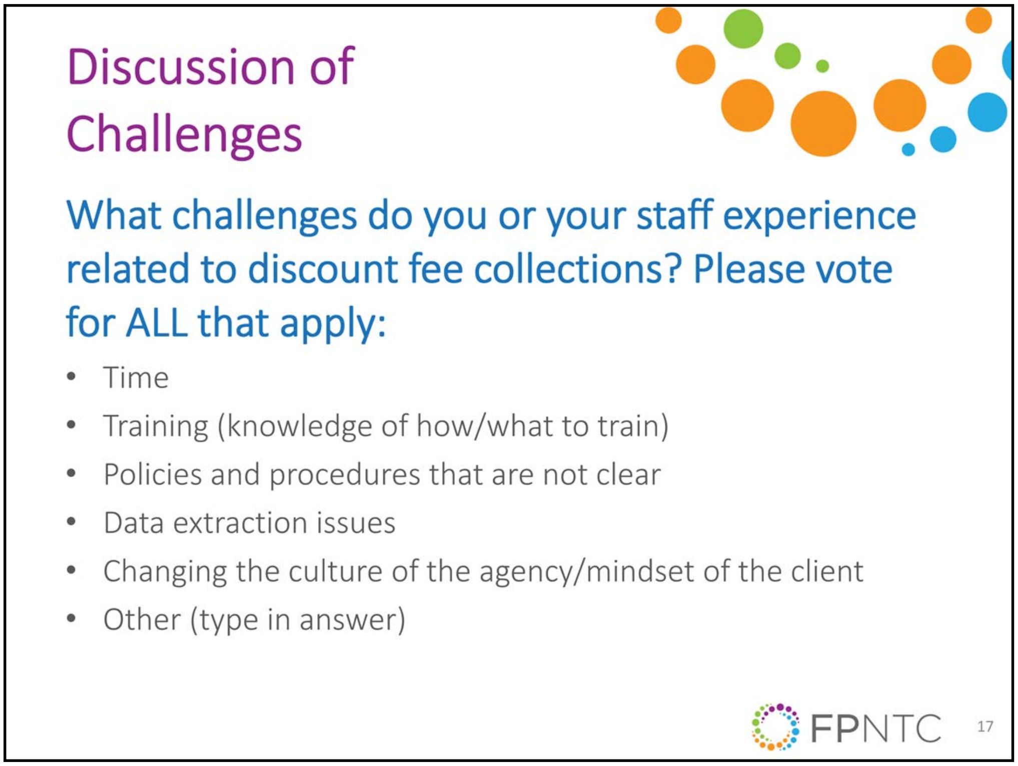
Let's move on to Client B. Again, same circumstances with Insurance

Company ABC. We have $125 fee schedule charge, but we have a $100 contractual arrangement with that Company ABC, of which of that $100, the co-pay is $25. So, ABC Insurance Company pays you $75. Now, to accurately calculate what the client owes, first calculate the fees as if the client is uninsured or self-pay. So we're gonna slide that full charge 50%, so 50% of the $125 is $62.50. Now we compare that $62.50 to the $25 co-pay, and the $25 co-pay is lower, and so certainly that amount needs to be paid. So, in this case, the client pays $25 of the $25 co-pay. Same as in the last example, that difference between the $100 and the $125 is a contractual adjustment.

Okay, I see many of you got it right and some of you, we may have questions at the end, so please save your questions if you have them for the end, but we're gonna move on with Caitlin next.

Caitlin Hungate:

Thank you Debbie for that wonderful example and so now we're gonna focus on managing discounted fee collections for uninsured self-pay clients, specifically at time of visit.



