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University of Utah recovers outstanding patient balances through optimized workflows with Collections Optimization Manager

University of Utah Health is the only academic medical center serving the state of Utah and the Mountain West. With five hospitals and 11 community healthcare centers in Utah, Idaho, Wyoming, Montana, Colorado and Nevada, University of Utah Health maintains a 190,000+ member health plan.

University of Utah Health's guiding mission is to provide an exceptional patient experience. For 11 consecutive years, Vizient ranked University of Utah Health in the top 10 nationwide for quality healthcare among academic medical centers. Forbes recognized University of Utah Health as one of America's Best Employers by State.

Challenge

Nearly half (45%) of consumers now have outstanding medical bills, translating to a high volume of collections accounts and urgency to keep the revenue cycle moving.* This rise in medical debt results in lower collection rates and increasing bad debt for hospitals.

Like many healthcare providers, University of Utah Health too faced a rising tide of accounts in collections. Tyler Ripley, Revenue Cycle Manager, Self Pay Business Office at University of Utah Health, wanted to stay true to their goal of making "life better for both patients and staff." For this, he envisioned adopting a data-driven strategy that would cleanse their Accounts Receivable inventory to remove uncollectible accounts with the least amount of manual intervention.

For University of Utah Health, an increased volume of accounts in the AR file created inefficiencies that added to the manual workload in collections and led to more bad debt assignments. Ripley believed cleansing the AR file

to remove uncollectible accounts was the logical place to start. With fewer accounts to contend with, staff would be able to focus on accounts that were most likely to pay. To make the process as efficient as possible, the organization needed automated tools.

At the same time, better reporting tools and analytics had the potential to improve the management of third-party collections as well, with the overarching goal of collecting more revenue and reducing the cost to collect.

Resolution

With the help of the automated screening features of Collection Optimization Manager, University of Utah Health is able to flag accounts that should not be targeted for collections, including accounts that belong to deceased patients, accounts that are associated with bankruptcies, Medicaid patients and patients who are eligible for charity. This allows University of Utah to thoroughly cleanse their AR and reduce manual intervention so that they can truly focus on their patients.

*https://www.debt.com/research/medical-debt-survey/

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Automated scoring and segmentation allow Ripley's team to estimate a patient's propensity to pay and to design a collections plan that prioritizes accounts accordingly. Instead of contacting every patient with an outstanding balance, staff can focus on those who are most likely to pay or those who might benefit from learning about the payment options available to them. Staff members can quickly spot patients with financial needs and are empowered to make adjustments based on those needs.

Data-driven insights improve the organization's ability to manage third-party agencies as well. Using agency inventory reconciliation and performance reporting, Ripley and his team are better able to compare agency inventory feeds with their own AR file. This enables the team to call out exceptions, support improved performance, place accounts with agencies best suited to collect, and reduce agency fees.

By getting the right tools to the right people, the efficiency and effectiveness of the department has improved dramatically. Improving and automating processes has enabled University of Utah Health to make life better for team members, who in turn provide better service to patients.

Results

Since implementing Collections Optimization Manager, Ripley and his team have increased patient collections, dramatically reduced manual intervention and lowered its cost to collect.

Screening tools for increased productivity

The screening tools in Collections Optimization Manager do the work of 18 full-time employees. Using automated screening features saves the organization more than 3,000 hours every month in manual work.

Screening	Records processed	Efficiency gain (in hours)
Medicaid screening	17,000 per month	586 per month
Bankruptcy screening with automation	615 per month	51 per month
Deceased screening with automation	70 per month	2 per month
Return Mail	18,828 total	1,569 total
Presumptive charity screening	386,000 annually	30,000 annually

Scoring and segmentation bring patient needs into focus

Since introducing scoring and segmentation tools, University of Utah Health has seen a 9.4% increase in average monthly patient payments. Using a healthcare-specific scoring algorithm, Collections Optimization Manager calculates how likely a patient is to pay and uses this score to prioritize accounts, so staff members spend less time pursuing uncollectible accounts and can focus instead on serving patients who want help finding a way to pay.

9.4% increase in average monthly patient payments

University of Utah Health is recovering more revenue with these additional data-driven insights. But equally important, as they've increased their use of automation and decreased the need for manual intervention, staff is more motivated. Employees now score University of Utah Health 95% or higher on employee engagement.

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🕐 Automation saves thousands of hours of staff time

Manually tracking down correct addresses for returned mail, or "skip tracing," is time consuming for staff. Additionally, data entry errors, transient patients without permanent addresses, known bad addresses or out-of-date patient information adds to the growing number of patient accounts in collections.

Experian Health's Return Mail helped University of Utah Health update their patient information files using multiple data sources and effective search algorithms to correct 18,828 records, saving 1,569 manual work hours for staff.

The result: more efficient use of the staff's time, accelerated self-pay payments and reduced AR days.

Experian Health's advanced presumptive charity screening provides similarly impactful results, including an average savings of 2,500 work hours per month and 386,000 records screened annually. Automated screening tools check patient eligibility for charitable assistance early in the process, ensuring that only eligible accounts are sent to charity. For patients who need this help, early intervention can alleviate some of the stress surrounding payment and provides a more positive experience for these patients overall.

👥 Collaborating with a trusted partner smooths implementation

Automated processes are only as effective as their implementation. Ripley credits University of Utah Health's success with Collections Optimization Manager to the collaborative relationship Experian Health consultants built with his team. Knowledge and expertise from the Experian Health team helped University of Utah Health ensure that their automated processes were up to speed. The Experian Health team also shared industry best practices, which helped the organization reach its larger goal of delivering the best possible patient experience while making life better for valued staff members. Increasing collections remains a challenge, but it's one University of Utah Health is meeting head on.

Find out more about how Collections Optimization Manager helps healthcare organizations optimize collections and reduce bad debt through advanced analytics and data-driven insights.

About Experian Health

Hospitals, health systems and physicians groups have come to rely on Experian Health for revenue acceleration and profit gains through automation, submitting cleaner claims, fewer underpayments and a reduced cost to collect.

Collections Optimization Manager dramatically improves your collections rate by making your collections staff more productive, whether in-house or outsourced, through a targeted approach backed by in-depth data and advanced analytics. We help you prioritize accounts by payment probability and use the best communications methods for each patient segment so you can more efficiently collect a greater percentage of money owed.