

THE HEALTHCARE
PROVIDER'S GUIDE TO
**REVENUE &
COMPLIANCE
MANAGEMENT**

eBook



EXECUTIVE SUMMARY

The financial paradigm in healthcare has changed dramatically in recent years. More of the financial burden has been shifted to patients; individual insurance policies have proliferated; consolidation among hospitals and clinical groups continues to make revenue management more complex and demanding.

At the same time, the need for strict regulatory compliance continues, unabated. Yet many healthcare providers lack the tools to ensure:

- That they're conducting collections in the most efficient manner using the most appropriate communication channels
- That they're managing staff properly to minimize compliance risk and increase efficiency

The Healthcare Provider's Guide to Revenue and Compliance Management is one in a three-part series of eBooks designed to show how an omnichannel engagement center can significantly improve your healthcare business. Other titles in the series include:

- [The Healthcare Provider's Guide to Omnichannel Customer Experience](#)
- [The Healthcare Provider's Guide to Resource Management](#)





REVENUE MANAGEMENT

Like all businesses, hospitals and clinics need to be paid for services rendered. And like all modern businesses, they face two key challenges in managing their revenue cycles:

- 1 The proliferation of communication channels required to contact their customers (and the subsequent need for an omnichannel view in which all interactions at all touchpoints inform all future interactions)
- 2 The need for back-office processes to be as efficient as possible

REVENUE MANAGEMENT:

Communications that Improve Collections Success

Innovative strategies can ensure collection success and keep costs to a minimum while also enhancing patient relationships. To put it bluntly, some patients find clever ways to avoid calls from collectors. Some are adept at using caller ID, call blocking, and voicemail. Others frequently change mobile phone numbers to evade contact.

But the growing range of communication channels now available to healthcare providers helps counteract these challenges. In addition to home, work, and mobile phones, you can now reach debtors via email and text message. All of these channels can be leveraged to make contact (within applicable compliance rules).

Let's explore a few key best practices for improving your collections outcomes.

REVENUE MANAGEMENT: Communications that Improve Collections Success

Segmentation

Group the responsible parties based on collection efforts, and design campaign strategies tailored to each group. For example, a strategy to proactively contact the responsible party even before they're in trouble may be particularly effective with those who are uninsured and pay for services with credit cards.

Regular communication can also improve loyalty by helping patients develop responsible payment patterns—no one likes to be in financial trouble.

Self-Service

Self-service options are far more sophisticated than ever before. Sending a voicemail that contains the balance due (or a way to access that information) and immediately transferring the caller to either an agent or a self-service portal to make a payment significantly heightens your collections success.

Outbound Communications

Using an outbound dialer allows your collections department to operate more efficiently. They can decide when to use agents for calls that require unique skills or live conversation. Or they can determine which contacts should be made without an agent, through email, SMS, or pre-recorded voice messages.



REVENUE MANAGEMENT: Communications that Improve Collections Success

Multiple Channels

Multimodal and omnichannel communications have proven to be extremely effective. When a phone agent sends a text message with a link to an online payment portal, the responsible party is then able to make a payment, regardless of where they are.

Callbacks

Allowing the opportunity to schedule a callback—offered through either an outbound dialer or a digital message—can assist the customer by making sure the conversation is held at a time appropriate for them (when they're not working, during a lunch break, after the kids are in school, etc.) and is far more efficient than guessing what the best time for the customer is.

Context

Perhaps most important, all communication channels should have the full context of all other interactions. Self-service portals that pass all captured information to an agent reduce time spent on authentication and increase the ease-of-use for the customer.



REVENUE MANAGEMENT:

Improving Back-Office Efficiency

Consolidation among hospitals and clinical groups continues to make the back-office processes siloed endeavors (at best) and a tangled mess (at worst). These inefficiencies not only keep you from achieving your organizational goals, they also negatively impact customer satisfaction.

Most companies, especially those handling medical claims and bills, are unable to effectively manage tasks and distribute work to the right resources in a timely and cost-effective manner. Work items are kept in a multitude of applications or systems, and productivity drops when employees are searching for the next task to tackle or, worse still, “cherry picking” the items they enjoy instead of handling the most important ones.

Without a careful, rules-driven approach to task assignment, inefficiencies are virtually guaranteed. And with no visibility into which claim is with which staff member—or when they viewed the claim—it’s virtually impossible to monitor the effectiveness, efficiency, and skills of your staff.



REVENUE MANAGEMENT: Improving Back-Office Efficiency

A robust workload management solution can match each task type in the overall claims process with the right priority and person to handle it. Based on a combination of skill levels, task complexity, and SLAs, a best-in-class solution determines whether tasks can be selected by a staff member or proactively assigned based on availability (or some combination of the two).

For additional information, please read, "[Increase Efficiency in Medicare Claims Processing](#)" and [The Healthcare Provider's Guide to Resource Management](#).