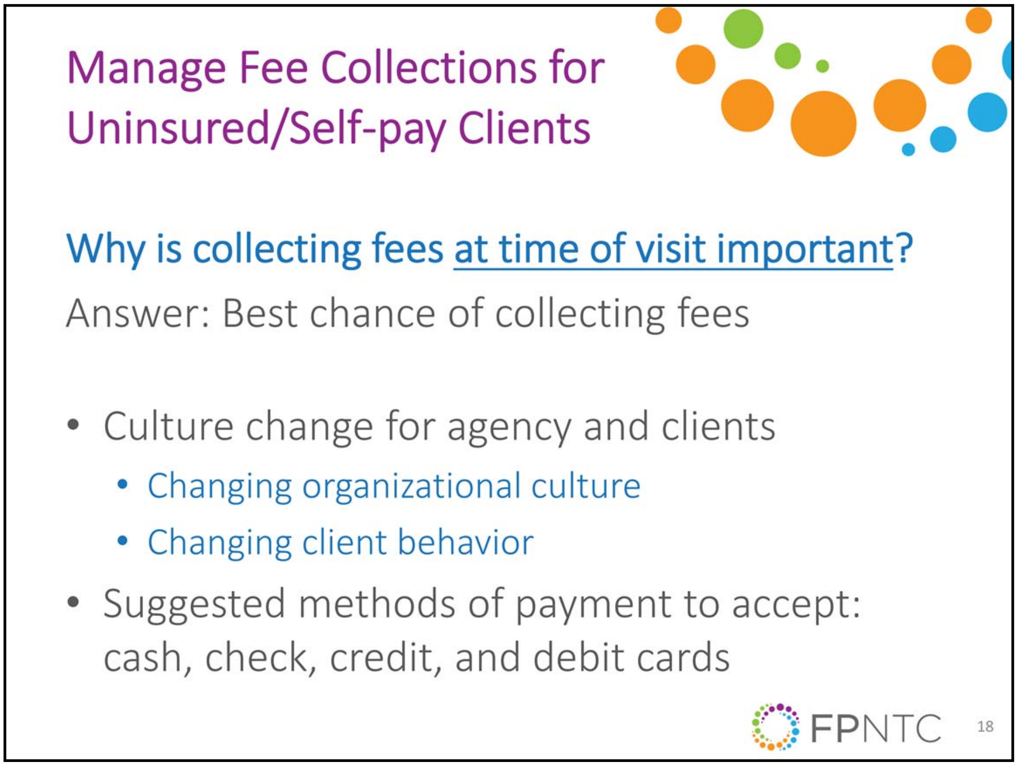
And before we go into the specific strategies around this, please take a moment and answer this poll on your screen regarding what challenges do you or your staff experience related to discount fee collections, and feel free to check all that apply. And those include, time, training, policies and procedures, data extraction, agency culture, or the culture of the client mindset. So please again, take a minute to answer this poll and then we'll go into the results and hand it back over to Debbie.

Feel free to check all that apply to you or your staff.

Debbie Sullivan:

Okay, I'm gonna jump in. It looks like training and culture are two of the biggest ones, so I'm gonna address those a bit. So, I wanna start with training and we talked about a lot of training that can be done in house and that's great. And it's just building that into your regular routine is a good way to do it. It just becomes part of your organization. And again, whether you include 15 minutes at a monthly meeting or 15 minutes before patient services start every Friday morning, come up with a way where you're actually including that as part of your organization.

I'd also like to recommend. Consider outside training sources, specifically the Family Planning National Training Center or NFPRHA and look for training resources that are available for you there. You don't need to do, ya know, everything. So, I do wanna just make a plug for that. I did want one word about policies and procedures before we move on to culture. So, the comment that I like to make about policies and procedures, if they're not clear, and if they're not detailed, your processes around billing and collecting will be less than optimal. So take the time to establish clear detailed policies and involve your staff in terms of making sure that you're capturing it accurately and efficiently.



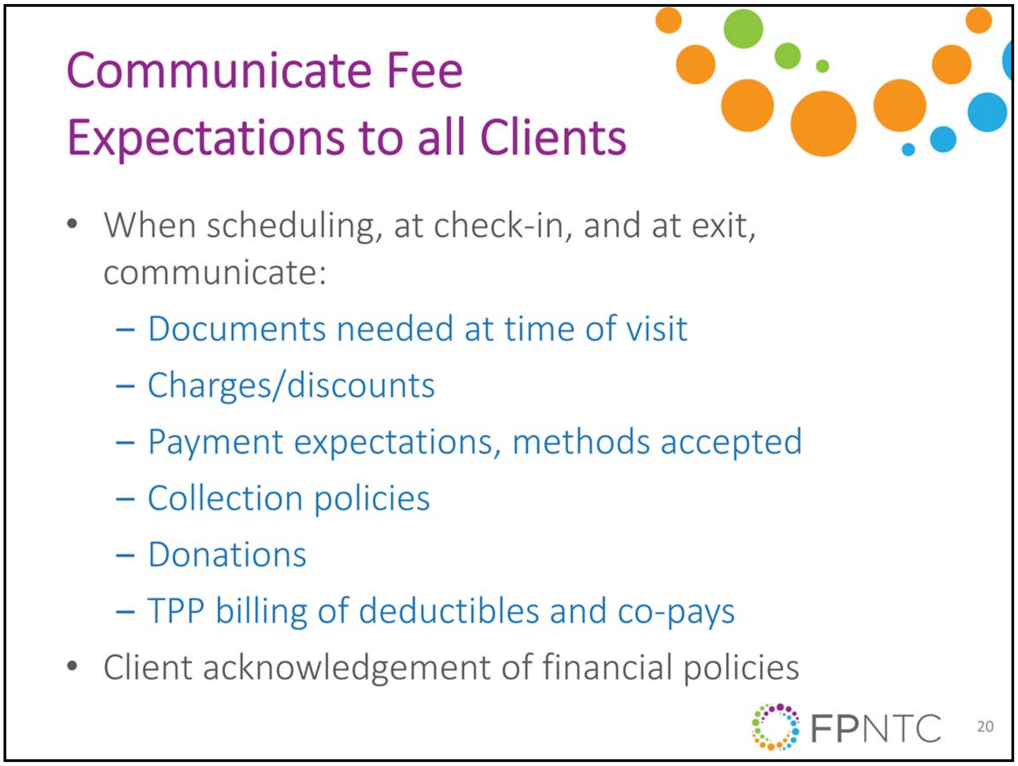
The next slide jumps into some culture things, so we'll move on. Okay, so managing fee collections at time of visit is critical. Collecting those discounted fees for services at time of visit, it's your agency's best chance, and it's the most efficient way of collecting client fees. I recommend this policy for collecting your uninsured client fees. If it isn't your current policy, or if your current performance is collecting at less than 90% or 95% of your fees due at time of visit, organizational culture issues may be a part of your challenge.

