

# Today's Agenda

Review the charter

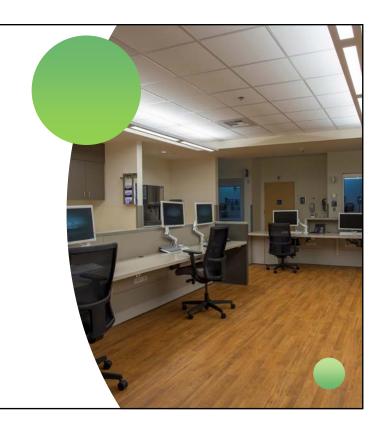
Taskforce timeline

Review our goals

### Taskforce recommendations

- 1) meet people where they are
- 2) appeal to people who do not currently know about or find JH's programs approachable

What happens from here?



# Task force members: balanced participation from JH and community representation

#### **Jefferson Healthcare employees**

- Hilary Whittington, CFO
- Jenny Goodwin, Director of Revenue Cycle Operations
- Erin Coffey, Manager of Patient Access & Compliance Officer
- Wenkie Schultz, Financial Counselor

#### **Commissioners**

- Tony Deleo
- Matt Ready

#### **Community Members**

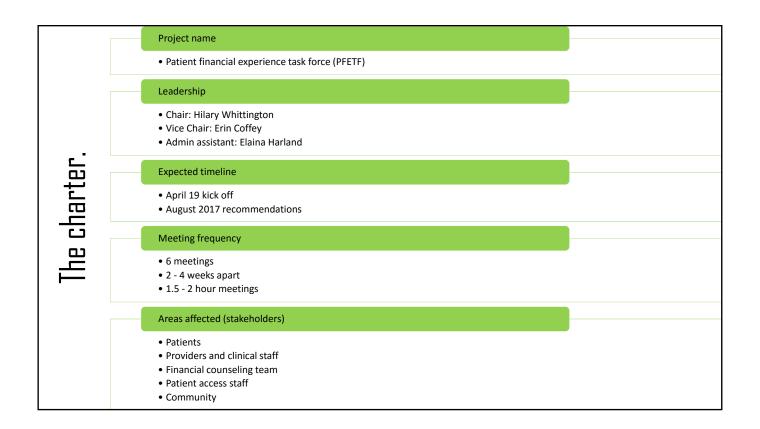
- Steve Workman
- Susan Whitmire, Kitsap Bank

#### **Patients**

- Dick Schulte
- Brian Vervynck
- Bruce McComas

#### **Legal Resources**

• Ariel Speser



# The charter continued

#### **Purpose**

• Evaluate and affect our current policies, procedures, communications and tools to create a best practice patient financial experience

#### Vision statement

• Standardize the patient financial experience to ensure transparency; empower patients with the information they need to make decisions

### Relevant organizational goals (strategic plan)

• Demystify healthcare economics



## The Meeting Timeline

Thurs, May 4

- Kick off • Brainstorm metrics
- Develop data request list

Thurs, May 25

- Establish timeline
- Review data compiled
- Identify any additional data needs
- Consider metrics and potential baselines and goals

Mon, June 19

- Solidify metrics; determine baselines and goals
- Answer: What does success look like?
- Brainstorm solutions, grouped into categories of metrics
- Create list of initiatives for financial counseling or other JH teams to consider from a logistical perspective

Tues, July 11

- Report out from Jenny Goodwin and Erin Coffey on logistics related to ideas of PFETF from 6/19
- Review of feasibility and resources related to proposed initiatives

Thurs, Aug 3

• Review our ideas: will these approaches 1) meet people where they are, and 2) appeal to people who do not currently know about or find JH's programs approachable?

Fri, Aug 18

 Compile list of recommendations for JH to implement, review draft board presentation

(3 months)

Follow up

- Report out progress Foster feedback
- loop

Review our **GOALS** 

- Decrease percent of inactive (no activity for more than 60 days) self-pay accounts
- Achieve staff core competencies of billing procedures and financial programs available for all patient access staff
- Increase number of patients working with financial counselors
- Decrease the number of patients sent to collections
- Decrease the number of patients that do not seek healthcare due to financial reasons

# Our recommendations, in summary



#### **Coordinate our Efforts**

Hospital wide, we are doing a lot of the right things. But, we our efforts are somewhat fragmented.

Internally, we have opportunities to pave a clearer path to connect patients with programs that meet their needs.



#### Be where our community goes.

Many patients are already connecting with other agencies and attend community functions. By going to them instead of expecting them to come to us, we can diffuse the fear of seeking assistance.



#### Leverage technology

Patients are seeking information in different ways than they used to – figuring out how to use automated solutions where we can will reduce the barriers for patients to connect with our financial assistance programs.

