TruBridge

Issue 2 2014

Introducing
Customer Experience Management

Customer Experience Management is defined as "the practice of designing and reacting to customer interactions to meet or exceed customer expectations and, thus increase customer satisfaction, loyalty and advocacy."

In an effort to help improve our customer experience and build loyal advocates, TruBridge is excited to announce the creation of our Customer Experience Department. Under the direction of Rob Ladner, the team is comprised of Allyn Stepp, Dave Garretson, Kelly Morgan and Michael Behrens. Collectively, the team has more than 70 years of experience in healthcare support and customer service. TruBridge acknowledges and appreciates your business. Our intention with this department is to make an investment back into your facility by offering an added layer of service.

A primary goal for the Customer Experience Team is to get to know each customer on a personal level and their specific needs. The better we know you and your facility, the more effective we will be at finding solutions to help meet your needs. We understand that trust and a partnership approach translates to good customer experience.

If you haven't already heard from one of us, look for that to change very soon. We look forward to working with you.

Rob Ladner	Allyn Stepp	Dave Garretson	Michael Behrens	Kelly Morgan
Director	Manager	Manager	Customer Specialist	Customer Specialist

2014 Save the Date

July 24-26
Texas Healthcare Trustees
Annual Conference
Dallas, TX

Aug. 18-21
HFMA Mid America Summer Institute
St. Charles, MO

Aug. 20-22
MHA Mid-South CAH Conference
Memphis, TN

Sept. 8-9
VITL Summit
Burlington, VT

Sept. 9-11
MD AAHAM
Ocean City, MD

Sept. 17-18
CPSI Best Practices Conference
Las Vegas, NV

Sept. 17-18
THA Rural Hospital Symposium
Austin, TX

Sept. 24-25
CPSI Best Practices Conference
Chicago, IL

Sept. 24-26
Physician Hospital of America
Annual Conference,
Phoenix, AZ

Oct. 8-9
CPSI Best Practices Conference
Orlando, FL

What's New? Point of Sale

We heard your suggestions and made it happen! We are happy to introduce the latest addition to our popular Online Bill Pay service, Point of Sale. With the addition of a "plug and play" card swipe, any computer in the hospital running the CPSI System now has the ability to receive credit card payments at the counter. This addition to the service also provides the user the ability to enter credit card information for payments by phone. Payments are real time and post to the accounts immediately. All credit card transactions are transmitted through our credit card vendor for Online Bill Pay.

Business Services

Check It Out: Daily Activity Checklist

Chris Massey, Assistant Director, Revenue Cycle Management Services

As we all know, the revenue cycle is a fickle beast. It has many moving parts, all requiring constant attention. From scheduling and pre-registration to insurance follow-up, receipting and on through private pay management, proper attention to detail is a must in maintaining a healthy cash flow and A/R.

At TruBridge, we have found that in addition to having an efficient set of procedures for our employees, the most direct way to verify that tasks are being completed on a daily, weekly, and monthly basis is a checklist. Have the coders completed the day's charts? Check. Has the commercial insurance biller worked today's billing edits? Check. Have the electronic claim audits been worked and problem claims addressed? Check. Why haven't the Medicare RTP claims been worked? Is it because our Medicare specialist is out today? No problem, this will be at top of the list for tomorrow.

Yes, this is a simple concept. However, we have discovered it is an invaluable tool for both employees and management alike. Having the appropriate procedures in place along with an uncomplicated, user-friendly method for employees and supervisors to track daily activity can make all the difference in a consistently positive revenue cycle.
Below is a brief portion of a daily Medicare checklist:

	# Claims Worked	$ Worked	Start Time	End Time	Initials
Edit Breakouts	40	$ 40,000.00	7:30	9:30	CJM
RTP Claims	10	$ 25,000.00	9:55	10:30	CJM
72 Hr Report	3	$ 3,500.00	10:35	11:30	CJM
EDI Audits	4	$ 1,000.00	11:35	12:00	CJM
Medicare Tickler	15	$ 11,000.00	1:00	2:00	CJM
Medicare Unchecked	35	$ 28,000.00	2:05	4:00	CJM