Ya know, there's been a shift that I don't need to tell you, that we've gone from really predominately uninsured or free clinic mentality to where operations were mostly funded by grants to having clients with more insurance and less grant funding. So, an important factor in remaining financially viable is collecting the appropriate fees for services. This can evolve a culture shift in thinking at your organization. And services should be reimbursed at appropriately discounted fees for all clients. Share monthly results with your team members and how their billing and collection efforts improved financial results and how these efforts assist with your organization's financial plans. Though I've found that an opportune way to work on changing that culture is the education and the knowledge of what's behind the work and the results behind the work.

Another challenge though in some cases is that uninsured self-pay clients have become accustomed to receiving services or making little or no payment. Changing their expectations around payment due at time of service, it really takes consistent, persistent messaging during scheduling, at time of visit, and in written correspondence. In changing the mindset of clients regarding payment expectations, it will occur over time with that consistency in messaging and actions from your staff. With both culture change in the agency and for the clients, it is important to balance these messages and assure that customer service is not sacrificed. And again, the clients are not denied services for the inability to pay with good cause. It is recommended as well that your site or agency should accept cash, check, and credit and debit cards as methods of payments to maximize those client fee collections at time of visit.

So in addition to managing fee collections at time of visit, it is important to review your process and practice for managing past due balances. If you don't have one, implement a monthly invoice process and/or assure it is occurring as outlined in those policies and procedures we just spoke about a few slides ago. If your current practice and policy does not allow for online payments and your system can accommodate this process, you can consider implementing this as well. Assure your site's payment plan and collection agency processes are implemented as outlined in your site's policies. If your site's policies don't include these, consider adding them and really evaluate their effectiveness and if they're yielding results. And if not, are there modifications that can be made to increase their effectiveness. Involve your staff and consider a QI Initiative.

A recommended practice to improve client fee collections post visit is to communicate those past due balances to all your clients as well as that payment's expected at the next appointment. So, you wanna communicate those past due balances and those amounts to your clients when they're scheduling their next appointment. So, if a client calls for a new appointment, you wanna be able to pull up their past due balances and communicate that, and also then when they check in or exit, being able to pull up those past due balances. This may involve some training of your front desk staff to identify those balances in your EHR Practice Management System and also as well as how to communicate appropriate messaging about the balances.



Clear communication, as you're getting the point is critical. It is important to review and observe not only what but how your staff communicates your agency's policies and procedures, assures scheduling, check-ins, and exit communications are consistent, and the following should be communicated: documents to bring at time of visit, charges, payments after assessing discounts, that it's expected at time of visit for uninsured self-pay and perhaps the third-party payer client fees if that's your policy, payment methods your agency accepts, again, assuring that you, hopefully, accept checks, credit, and debit cards as well as cash, collection policies, donation policies. And again, explaining to that third-party payer client that there may be fees for balances not paid by the third-party payer if you're not collecting them at time of visit.

Consider developing scripts for the staff, but that to help balance that customer service with the payment expectation. Again, I'll mention to obtain written client acknowledgement of your site or agency's policy and procedures on these matters.

