

# Getting to Know TriHealth

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Prostate Cancer Information Group  
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# TriHealth Way of Serving

## Agenda:

- Introduction of TriHealth leaders
- Overview of TriHealth's continuum of care
- Patient Advocacy at TriHealth– Office of Patient Engagement
- Understanding Revenue Cycle and the “billing” process

# TriHealth Overview & Patient Relations / Advocacy

Jason Phibbs  
Director, Patient Experience  
TriHealth, Inc.



Community Health & Wellness



Medical Home & Primary Care



Urgent & Ambulatory Care



Acute Care: Emergent, Secondary, Tertiary



Post-Acute Care



Home Health & Hospice

**6** owned and affiliated hospitals and surgery centers including Good Samaritan Hospital and Bethesda North Hospital

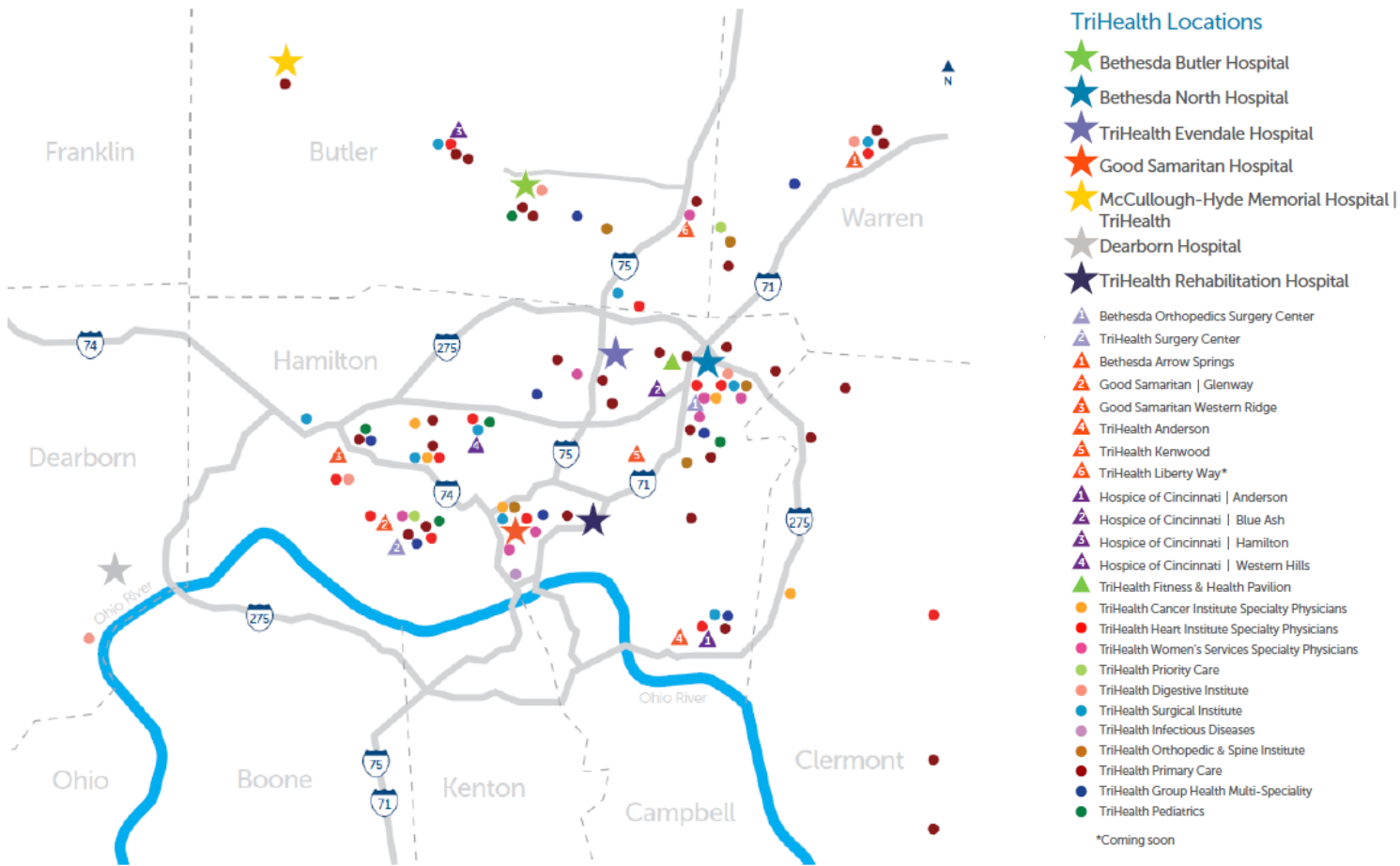
**140** total care facilities across the Tri-State area

