

T E X ★ S Hospitals

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Best Practices

Taking the Worry Out of Self-Pay

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People who are sick need to focus on getting well, without the extra burden of worrying about paying hospital bills. Three years ago, Harris Methodist Fort Worth Hospital was seeing an increase in self-pay patients, and wanted to provide resources to help them identify eligibility for local, state and federal programs. The magnet-designated hospital, a member of Texas Health Resources, is Tarrant County's largest and busiest hospital and regional referral center.

"We had a growing need for an expert skilled in helping patients receive government funding who otherwise have no means of paying their bills," said Linda Powell, director of patient access services for the hospital. "Our goal was to provide them resources so they could concentrate on getting better, and not on their bills."

To accommodate the needs of self-pay patients on a regular basis, the hospital circulated a Request for Proposals for an outside third-party eligibility service, and ultimately chose Resource Corporation of America (RCA).

RCA clerical and management staff are on-site, woven into the hospital's patient flow process. The hospital staff handles patient access, registering patients and identifying those who are self-pay. Once RCA representatives are notified of patients identified as self-pay, they then:

- Meet with them personally;
- Review their financial information;
- Determine their eligibility for local, state or federal resources; and
- Assist in pursuing those resources.

To streamline the process and minimize paper shuffling and the potential for error, RCA and the hospital use an electronic system in which most hand-offs are automated. The goal is to maximize the conversion of referred self-pay patients to government programs, including Medicaid, Crime Victims' Compensation Fund, out-of-state Medicaid billing, Supplemental Security Income and Social Security Disability.

"The hospital's goal was to have a seamless transition between admissions and determining eligibility," said Frank Dominguez, RCA chief operations officer. "We help self-pay patients determine if they are

eligible for any government assistance by identifying whatever resources are available to them, assist with paperwork, ensure that patients are educated on the process, and ensure ongoing communication with the hospital as to the status of the account."

Ongoing reports give the hospital a clear picture of its self-pay population and the stage of each account. RCA strives to determine eligibility and identify resources prior to a patient's discharge. In 2005, some 2,857 patients were screened for eligibility, and 1,039 qualified for government resources. Of those, 772 received assistance, and 177 still are being processed. A total of 949 of the 1,039 qualified patients actually received assistance, a conversion rate of 91 percent. Although the remaining patients qualified for government assistance, for various reasons, they do not always receive it.

"The process has been very seamless," said Powell. "If there is an issue, we look at it and try to find a solution that works for everyone, in a spirit of partnership. The keys are communicating and knowing exactly what you are trying to accomplish, finding someone you can work with and knowing the outcomes you want. The RCA contract is formally reviewed yearly, but staff on both sides are constantly meeting to overcome any challenges that come up."

"It is in everyone's interest to make the partnership work," said Debbie Teesdale, RCA vice president, "because we both have such an investment of time and technology in it. We are really tied together." RCA on-site staff abide by the same rules as hospital staff and participate in hospital functions.

"To have this partnership working so well offers a huge relief to our patients," said Powell. "It lets them focus on their health and recovery, which is why the hospital is here." ★

RCA, which provides self-pay patient eligibility services ranging from eligibility intake to denial management, has been endorsed by HealthShare/THA and the Texas Healthcare Trustees for more than four years. Melissa Gaskill is a HealthShare/THA editorial consultant, working on behalf of RCA.

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