Communications Example

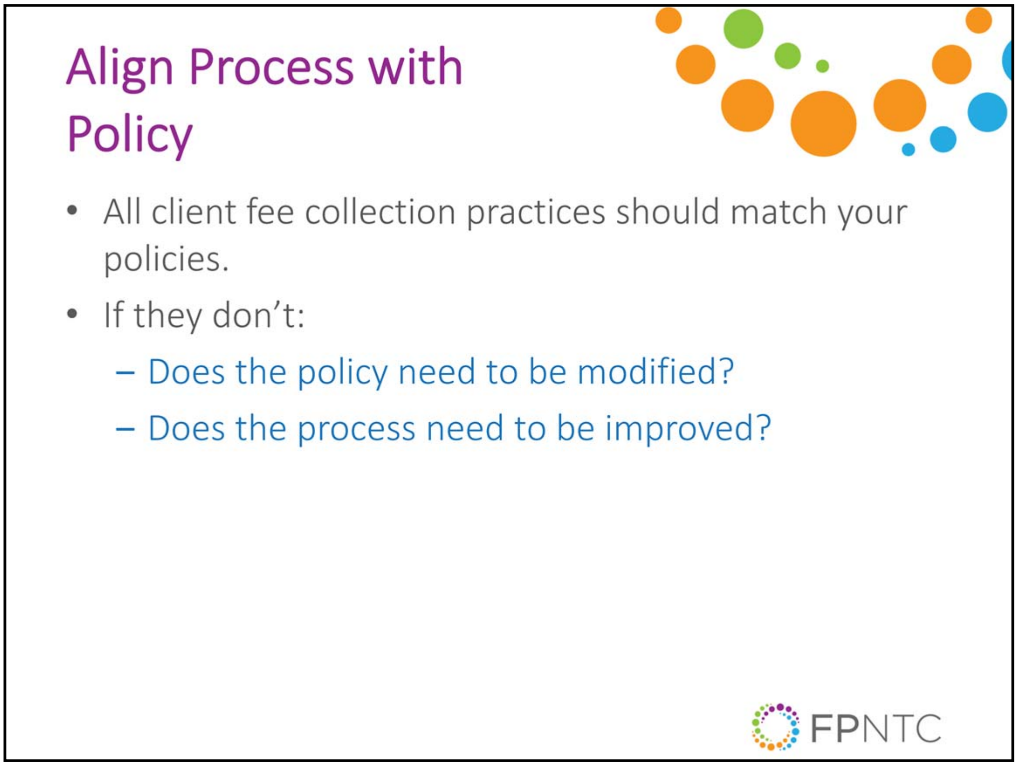
"How will you be paying for your services today?"

versus

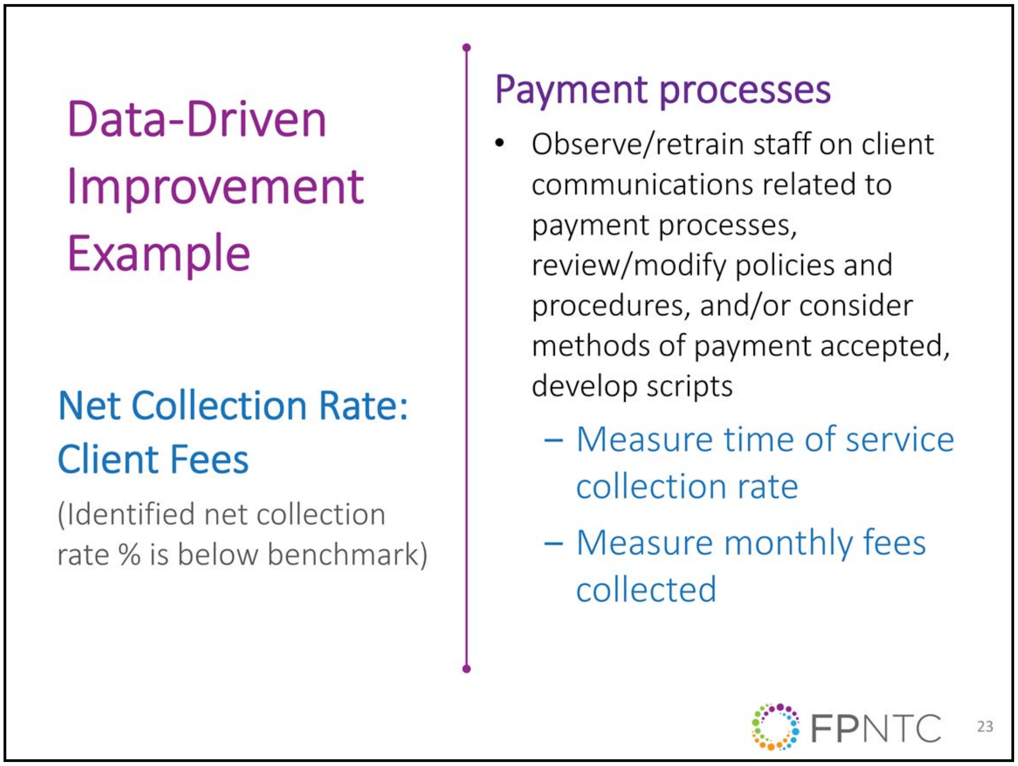
"How much can you pay for services today?"

FPNTC 21

Here's an example of how words make a difference. Note the difference in the wording between these two statements. The first, "How will you be paying for services today?" Versus, "How much can you pay for services today?" Note that difference and listen to how your staff delivers these messages. This a great example of when and how observation and scripting can be useful.