**600+** primary care and specialty physicians

**12,000+** team members

**\$1.8B** operation

# TriHealth's Reach across SW Ohio

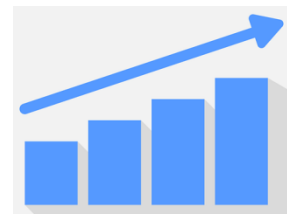




## Patient Relations/Advocacy

### **What we do:**

- Patient Rights/Patient Advocacy
- Connection to TriHealth and community resources
- Complaint/Grievance Management
- Service Recovery/Escalation



## Measurement/Voice of the Consumer

### **What we do:**

- Analyses and Reporting of Patient Engagement Data
- Assistance with Action Planning
- Best Practice Resources
- Internal coaching/consulting



## Guest Services/Hospitality

### **What we do:**

- First Impressions Team
- Own/Manage key entry points
- Waiting Room/Lobby Liaisons
- Wayfinding Assistance
- Customer Service Expertise



## Volunteer Services

### **What we do:**

- Volunteer Recruitment,
- Onboarding, Training,
- Placement
- Volunteer Engagement
- Coordination of blood drives/events



# The TriHealth Transformation Journey “The TriHealth Way”

YEAR 1

TriHealth Way of Leading



YEAR 2

TriHealth Way of Serving



YEAR 3+

TriHealth Way of Delivering Care & Improving Health



# Revenue Cycle Overview

Emily Seitz Pawlak  
Vice President, Revenue Cycle  
TriHealth, Inc.



# What is Revenue Cycle Management?

Revenue Cycle Management is all administrative and clinical functions that contribute to the capture, management and collection of patient service revenue. In other words, it is a process that includes the entire life of a patient account from creation (scheduling) to final payment, either by insurance and/or patient.

Revenue Cycle is a TEAM sport.



# TriHealth Revenue Cycle Vision & Strategy

**Vision:** To be WORLD CLASS in all that we do and achieve TOP DECILE performance in all key revenue cycle performance metrics to honor and promote the mission of TriHealth.

**Strategy:** We will accomplish this vision by being relentless in our pursuit of excellence and efficiencies, explaining the WHY behind what we do, coaching, developing, encouraging, holding ourselves and each other accountable and celebrating our success. But more importantly, we will do all of this with compassion, humility, and kindness.