COMPLIANCE MANAGEMENT:

Task Validation

Healthcare is one of the most regulated industries in the world. Although there are many angles to compliance, the focus here will be on task validation.

Many of the processes used in the provider delivery system have actions that are regulated. For example, HIPAA requires authentication prior to releasing sensitive patient information. Failure to follow regulations could lead to fines and penalties.

COMPLIANCE MANAGEMENT: Task Validation

Conditions in many healthcare environments put compliance in jeopardy and expose providers to significant fines:

- Employees self-select and prioritize tasks, including compliance steps. They decide which tasks are important or in which order they should be completed.
- Employees may mark a compliance task as complete without actually completing the task.
- The audit trail can be lost when there is a failure to update the system.
- While workflow systems are wonderful at prescribing how something should be done, they fail to identify who is the most skilled person to perform a task.
- Managers have little insight into which tasks have been completed or whether they've been completed in the right order.

Instead, healthcare providers should more deliberately manage how employees engage with regulated work items, so they can:

- Prove that tasks were completed and are attached to the appropriate audit trail.
- Prioritize, assign, and push tasks to the most appropriately skilled available employee.
- Optimize resource utilization to control costs.



COMPLIANCE MANAGEMENT: Task Validation

There are four main components required to make management of regulated work items successful:

- 1 Validate tasks by controlling and tagging all of the interactions patients have with you—both inbound and outbound. The tags are the links that allow tracing, so you can prove tasks have actually been completed.
- 2 Prioritize and push tasks to employees based on regulatory requirements, business rules, SLAs, and employee skills.
- 3 Improve employee processes using reporting tools to provide insight into performance, task completion, and workload. Knowing what happened allows you to continually improve operations.
- 4 Resource optimization can forecast, train, schedule, and track all resources for activities.

Taken together, these manage the risk and cost associated with task validation.



COMPLIANCE MANAGEMENT:

Speech Analytics

For patient interactions using inbound/outbound voice, it's advisable to apply business rules that would identify call types or segments that are subject to compliance, and then configure those rules to trigger call recording. This could be done for patient authentication, authorization of surrogate decision-makers, acknowledgment of transfer to a wellness center, and so on.

Traditional methods of reviewing customer interactions are manual and labor-intensive, so organizations can only afford to analyze a small sample, usually unrepresentative of the total. To get a more realistic view of agent performance and compliance, you would need more staff to manually review the full volume of voice and digital interactions, which is cost-prohibitive.

Most speech analytics solutions rely on speech-to-text or phonetic conversion engines, which aren't accurate enough to successfully determine phrases, thus leading to misinterpretations, compliance violations, and "false-positives." In addition, the adoption of digital channels puts more emphasis on the requirement to analyze both voice and text interactions like email, chat, and social media interactions.



COMPLIANCE MANAGEMENT: Speech Analytics

With a robust speech analytics solution and specific training for agents, compliance breaches and customer satisfaction issues are detected automatically. The resulting voice analytics data is reliable and immediately actionable without further human intervention. During analysis, business workflows can be triggered by speech analytics software to route eLearning modules and modify agent skills to change behavior, saving you time and cost by avoiding errors and oversights.



CONCLUSION

Both revenue management and compliance are pressing issues for healthcare providers. Failure to master either one can have a major impact on the fiscal stability of a hospital or clinic group.

Genesys, the world leader in contact center management, would like to discuss how workforce and workload optimization and analytics, as well as an omnichannel communication strategy, can help you gain efficiencies and improve your customer experience. Please visit us at www.genesys.com.

Additional Resources

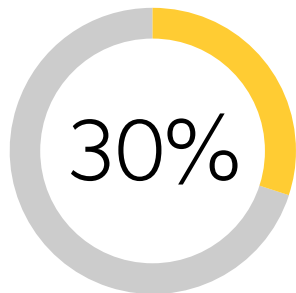
For more insights into CX for healthcare providers, check out the other two eBooks in this series:

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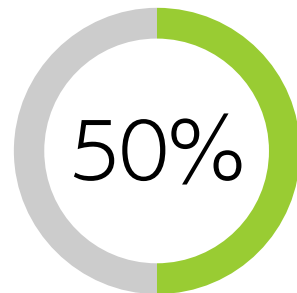
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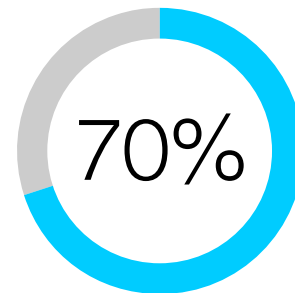
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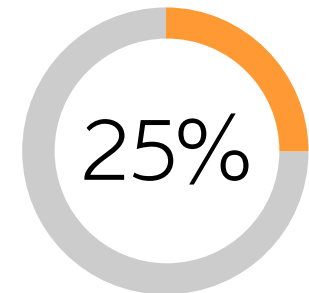
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