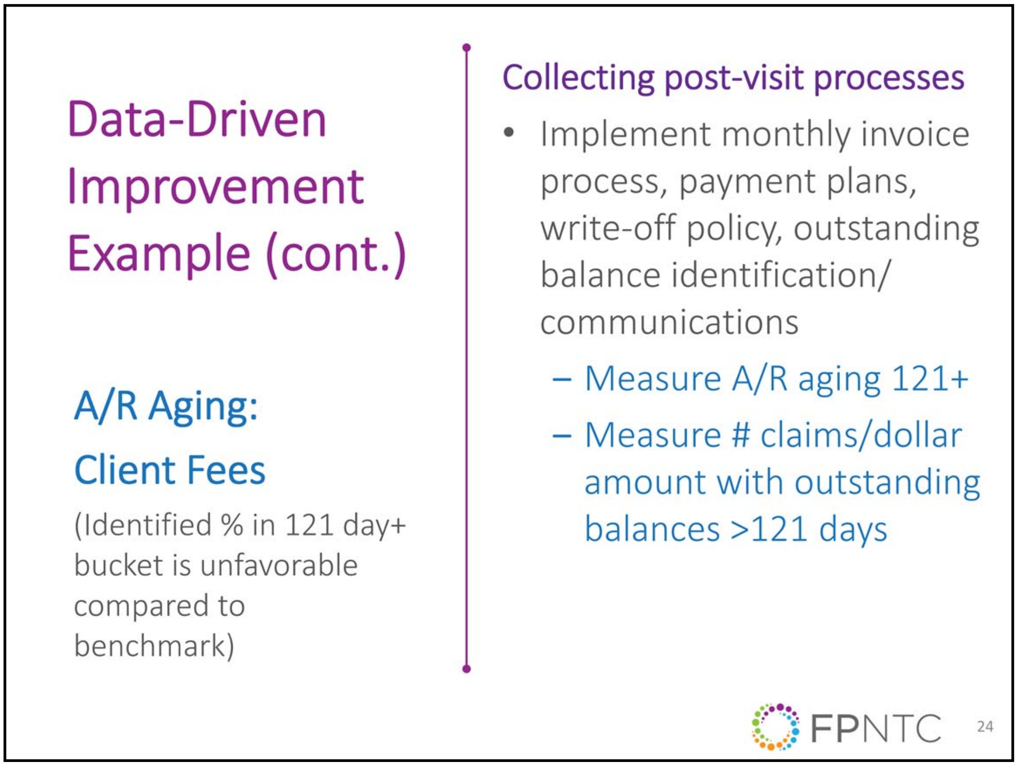
Often processes evolve over time. Staff can sometimes identify shortcuts or new processes. They modify the performance of a task and deviate from the policy and these deviations may or may not be effective. So, it's important to identify if policies are still accurate and/or if the policy is indeed how the process is occurring. So, review those policies as I mentioned before. Again, you can do that on a regular basis and build that into your process or you can do it as a part of a QI Initiative. The differences are identified. Does the policy need to be modified or does the staff need to be retrained?



Here are two examples we're gonna take a look at. Let's take a look at this strategy and focus on client fee collections and talk through a possible quality improvement initiative you can focus on. So first, it's important to reiterate that across all possible QI Initiatives you should first monitor indicators against benchmark to identify issues. By monitoring indicators against benchmarks, you can identify areas where performance can be improved. Earlier we discussed measuring Net Collection Rate, Time of Service Collection Rate, Client Fee Collection, Accounts Receivable Aging, as possible indicators related to best practice of monitoring and managing client fee collection. Any one of these when they're less than your site's benchmark can lead to investigating and developing focused targeted improvement plans in corresponding specific areas to improve your revenue.

So, when your site, in this example, if your site's Net Collection Rate is below benchmark, you can consider implementing these possible tasks that could improve Net Collection Rate. One might be to observe and retrain staff as needed on client communications, such as consistent communication at scheduling regarding payment due at time of visit or past due balances. You might review and/or modify your site's policies and procedures and utilize staff input. You might consider payment methods accepted or consider developing scripts. You'd continue to measure Net Collection Rate, but based on the process you identify as needing improvement, there may be a meaningful sub-measure or sub-indicator to use. And two sub-indicators you could use could include measuring that Time of Service

Collection Rate or measuring Monthly Fee Collection. Improvement in either of these will yield improvement to your Net Collection Rate and as mentioned, would provide more immediate feedback, as they can be calculated immediately versus that retrospective measure of Net Collection Rate.



Next example, let's talk through this one and this is one around Accounts Receivable Aging. So, when your Accounts Receivable Aging is unfavorable when compared to Med Benchmark, consider implementing these possible tasks that could improve AR aging and you would consider which task based on your current practices or areas that might be missing or perhaps not as we've outlined in this presentation. So you might implement a monthly invoice policy and procedure and process. You might implement payment plan process. You might review an update or implement a write-off policy. You might develop a process for resolving outstanding balances by including identification and communication of those outstanding balances to clients at scheduling and at time of visit.

