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## St. Elizabeth Targets ED Billing

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**Covington, KY**—When financial professionals think of emergency departments, they often don't think of bill collection as a natural extension of operations. Emergency care often is associated with poor collection ratios and losses on service.

St. Elizabeth Medical Center decided to try a new tack.

Seeing such collections as essential to maintaining its mission of providing care to all, the facility implemented a new workflow, adapted its financial systems to provide a balance for patients to pay soon after care was provided, and engaged patients in financial discussions before they walked out the door.

As a result, the facility realized nearly \$521,000 in cash collected at the point of service in 2006. It reduced its bad debt expense ratio to 11.7 percent from 12.1 percent in 2005, as net emergency department revenue grew to \$41.9 million.

St. Elizabeth sees an average of 170 ED patients daily. Under the initiative, it received payments after service from an average of 20 each day.

Part of the solution seems simple enough, said Joe Ruark, assistant vice president of patient financial services. After patients receive care, nurses escort them back to a discharge clerk, who collects payments or insurance information or helps arrange payment plans with financial counselors.

"It helps the patient," said Vicki McCafferty, manager of ED registration.

"We don't have to send them a letter and follow up to collect payment. I think it's a relief on both sides. Patients are happy they're done with it."

To capture payment at an earlier stage in the process, the facility had to tweak its Allegra financial system, a product of IntraNexus, a Virginia Beach, Va.-based application vendor. The changes enabled the hospital to post account cash for a patient who hadn't been registered first, said Kathleen Patentreger, vice president of client services for IntraNexus.

Key to the success of the approach was getting ED nurses to change their processes and take the time to walk patients to the discharge desk.

"There was some initial hesitance to do it," Ruark said.

"They thought patient dissatisfaction would go up in the ED. With Terri Victor's help, as nurse manager of the department, we were able to get buy-in from the nursing staff."

