

Mercy Improves Point-of-Service Collections with Recondo-Epic Integration



The pressure is on for providers to collect more revenue from patients at the point of service. What's holding them back is lack of clarity about how much the patient actually owes. Most hospitals are accustomed to seeking reimbursement from public and commercial payers, so the need for more visibility into patient financial liability is new territory. For Mercy, the nation's fifth-largest Catholic health system, it's an opportunity to equip Patient Access staff with tools that quickly generate accurate statements of patient financial responsibility. In the one year since Mercy began using Recondo's BenefitsPlus™ benefit resolution service with its enterprise-wide Epic electronic health record (EHR), the Midwestern health system has increased patient point-of-service (POS) collections by 12 percent while significantly reducing staff time and improving the accuracy of patient estimates.

THE CHALLENGE

How To Build Benefit Intelligence Into Epic

Betty Wikoff, Vice President of Patient Access at Mercy, has a keen understanding of the impact of point-of-service collections. "If you are collecting more up front, you reduce your likelihood of bad debt," Wikoff notes.

She is equally prescient about what it takes to collect more from patients at the time of service—an accurate estimation of what they owe. "Higher out-of-pocket costs are compelling patients to compare what different providers will charge them," Wikoff continues. "You have to have that information for them to consider your facility."

Anticipating the widespread need for better information at the point of service, Epic added the Epic Benefit Collector patient payment estimation tool to its platform. Epic's Benefit Collector essentially works like this: After a patient's registration, the user verifies their insurance eligibility by performing an electronic query called a 270/271

AT A GLANCE

- **Mercy is the 5th-largest Catholic healthcare system in the U.S.** and the nation's 20th-largest non-profit healthcare system. Mercy's service area includes Arkansas, Kansas, Missouri, and Oklahoma, with outreach ministries in Louisiana, Mississippi, and Texas.
- Acute Care Hospitals: 35 (30 owned, 5 managed)
- Specialty Hospitals: 11 (includes heart, children's, rehab and orthopedic facilities)
- Physician Practices and Outpatient Facilities: Over 700
- Mercy Clinic Physicians: Over 2,100
- Co-workers: 40,000
- Acute Licensed Beds: 3,955

"I would absolutely recommend this as the solution for any hospital that uses the Epic Benefit Collector. Working with Recondo, everything goes smoothly. Best of all, we've seen our point-of-service collections steadily increase."

- Betty Wikoff

Vice President of Patient Access, Mercy

transaction with a third-party claims clearinghouse. The Epic tool then runs the 271 response from the payer through a complex set of Benefit Collection rules to siphon out the precise benefits needed to estimate the patient's share of cost for a particular service.

By itself, this is a fairly straightforward process. But building and maintaining the benefit collection rules is no easy task. It requires provider staff to understand the minutiae of payer data down to a plan level and specific service type code (STC). That's because the electronic payer responses often contain complex if/then/else logic when referencing other data within the EDI 271.

Wikoff's coworkers soon encountered limitations with the Epic tool. "The Epic Benefit Collector doesn't have built-in logic that matches procedures with service type codes," Wikoff recalls. "This prevented us from getting the needed level of benefit detail to produce highly accurate estimates."

And that is exactly the level of accuracy that consumer price shoppers expect in today's competitive healthcare landscape. That said, it's not easy information to obtain. It requires custom rules to be written by the payer and an understanding of which service type codes (STC) returned by the payer should be referenced in producing a patient estimate. In some instances this can be straightforward, as in the case of high-imaging services. However, if the payer's response is limited, and specific STCs needed are not returned, custom logic needs to be built to identify the appropriate benefit to use in estimating a patient's liability.

So the overwhelming challenge for Mercy—and any provider that wants to optimize the Epic Benefit Collector tool—was how to generate detailed patient estimates without taking on the onerous and continuous task of developing custom rules.

THE SOLUTION

Recondo's Automated Benefit Intelligence

To help, Mercy turned to Recondo Technology, whose automated solutions supercharge revenue cycle management for more than 900 healthcare organizations across the country. Recondo rapidly assessed the problem and put their development team to work creating the BenefitsPlus™ resolution service. Working closely with Epic, Recondo was able to integrate the new service with



Success Snapshot

Patients are price shopping more than ever and providers must be able to present them with accurate estimates of their liability. At the same time, with an increasing share of revenue dependent on patients, hospitals are accelerating efforts to collect patient payment up front, before services are delivered. Epic added patient estimation capabilities to its platform, which is in use at almost every facility at one of the largest health networks in the Midwest, Mercy.

Challenge

Although the Epic Benefits Collector provides some detail on patient benefits, building and maintaining the benefit collection rules is a complex process. It requires provider staff to understand payer data down to a plan level and specific service type code. Without this, patient access staff can't get the level of detail needed to produce thorough and accurate patient estimates.

Solution

Mercy turned to Recondo Technology, whose automated solutions supercharge revenue cycle management for more than 900 healthcare organizations across the country. Recondo was able to create an automated "benefits resolution service" for the Epic Benefit Calculator that replaced the need for manual customization of rules.

Results

- 12% increase in point-of-service collections over 1 year
- Less manual labor
- Simplified process and time required to manage benefit rules
- Significantly more accurate patient estimates

Epic's benefit calculator, replacing the need for manual customization of rules.

BenefitsPlus receives an inbound EDI 270 from Epic's ADT module, which it then responds to in a return EDI 271 with detailed benefit data. This is mapped directly to Epic's Benefit Collector rules, making it a completely seamless experience for front-end users. Now Epic users can utilize the system's built in benefit resolution service to generate detailed and accurate estimates of the patient's financial responsibility, without having to perform constant or any custom rules development.

Large scale collaboration with Epic. The integration builds on Recondo's expertise in rules refinement and years of experience with automating patient estimates. As the Epic Benefit Collector tool is in use throughout Mercy, the health system needed such an experienced vendor—and one that would collaborate well with Epic.

For Mercy, the collaboration has significantly improved the patient collections process. "Recondo pulls info that isn't easily obtained from a payor perspective. It gets everything out there, including what we need to estimate the patient's financial responsibility," Wikoff says.

Where Epic has limitations around picking and choosing the right service type codes, Recondo injects built-in logic that automatically selects the correct service type codes to feed into Benefit Collector. This a powerfully fast and accurate replacement for what is otherwise a highly manual process at many hospitals.

12%

INCREASED
POINT-OF-
SERVICE
COLLECTIONS
BY 12
PERCENT

THE RESULTS

The integration has been successfully deployed on a large scale across the entire enterprise at Mercy. The results are clear—a 12 percent spike in point-of-service collections:

- *Increased point-of-service collections by 12 percent*, representing an increase from 90 percent of the department's POS collections goal (1.4 percent of Mercy's total net revenue) to 100.65 percent of that goal over 12 months
- Reduced the manual researching and confirming of patient benefits required to generate a patient estimate within Epic
- Simplified process and time required for staff to manage the benefit rules within Epic's Benefit Collector
- Improved accuracy of the patient estimates generated by Epic by leveraging target benefit data through the Recondo 271 response

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Ready to see what Recondo can do for your organization?

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