You'd continue to measure all your Accounts Receivable Aging buckets, but based on the process you're identifying you might measure just the 120+ bucket or focus in on just that 121+ day bucket or you might measure the number of claims or dollar amount in that outstanding 121 day balance bucket. Again, these measures should improve as those post-visit processes are implemented. And you can further assess the effectiveness of each one of these processes.

As an example, if you were implementing a monthly invoice process, measure monies collected from that process. Another possibility to consider as a measure is write-off of collectable amounts. You can, sort of, trend that information monthly. If you're collecting better at time of visit and post visit, write-off amounts would decrease. I'm gonna turn it back over to Caitlin.

QI Example

BEST PRACTICES	PLAN					DO	STUDY	ACT
	Aim Statement	Tasks	Who	When	Measures			
	What do you want to accomplish? By when?	*What tasks need to be accomplished to reach this Aim?*	*Who will complete the Tasks?*	*Task will be done by what date?*	*How will you know you have been successful?*	*What progress has been made? What is happening as you make progress?*	*What do the measures show? What are your observations?*	*What are your next steps?*
Best Practice 2. Monitor client fee collections.	Improve time of visit collection rate from 25% to 50% by August 2017.	1. Add credit card processing capabilities. 2. Implement script and training of front desk staff on its use when scheduling clients and at check-in regarding expectations for payment at time of visit and payment types accepted.	1. Janet 2. Susan	1. April 15 2. April 30	Measure collections at time of visit monthly. Measure fee collections revenue monthly.	1. Credit card implemented by April 7. Staff trained on use of it. 2. Script created and training done—April 30.	May collection rate at time of visit—35%. Shared results and goals with front desk staff. Observed front desk staff using script regarding payment practices sporadically. Retrained.	Continue monthly measure of collections at time of visit; share results monthly with front desk staff; reset benchmark to industry standard (90–95%) as we near current benchmark; observe front desk practices 1x/month.

Link: Financial Management Performance Report and Improvement Plan

FPNTC 25

Caitlin Hungate:

Thank you Debbie. And we're gonna walk through a quality improvement example from the Financial Management Performance Report and Improvement Plan. And this example comes from the Financial Management Learning Cooperative that Debbie and I co-led last year about how a grantee organized their QI efforts around tasks related to this best practice using the Plan-Do-Study-Act or PDSA Model. So, grantees, sub-recipients, and/or service sites can use this tool to organize their own quality improvement efforts. And this Excel spreadsheet can be found on FPNTC.org and we also have it hyperlinked on the slide. And again, you can use this to plan and implement your own Plan-Do-Study-Act cycle.

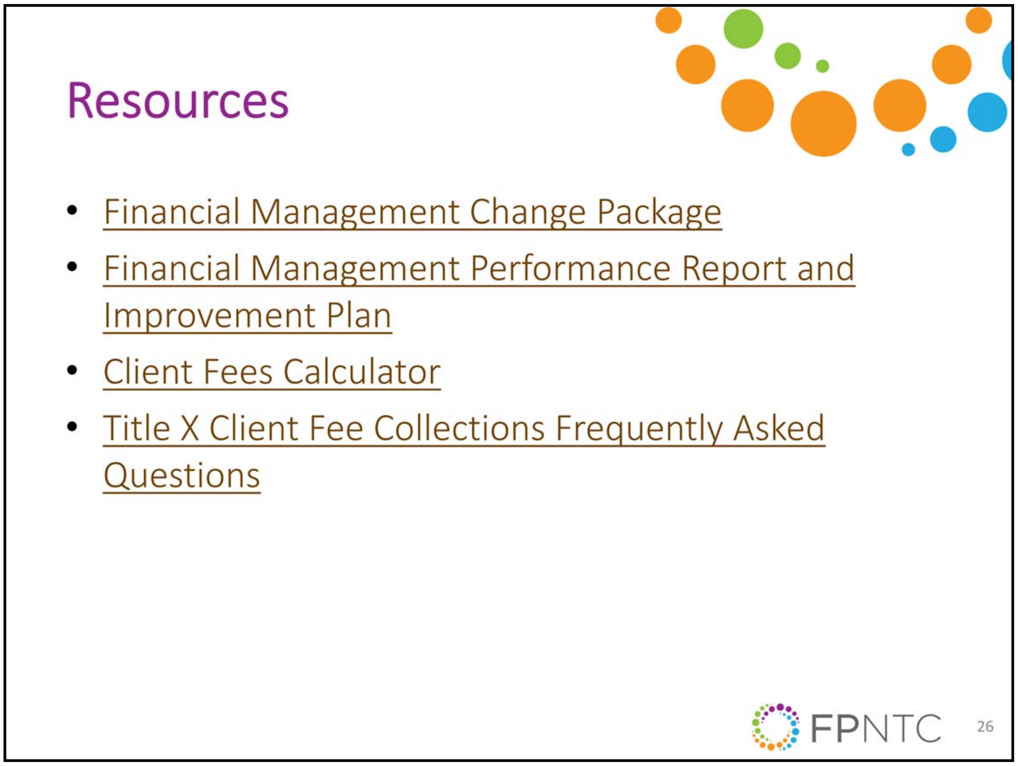
So, in this example, and apologies if it's hard to read. The aim was to improve the Time of Visit Collection Rate. So, the sample on grantee, established a baseline measure for their Time of Visit Collection Rate which was at 25% and they wanted to increase it to 50% by August 2017. So, in order to improve Time of Visit Collection Rate, the QI Team added credit card processing capabilities, implemented a script, and trained front desk staff on using that script, both when scheduling appointments and also at check-in for clients.