Benefits of a Tiered Discount Policy

Ryan Dixon, Manager, Private Pay Services

Is it a realistic expectation to require true self-pay patients to pay the same or more than patients with insurance benefits? It is difficult to imagine that self-pay patients could pay the same amount or even more than multi-billion dollar insurance companies, and yet, many facilities do not offer any discounts to self-pay patients, but adjust hundreds of thousands of dollars in contractual adjustments each year. Based on our experience, we have found that a tiered discount policy is the most effective method to encourage patients to pay their balance as early in the revenue cycle as possible. An example of an aged-based discount policy is shown below. It is designed to give the patient an incentive to pay earlier in the revenue cycle as opposed to waiting or setting up a long term payment plan.

- 0-30 Days from Discharge Date: 40% discount of total charges
- 31-60 Days from Discharge Date: 30% discount of total charges
- 61-90 Days from Discharge Date: 20% discount of total charges
- 91-120 Days from Discharge Date: 10% discount of total charges

Managed IT Services

What's in Your Cloud?
Jennifer Durst, IT Consultant, Managed IT Services

What happens when you Google cloud? Try it. Gone are the days that the first thought of cloud is innocently lying on the ground on a warm spring day, daydreaming of what the images of the fluffy, white masses floating in the sky represent. Now it is all about connecting computers through the Internet. One possibility this opens up it is cloud storage. But how can we use it successfully?

Cloud storage success starts at the beginning, planning. Dust off your IT Strategic Plan and make sure storage is addressed in the scope of the plan. Once it is in the plan, you can start looking at what your options are and how those options best fit into your operating environment. Budget always comes into play, so establish appropriate capital and operating costs.

The solution you choose should fit the needs identified in your applications and data criticality analysis. Recovery time objectives (RTO) and recovery point objectives (RPO) need to be clearly defined prior to identifying and implementing a solution. This will impact the type and cost of the solution.

Make sure you know who "owns" your data. Whether you use your own equipment or go to a third party, know the reliability of the service granting access to the data. If your line of communication is not stable, your RTO and RPO times may not be attainable.

Once you have implemented a cloud storage solution do not forget about your disaster recovery plan. The plan will need to be overhauled to meet the new environment. And remember to test the plan!

A cloud storage solution successfully implemented can give you peace of mind for security and availability of your information. It may not be a picnic getting there but once implemented you can lie back on a blanket and enjoy the clouds in the sky.

Living in a Virtual World
C.J. Milto, Manager, Managed IT Services

With today's evolving technology, one change stands out as having more of an impact on the face of IT than any other. The widespread adoption of virtualization technology has proved to be beneficial in many ways.

- Allows a "green" approach by reducing power consumption and cooling costs
- Centralizes management point
- Improves IT responsiveness
- Reduces administrative overhead
- Grants hardware independence

Advancements in virtualization technology provide us with opportunities to increase the value and quality of cloud services we provide for our customers.

Employee Kudos

Employee Spotlight

Lisa McDaniel,
PPS Manager,
Mobile Call Center

I started in the call center 10 years ago. At that time, the call center consisted of a small room with seven or eight employees who answered calls for six hospitals. I can remember having two phones on my desk, one for incoming calls and one for outbound calls. I would have never imagined in just 10 short years, the Private Pay Services (PPS) call center would grow to more than 150 employees. While the call center answers approximately 11,000 incoming calls weekly for over 230 hospitals and clinics across the nation, we are making approximately 35,000 calls a week to patients for these same facilities .