# Implement quickly (1-3 months)

#### Coordinate our efforts

Implement new charity care scale

#### Be where our community goes

Coordinate attendance of financial representatives at fairs and other community events

- Attend in addition to board members/administration
- Bring financial assistance applications
- Have schedule available to make appointments

Leverage technology

Change language on statement to include availability of charity care/sliding fee

Include list of external resources when accounts hit pre-collect status



# **Updated Charity Care Scale**

Update sliding fee scales to simpler/higher adjustment matrix; fewer categories, higher write offs for lower income brackets

### **Proposed scale**

Jefferson Healthcare ~ Proposed Sliding Fee Schedule 2017

Family Size		Federal ty Level			G	ross Anni	ıal	nc	ome Para	m	eters				٥١	ver 400%
1	\$	12,060	\$0		\$ 24,120	\$ 24,12	-	\$	36,180	\$	36,181		\$	48,240	\$	48,241
2	s	16,240	\$0		\$ 32,480	\$ 32,48	-	\$	48,720	\$	48,721		\$	64,960	\$	64,961
3	\$	20,420	\$0		\$ 40,840	\$ 40,84	-	\$	61,260	\$	61,261		\$	81,680	\$	81,681
4	\$	24,600	\$0		\$ 49,200	\$ 49,20		\$	73,800	\$	73,801	*	\$	98,400	\$	98,401
5	\$	28,780	\$0		\$ 57,560	\$ 57,56		5	86,340	\$	86,341	•	\$1	15,120	\$	115,121
6	\$	32,960	\$0	-	\$ 65,920	\$ 65,92	-	\$	98,880	\$	98,881	3	\$ 1	31,840	\$	131,841
7	\$	37,140	\$0		\$ 74,280	\$ 74,28	-	S	111,420	\$	111,421	2	\$ 1	48,560	\$	148,561
8	\$	41,320	\$0		\$ 82,640	\$ 82,64		\$	123,960	\$	123,961		\$ 1	65,280	\$	165,281
Percent Reduction	100% Reduction				75% Reduction			50% Reduction				0% Reduction				
	(Up to 200% FPL)					(Up to 300% FPL)				(Up to 400% FPL)						

### **Current scale**

2017 Jefferson Healthcare Charity Guidelines 100% - 400% FPL													
Number of Family Members													
% of Award		1		2		3	4						
	Low High		Low	High	Low	High	Low	High					
100%	-	12,060	-	16,240	-	20,420	-	24,600					
90%	12,061	16,080	16,241	21,653	20,421	27,227	24,601	32,800					
80%	16,081	20,100	21,653	27,067	27,228	34,033	32,801	41,000					
70%	20,101	24,120	27,068	32,480	34,034	40,840	41,001	49,200					
60%	24,121	28,140	32,481	37,893	40,841	47,647	49,201	57,400					
50%	28,141	32,160	37,894	43,307	47,648	54,453	57,401	65,600					
40%	32,161	36,180	43,308	48,720	54,454	61,260	65,601	73,800					
30%	36,181	40,200	48,721	54,133	61,261	68,067	73,801	82,000					
20%	40,201	44,220	54,134	59,547	68,068	74,873	82,001	90,200					
10%	44,221	48,240	59,548	64,960	74,874	81,680	90,201	98,400					
0%	48,241	and up	64,961	and up	81,681	and up	98,401	and up					

2017 Jefferson Healthcare Charity Guidelines 100% - 400% FPL												
Number of Family Members												
6 of Award		5		6		7	8					
Low		High	Low	High	Low	High	Low	High				
100%	-	28,780	-	32,960	-	37,140	-	41,320				
90%	28,781	38,373	32,961	43,947	37,141	49,520	41,321	55,093				
80%	38,374	47,967	43,948	54,933	49,521	61,900	55,094	68,867				
70%	47,968	57,560	54,934	65,920	61,901	74,280	68,868	82,640				
60%	57,561	67,153	65,921	76,907	74,281	86,660	82,641	96,413				
50%	67,154	76,747	76,908	87,893	86,661	99,040	96,414	110,187				
40%	76,748	86,340	87,894	98,880	99,041	111,420	110,188	123,960				
30%	86,341	95,933	98,881	109,867	111,421	123,800	123,961	137,733				
20%	95,934	105,527	109,868	120,853	123,801	136,180	137,734	151,507				
10%	105,528	115,120	120,854	131,840	136,181	148,560	151,508	165,280				
0%	115,121	and up	131,841	and up	148,561	and up	165,281	and up				

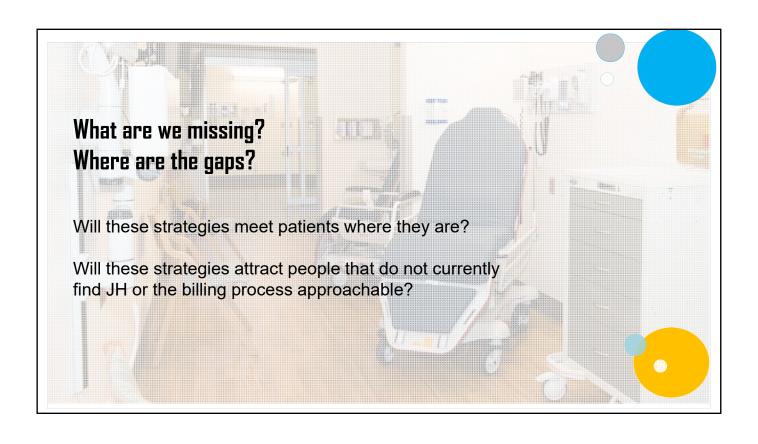
### 3-6 months

### **Coordinate our efforts** Be where our community goes Leverage technology Enhance social and print media Design education program and materials for Include information on discharge summary distribution/sharing with other agencies about payment options (prepare for 6-12 month plan) Marketing plans to reference to financial assistance programs Adjust contract with Audit & Adjustment to require scripting about the availability of charity care/sliding fee Implement clear copays/coinsurance collection processes, hospital and clinicswide

### 6-12 months

(include this in other outreach efforts)





# What happens now?



Take the list and make a work plan.



Nail down the benchmarks and method of measuring success.



Measure and repeat.



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