So, the script included sites expectations for payment at time of visit and the methods of payment that the site was expecting. On a monthly basis, the

QI Team monitored collections at time of visit and fee collections revenue. So that's under the Measures column at the far-right of that Plan column. The study portion of this example shows that the collection rate at time of visit improved from the baseline from 25% to 35%, so the QI Team shared the results as Debbie's talked about in her example, shared the results back to the team, and shared with both the front desk and shared with the front desk. So, the QI Team decided to continue to observe front desk staff using the script that they implemented previously and retrained as necessary.

The QI Team decided to continue to measure collections at time of visit on a monthly basis as they did during the QI example and continued to share their results, monitor improvement in this initiative. Additionally, the QI Team, as Debbie mentioned in Setting Benchmarks, the QI Team opted to reset their goal as they went through this initiative to see what was realistic and achievable for them. So, this is just one way a grantee implemented a Quality Improvement Initiative, but it's also a best practice too of monitoring a client fee collection, monitor and manage client fee collection.

There are many strategies including the ones we presented today that sites or agencies can utilize in their own setting. We encourage you all today to also refer to the Financial Management Change Package for additional details and examples of how others in the network have implemented strategies related to this best practice.



There are several resources available FPNTC.org that support implementing this best practice. One, the Financial Management Change Package, which we've mentioned throughout this webinar today. The second is a Financial Management Performance Report and Improvement Plan, which I just walked you through one of the tabs where you could document your Plan-Do-Study-Act cycles. You can use that resource to also document the actual data, not just the PDSA cycle. Another resource on FPNTC listed on the slide is the Client Fees Calculator, and this is an Excel Spreadsheet that you can use to accurately charge insured clients the correct co-pay, deductible, and co-insurance, and this was developed with one of the grantees in the Learning Cooperative so we are very grateful for them. And last but not least, there's a Title X Financial, excuse me, a Frequently Asked Questions Client Fees Collections FAQ and that walks through some common client fees collections questions. And although we didn't link it in the slide out, we will send out the link to the Financial Dashboard, and it was also referenced as a link in one of the earlier slides.

And so now we wanna hear from you and so we'll take some time, we've got plenty of time for questions, so I'm gonna turn it back over to Katie to facilitate the Q&A. Please note that we will be taking questions both through the chat as well as the phone line so Katie I'll turn it back over to you.

Katie Saul:

Great. Thanks Caitlin and thanks Debbie. We do have a couple of questions that we received via chat, and we're gonna read those out in just a moment, but I wanna give Hannah, our operator, just a moment to let you all know how to ask questions over the phone, if that's how you wanna do it. So Hannah ...

Hannah:

Thank you. If you would like to ask a question, please signal by pressing *1 on your telephone keypad. If you are using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment. A voice prompt on the phone line will indicate when your line is open. You may state your name before posing your question. Once again, that is *1.

Katie Saul:

Thank you. So, while we're waiting questions to queue up on the phone, I think we'll start with the questions that have been chatted in and just first and foremost, I want to just remind you all that the slides from this webinar as well as the notes and transcript from this webinar will be available on FPNTC in a week or so. We will also create a PowerPoint slide deck that has some talking points in case you wanna use this as a training tool for your own staff or other sites in your network. We got a couple questions about that, so I wanted to make sure we touched on that before moving further.

And then for Caitlin and Debbie, a question from Billie that actually relates to their resources, and I think Debbie, some of the points you made about, or the emphasis you placed on having scripts, and Billie was wondering if we have copies of scripts available? And Caitlin, I'm not sure that we have any on FPNTC.org, but just curious from both of you if either of you have anything that we could share with the network or if this is something that FPNTC could look into moving forward?

Caitlin Hungate:

Sure. This is Caitlin. I'll jump in and Debbie, feel free to add. This is something that we'll need to look into unfortunately Billie. We did walk through some sample scripts within The Learning Collaborative, but we'll need to go back to the field, so if you have any example script or if you know a grantee or a site that has a great script, feel free to reach out to us. The email you can send that to is fpntc@asi.com, and we'll try to compile some example scripts and include that on their website. That's a really great suggestion.