PRE-REGISTRATION

REGISTRATION

CHARGE CAPTURE

UTILIZATION REVIEW

# The Patient Journey

THROUGH THE REVENUE CYCLE



CODING



REMITTANCE PROCESSING

PATIENT RESPONSIBILITY

CLAIM SUBMISSION

THIRD PARTY FOLLOW-UP

# Our Vision of High Performance



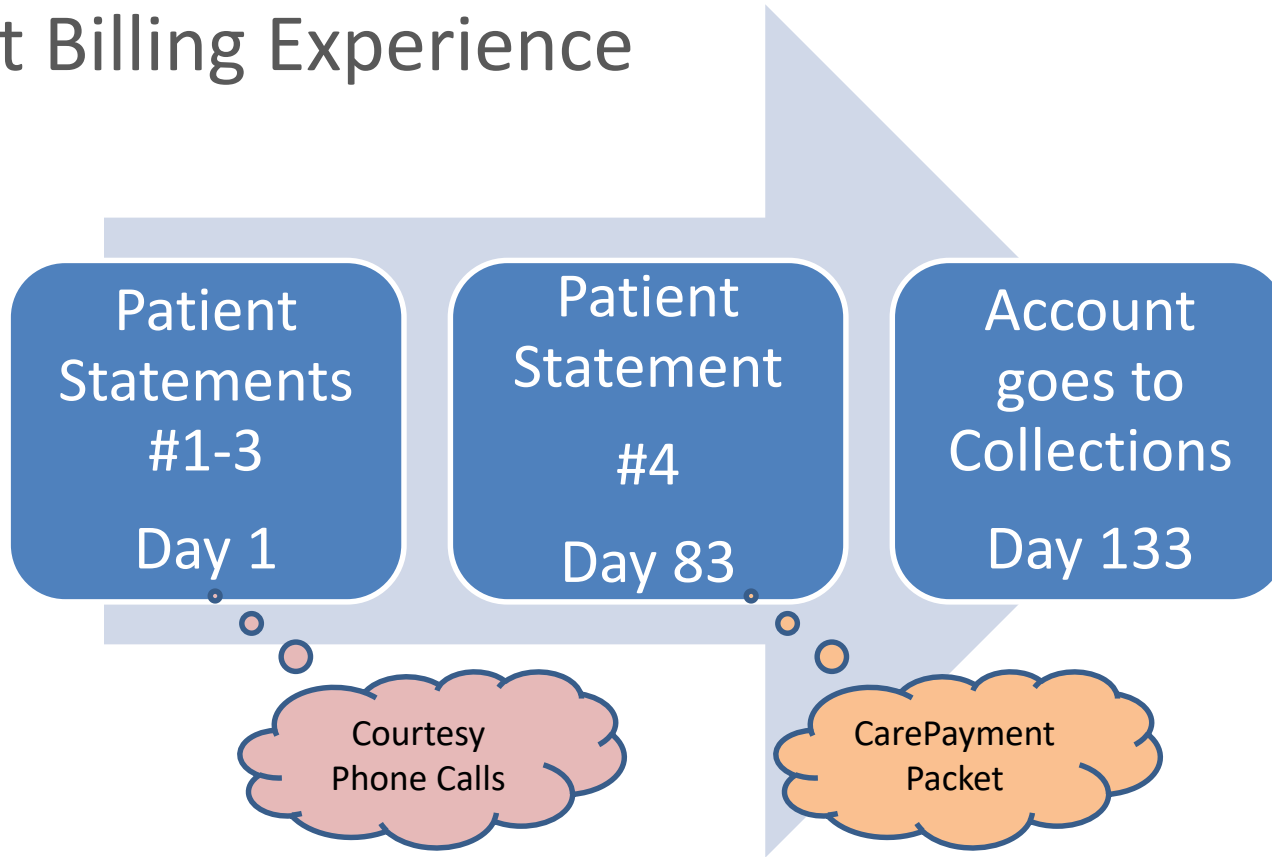
# Key Definitions

- Epic – multifunctional computer system used at TriHealth for clinical and billing functions
- SBO – Single Billing Office (single statement)
- Guarantor – The person responsible for the bill
- Subscriber – The person that carries the insurance
- Eligibility – Validation process that person has active insurance coverage
- Claim – The electronic (mostly) form submitted to insurance or third party
- Statement – The bill or patient's responsibility after insurance
- EOB – Explanation of Benefits, which is provided by insurance company
- Preauthorization – process of obtaining approval from insurance prior to services being rendered with the hopes of securing payment

# TriHealth Single Billing Office (SBO)

- Epic platform
- Combines hospital and TriHealth physician services onto a single statement
- TriHealth sends a statement every 28 days (unique schedule per guarantor)
- Guarantor has approximately 83 days to resolve account or set up payment plan in Step 1 before account moved to Step 2 in process
- Guarantor then has from day 84 – 131 in step 2 to resolve account or set up payment plan
- Account moves to collections at ~ day 133
- Guarantor billing and payment logic

# Patient Billing Experience



## Did you know?

- According to New England Journal of Medicine, only 1/3 of Americans trust healthcare professionals due to high cost of care
- Patient's financial experience plays a significant role in the overall patient experience



# Financial Assistance

- TriHealth offers multiple financial assistance options based on eligibility:
  - Medicaid
  - HCAP
  - Charity Care
  - Payment Plans
- What we ask of you?
  - Engage with us ... don't let fear / anxiety of financial concerns keep you from contacting us. We will work with you!
  - We always appreciate timely payments...so THANK YOU! 😊

# What we're working on to better serve you...

- Expanded MyChart portal functionality related to billing, payment, etc.
- Patient Estimates
- Better Customer Service
- Improved patient statements
- More user-friendly payment options (ie: mobile)
- High Reliability / Improved Processes & Accountability
- Service Recovery (we won't always be perfect)

Thank you!

