



Petersburg Medical Center

Patient Financial Services February 2024

HRG – Healthcare Resource Group. PMC’s third-party billing agency.

PFS – Patient Financial Services

EHR – Electronic Health Record

Workforce Wellness

Patient Financial Services has been busy keeping up with the recent increase in billing and payments due to new service lines. Both patient and non-patient payments flow through PFS. We are noticing a large increase in patients coming into the facility for questions and to make payments.

Our department had a team member out of the office from the end of December through the first week of February on PTO/working remote. PFS was able to pull together and help cover areas as needed due to international connection issues with some of our billing sites. Some of our billing tools did not allow connections outside of the US. It was a good lesson to learn for remote workers. The team is very happy to have staffing back to normal and to be able to catch up on regular duties.

The clearinghouse PMC uses for claim submission offers seminars on billing, claims and reimbursement. Our team will be taking advantage of these learning opportunities to better understand the claim process for billing. Knowledge is power.

Community Engagement

Meetings have started with facility managers and administration for Centralized Registration in the new facility. We are working to understand what this model will look like for staffing and patients. We are working with Sheena Cole, an associate of CFO Jason McCormick’s, to look at our current registration processes and assess any areas for improvement. This will be a huge project but also an exciting opportunity to work with all departments to better our revenue cycle.

PFS is also working with Sheena Cole and HIM to review our credentialing process and to update any information that has not been recently revalidated. Adding new service line providers to the facility has shown us that a review is needed to make sure we are keeping up with all the changes insurances require.

Patient Centered Care

PFS has brought the Cerner statement preview back in-house to better review statement balances being sent to patients. This gives us the opportunity to reach out to patients who may need assistance with larger balances – such as payment plans, help with Medicaid enrollment, and Financial Assistance.

The team has continued to work on the sunsetting of our historical EHR, CPSI, by completing the review and appropriate adjustments for all debit balances and completing the review and refund of any patient credit balances. We are reviewing the last of the insurance credits to verify if they are true credits or posting/adjustment errors. Once these accounts are verified, they will be worked accordingly and PFS will be finished with the sunsetting process. This has been a bigger job than anticipated, but PFS is committed to the accuracy of each balance so that the accounts can be resolved correctly.

Facility

PFS was glad to see the printer repair man come through our facility. The IT department was able to schedule service for the large printers in the facility and made many staff members very happy. The large printer in our

office is older and will need to be replaced in the next few years. The service on the printer has greatly improved its function and we are crossing our fingers it will continue.

PFS is working with IT to create a workspace in our back office for our reception staff to have a quiet place to work when needed. The lobby area can be quite noisy at times and a lot of our work is patient account issues that require concentration and quiet. We are happy to have the room to make this happen when space is in high demand facility wide. Reception staff will be able to see and hear the front desk and any persons who may need assistance from the desk in the back.

Financial Wellness

PFS continues to work with each department in the facility for the health of our revenue cycle. Registration questions and training, review and build of charges, documents for claim submission, follow-up on any denials and payments are some of our daily workflows. We continually review for any updates or process improvements that will make the patient's visit as smooth as possible and to ensure that we are getting reimbursed for our services in a timely manner.

In our Revenue Cycle Task Force meetings with our billing company, we are starting a deep dive into denial reasons on submitted claims. Our goal is to identify issues and resolve them with process improvement or Cerner build corrections. We expect to see a better clean claim rate, less denials, and quicker reimbursement in the coming months.

Submitted by: Carrie Lantiegne