Debbie Sullivan:

Yeah, and I'll do-

Katie Saul:

Great.

Debbie Sullivan:

-something and ...

Katie Saul:

Go ahead Debbie.

Debbie Sullivan:

Yes, I just wanted to say in the last session we did some language around communicating confidentiality and in this one we talked a little bit about payment. I did also give, there was one slide that had things that need to be communicated. Again, I think if folks are willing to share their language or script set, that's great, but another strategy is to sit down with those items during a team meeting and share the two biggest tips to get them started around confidentiality and payment and then just say, let's build up some language around some of these other topics, keeping in mind customer service and really trying to get to the end result, which is getting our funds. And one plug that I would make for that methodology is that often when staff are involved in the process, they're a little more committed to delivering the message as you want it to be, so scripts are ... in the getting something that's already created is a good idea, but it's also good to involve your staff.

Caitlin Hungate:

Right, and Debbie this is Caitlin. I wanted to chime in with one more thing that you provided that additional detail. This also a really great opportunity, Billie, I think that was the question, to try to implement your own quality improvement initiative around this. And so, maybe listen to the archive, and look at the slides, and look at some of the sample language that Debbie talked about today and utilize that to compare to your policies and procedures, and do that initiative with your staff and your agency, and see what works for you. And, document it, find measures, and just see what works for you. So, this is a really great opportunity to modify and see what works for your agency.

Katie Saul:

Thank you. And I just wanna reiterate what Caitlin said too about any of you out there who do have scripts and are willing to share them. The FPNTC, ya know, we like to capitalize on all the great tools that you all have out in the field, and we'd much rather build on your experience than create something that isn't based on current practice. So, to the extent that we can, we're always to looking to share existing tools from the field, so please do email those to us, and we'll think about a ways to share that with the rest of the network if you all are willing to do that.

Okay, so back to ... we have a couple other questions in the chat and again, we'll go to the phones. One question was from Martha. Debbie, I think this one's for you, and she's curious to know how you define unwillingness to pay?

Debbie Sullivan:

Yeah, yeah. A couple of suggestions I will make in that regard. And again, this needs to be an agency policy and it's something that as a sub-recipient for example, you want to work, get approved with your grantee, but one I would say is when they are telling you they are not going to pay. If somebody is defiant in that regard, it's pretty clear cut. Another suggestion I would make is, are they ignoring your requests. If you're sending invoices and calling them and they're just ignoring you, after a certain length of time, whether it's a year or six months, I mean, as long as your policy is addressing that. I think those might be some areas where we can talk about that being unwilling.

Where I think it's very important to not cross the line, is A) You still should not be denying a service, but I think it's important to think about even if they're willing, if they're coming to you and saying, "I can't make a payment. I have this going on," or "I can pay $5 a month," and even if that's not a ton of money towards the balance, that willingness is totally different than them ignoring you and telling you that they're not going to pay. So, I hope that gives you a little bit of guidance, but ya know, this is another one where, again, establish that at your clinic and you wanna try to work with every client in this regard.

Katie Saul:

Thank you. Okay, so Debbie, the next question is from Leslie about payment plans, and she asked if you know if you can do this with the Red Flag Rule at Health Departments?

Debbie Sullivan:

And I would not be familiar with the Red Flag Rule, so I'm not sure that I can answer that question.

Katie Saul:

Okay, and Leslie, we will try and look into that for you and we can email you as soon as we find anything out, so hold your question, or maybe you can help us learn a little more about it over the phone if you wanna dig a little bit deeper.

So, with that, I'm gonna ask Hannah if there's any questions in the queue for the phone.

Hannah:

And just a reminder that it's *1.

Katie Saul:

Hannah, do we have any questions in the queue at this point?

Hannah:

There are no questions on the phone.

Katie Saul:

Okay. Well, in that case, I think we will start to wrap this up. I just want to make a couple of quick announcements here before we log off. As I mentioned, we're gonna have a recording and a transcript of today's session available. You'll also have PowerPoint slides to download as well. Those will be on FPNTC.org, and you can find them on the Events tab as well as in the Third-Party Billing Training Package, so please keep an eye out for those in the next week or so.

In addition, we have adjusted our evaluation process just slightly so that you can receive a Certificate of Completion for attending today's session, so when we close the webinar in just a moment, please click on the Evaluation link in the pop-up box that appears and if you would like a Certificate of Completion, please complete the evaluation, and just make sure you're logged in to FPNTC.org when you do so and it'll save to your FPNTC.org account. We do highly value your feedback and we will have one more webinar in this series, and so we'll take your feedback to heart and adjust accordingly. And so, I think with that we'll thank you all for joining us today and we hope to see you all at the final session on March 29th.