I have been in the call center since it's infancy, moving from agent, to supervisor, support representative, assistant manager and now manager. My number one priority is outstanding customer service. I believe you treat each caller as you would want to be treated - with kindness, understanding and empathy. Every day in the PPS call center is different and there is no such thing as a dull work day for me. I love my job, the people I work with and my customers. I look forward to many more years of progress and growth in the call center.

Ben Gooch,

Clinical Consultant,

Consulting

"Ben Gooch was great to work with, explained things so I understood them and helped when I needed it. He was professional and easy going. I had a great working relationship with him, which I hope to be able to continue into our next attestation stage. He was awesome! - Meaningful Use Consulting"

Kathryn Bissitt
Cloud County Hospital, Concordia, KS

Shirley Daniel

Claim Resolution

Specialist,

Revenue Cycle

Mgmt Services

"The purpose of this letter is to compliment the outstanding customer service I have received from Shirley Daniels (of TruBridge). Ms. Daniels is the only person I have spoken to with regard to insurance/billing from a stay this year, who has taken the time and researched the issues with my claim. I am extremely grateful to Ms. Daniels for making the extra effort to thoroughly research my claim. She is a valuable employee and a very compassionate person."

Ann G. Blackbourn, R.N.,M.S.
Sachse, TX

Got kudos to share? Contact us at trubridge.net or 877-543-3635.

CMS Offers a Mulligan

**Chris Johnson,
Revenue Cycle
Consultant**

What do weekend golfers, the hit movie Groundhog Day, and the delay of implementing ICD-10 all have in common? A second chance.

In golf it's referred to as a mulligan and in the movie Groundhog Day Bill Murray's character was given the chance to relive the same day over-and-over until he "gets it right." With CMS postponing the implementation of ICD-10 until October 2015, our nation's healthcare providers are now presented with their second chance to do the same and "get it right." So tee up that next shot and let's swing for the green (a.k.a. cash) as we take advantage of our newly awarded CMS mulligan.

The new ICD-10 implementation date affords us the chance to utilize all the information gathered in the last few years to address the initial challenges expected during the early days of the ICD-10 transition. How will you take advantage of this second chance to prepare your facility in addressing obstacles such as: longer coding turn-around times, increased physician deficiencies, reimbursement losses, and increased denials? Try starting with an assessment and tune-up of your revenue cycle so you can incorporate proven strategies that allow you to weather the storm of the initial transition.

Your front office areas afford you a wealth of opportunities to store up some extra cash by implementing effective insurance eligibility, upfront collections, and medical necessity checks. Neutralizing this loss of revenue on the front end helps reduce your accounts receivables and costs of rework on the back end.

The medical records department plays a vital role in the revenue cycle for areas such as inpatient and outpatient coding accuracy. Perform a measurement of your team's coding accuracy to identify opportunities for improvement. Now is a great time to invest in educational opportunities for both the coding staff and physicians so they can become familiar with the changes in coding and documentation requirements of ICD-10.

Are you currently utilizing any form of denial management? Knowing the volumes and most common reasons for your facility's denials will allow you to implement a roadmap or denial prevention system and is a powerful way to curb the potential loss in revenue.

However your team decides to address the upcoming implementation to ICD-10 remember it is key to get an early start and to establish an effective plan in a collaborative fashion to insure the highest level of your hospital's future success.

TruBridge Gets Involved

Employee Raise Money and Awareness

TruBridge employees raise money and awareness throughout the year to support local and national causes. Some choose to run races with our Corporate Cup Team where the proceeds benefit various local charities, while others organize Food Drives for the local Food Bank.

Company-wide, employees sport jeans for a day quarterly. At $5 per person and with the majority of employees participating, the donations add up quickly!

Jeans Day at TruBridge

Helping Others in 2014
Jeans Day: Camp Smile
Jeans Day: Leukemia & Lymphoma Society
Charity Golf Tournament: Leukemia & Lymphoma Society
Thanksgiving in June: Bay Area Food Bank & Food Bank of East Alabama

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877-543-3635
trubridge.net