



# Palomar Health Partners with MediRevv as an Extended Business Office for Self Pay Functions

**PALOMAR HEALTH**



**ESCONDIDO, CA**

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**714**  
BEDS

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**NPR**

**\$555,664,000**

Following the passage of the Affordable Care Act, about 16.4 million previously uninsured individuals have obtained healthcare coverage, according to survey analysis by the Office of the Assistant Secretary for Planning and Evaluation. Coverage expansions have contributed to a 35% reduction in the uninsured rate, effectively expanding patient access to care. These industry trends can also contribute to rising patient volumes at healthcare organizations, and as requests for services grow, organizations may need to modify revenue cycle processes to meet these demands and optimize their financial well-being.

Palomar Health, a three-facility, 714-bed public healthcare district based in Escondido, California, has experienced a similar situation as formerly uninsured patients enter its local healthcare marketplace. This change has not only contributed to growing patient volume, but also greater patient financial liability from high-deductible health plans. This prompted Palomar Health to reorganize its self pay management and to leverage the industry-leading technologies and practices of a revenue cycle management partner.

## CHALLENGES

Susan May, Director of Patient Financial Services at Palomar Health, recognized that her revenue cycle team did not have the technology or resources to keep pace with its self pay workflows, which were growing due to increases in patient volumes. A team of seven staff members focused on performing self pay collections tasks, including answering patient calls, addressing patient inquiries, and mailing patient statements. Palomar Health recognized that partnering with a revenue cycle management extension service would provide an opportunity to boost self pay collection efforts and enhance customer service offerings.

HIGHLIGHTS



**LACK OF TECHNOLOGY**



**INCREASE PATIENT VOLUMES**



**NEED FOR REVENUE CYCLE MANAGEMENT**

## HIGHLIGHTS



INDUSTRY-LEADING  
TECHNOLOGY



DEVELOP AN  
IMPLEMENTATION  
STRATEGY



HIGHLY EDUCATED  
STAFF

## SOLUTION

To optimize financial performance, Palomar Health began researching companies that would help improve its self pay collection strategies while providing patients and staff with a high level of service and professionalism. Palomar Health chose MediRev based on its ability to leverage technology enhancements—such as propensity-to-pay software, call recording capabilities, and self pay segmentation—and its educated team of employees.

At the start of the project, MediRev came onsite to familiarize its team with Palomar Health's policies, procedures, and the way it historically managed its self pay program. Since MediRev owned self pay collections from day one of implementation, the partners discussed statement design, call center scripting, and, above all, Palomar Health's organizational culture to ensure MediRev represented Palomar Health in accordance with its mission and values. By working closely with Palomar Health onsite, MediRev was able to both replicate current processes and implement best practices to optimize collections.

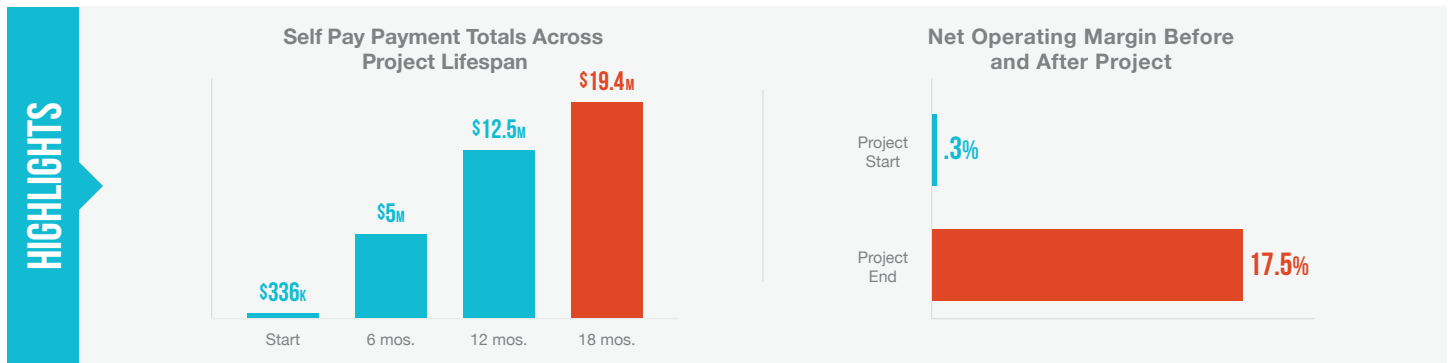
**“Compared with other vendors doing the same type of work, we seem to have a better and closer relationship with MediRev,” May says. “I think part of the reason is because we give them all of our self pay from day one, and there is an expectation that they are going to represent us in a positive way. And they do so. Their communication and professionalism is great.”**

To leverage MediRev's technological resources, MediRev collaborated with Palomar to set up a platform in which it could view and work within Palomar Health's information systems. MediRev then took full ownership of self pay activities, including sending patient statements, fielding patient inquiries, and following up on outstanding balances. In addition, MediRev's partnership with Palomar Health's long-term payment plan vendor allowed MediRev to share responsibility for initiating and managing payment plans.

Once MediRev began providing these self pay services, Palomar Health was able to redeploy its self pay staff to other positions and leverage their experience to address other departments' priorities. In addition, Palomar Health retained its lead self pay program customer service representative to function as a liaison between Palomar Health and MediRev. The partners hold weekly status meetings to discuss project operations and service improvements. At the end of each month MediRev also provides Palomar Health with performance and engagement trends, such as call volumes, wait times, and abandonment rates—insights to which Palomar did not have access with its prior technological limitations.

# RESULTS

For each of the 18 months since the new self pay model began, MediRevv has provided Palomar Health with operational summaries based on key performance indicators to report financial performance within account workflows. Among other metrics, this data has illustrated that more than \$19.4 million in self pay collections have been secured since the project's beginning. Moreover, Palomar Health's net operating margin is projected to increase to 17.5% over the project's lifespan. Palomar's engagement with MediRevv has allowed the organization to keep pace with patient volumes while increasing its net operating margin.



In addition, MediRevv's data transparency has illuminated opportunities to further optimize the self pay program, such as identifying and implementing processes to address an increase in patient inquiries. While MediRevv put its phone number on billing statements and processed the majority of inquiries, some questions were better suited for Palomar Health to answer. This observation prompted MediRevv and Palomar Health to develop a system for more efficiently resolving patient concerns. Successfully restructuring patient inquiry workflows was made possible by leveraging SharePoint, a collaboration software tool, to communicate with one another on a daily basis.

MediRevv logged inquiries that required attention from Palomar Health. Then inquiries were divided into different work queues based on specific requests, such as itemized statements and disputes. This change enabled Palomar Health to streamline inquiry management by assigning staff to specific work queues, in turn helping the organization adapt to the shifting healthcare landscape of increased patient financial liability.

***“One positive element that resulted from better understanding inquiry and call volume was that we developed a logging mechanism for patient complaints,” May says. “We do a better job of addressing patient concerns that I think could have been missed in our former processes.”***

MediRevv has also been responsive and professional in its communication with Palomar Health, and the vendor partner feels like a true extension of staff, May says. When either MediRevv or Palomar Health identifies growth opportunities, they raise them during weekly meetings and implement workflow adjustments to facilitate financial performance and customer service improvements.

***“It's been a very open and good relationship,” May says. When we have hiccups, we communicate it immediately and both parties work to address it. MediRevv's leadership team and those individuals who work directly on our weekly calls are extremely professional and easy to communicate with. Throughout the process there's been no negative communication or editorial comments.”***