



# Petersburg Medical Center

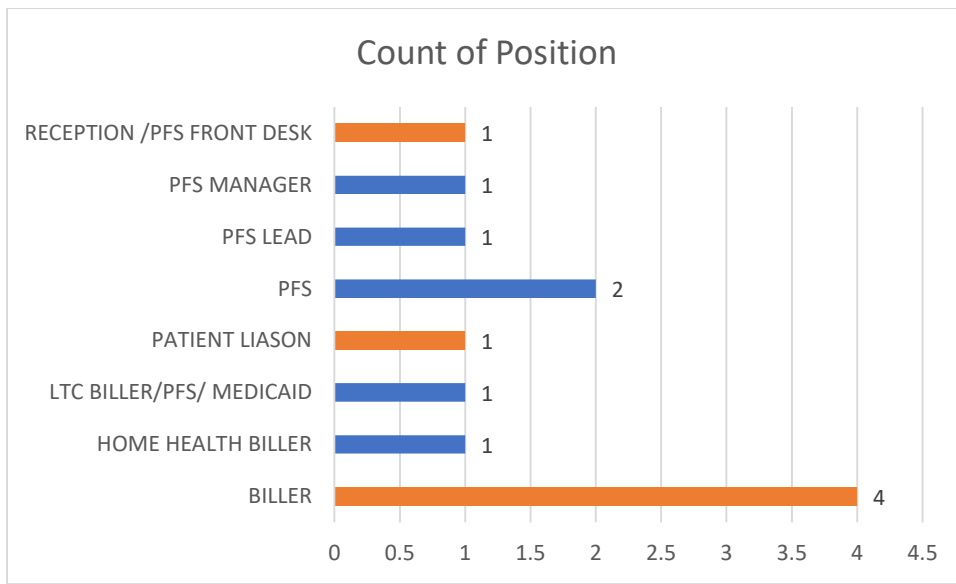
## Patient Financial Services Report February 2025

### Workforce Wellness

PFS (Patient Financial Services) focus has been the decision to bring our billing of claims in-house. In preparation, PFS has increased staffing by six new hires, bringing the total staff number in this department to 11. (One biller is a current Home Health staff) The new remote billers that have received their computers and training and are currently working aged AR in Cerner. In the next few weeks, PMC billers will start submitting new claims and Trubridge staff will work on aged AR.

The 4 new billing positions will cover: Medicare, AK Medicaid, Aetna/Commercial, and Blues/SEARHC/Gov't/WC claims.

I am feeling extremely optimistic about the PFS billing team we have created. Our billers have many years of experience between them and are working hard to learn our systems and processes. I am confident that the team will be ready to take over the claims management from our third-party billers, Trubridge, in March.



Status Key: **New** and **Current**

### Community Engagement

Patient Financial Services interacts with the community daily, providing friendly and approachable support in navigating medical bills and payment plans. Our goal is to ensure clear communication and a positive experience while assisting patients with their financial needs. PFS participates in daily and weekly meetings within our department with remote billers and staff. We use these meetings to build policy and procedures that the team will use as we bring billing, posting, and self-pay follow up inhouse. Daily training with new hires is ongoing as we prepare for a seamless transition of duties.

One area of concentration is updating our Revenue Cycle policies. We will be meeting with each department manager as we work our way through each step of the cycle to discuss their current processes as pertains to information submitted on claims – registration, insurance, charges and coding. Our efforts to understand and build process is aimed at increasing our clean claim rate submitted to insurance. Our current clean claim rate average for the last 13 months, is 85% - industry standard is 95%. There are many pieces of Revenue Cycle,

owned by different departments, that affect whether a claim is submitted to insurance without issue. Our goal is to identify these issues, determine if they are caused by system or process, and correct them.



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**Clean Claims- Ensuring steps 1-9 in the Revenue Cycle are error free will have our clean claims process through insurance quickly and any patient responsibility will post to the statement in a timelier manner.**

These trainings and transitions will equip our team to better serve our patients and community.

### **Patient Centered Care**

Our team has attended demonstrations for potential updates to our patient registration and access. We are researching Digital Patient Engagement and how that could help both patients and staff. This would give patients digital access to schedule appointments, check-in, communicate, and pay. We plan to meet with IT and registration to discuss what our current system offers and if we are using it to its full potential.

### **Facility**

PFS has been working closely with the HR and IT departments to set up new employees in our systems and provide the remote billers with laptops, hardware, and software that they will need to bill claims. PFS purchased a new printer for the office dedicated to printing claims that cannot be transmitted electronically to insurance. The remote billers have been using this daily as they work through the old AR and find claims to re-bill. PFS appreciates the department's dedication and time they have committed to help get the in-house billing project off the ground.

For the first time in over 4 years the PFS desks in our office will all be occupied! IT has been working on the spaces to get them ready for the staff that will be starting in March in the Patient Liaison position. This position

is responsible for self – pay follow up with patients. Staff will reach out to patients with past due balances to offer interest-free pay plans, financial assistance applications, and help with Medicaid applications.

### **Financial Wellness**

The PFS team has been participating in training for billing, posting, and follow up to cross train our staff for coverage when staff has PTO or Sick Leave. We are a stronger team when we all have the knowledge to support each other and the ability to work as needed, where needed.

We continue to monitor the high AR and our new billing team is working to help alleviate these high numbers by working the aged AR – some encounters identified as too old to bill (most insurance will not accept claims over a year from date of service)- these need to be adjusted off the AR. Other encounters have issues in which billers are resolving and rebilling. We see the number of issues in our Work Queues going down, and the number of claims submitted going up. This means potential revenue for PMC.

PFS has signed a contract with Physicians Angels, a remote company that supplies support in all areas of the Revenue Cycle. These remote workers will be available to us as we bring the claims billing and follow up in-house. The Physicians Angels team is trained in billing, posting, self-pay, coding, and other revenue cycle functions, and can assist us with the conversion to in-house processes, if needed. This is our safety net for any unforeseen issues that may occur at conversion.

**Submitted by:** Carrie Lantiegne

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