Self-Pay Engagement in an Evolving World

Leveraging technology to convert self-pay patients to financial assistance programs

MAPS Presentation and Solution Demonstration

April 24th, 2019
Today’s Presenters

Steve Mullin, Executive Vice President of Sales and Marketing, Bluemark. Steve leads the company's sales and marketing initiatives plus collaborates with the development team on future product creation and enhancements. Steve's focus is to grow the company by further leveraging existing strategic partnerships, building new partnerships and by being more aggressive in creating direct sales channels within key markets.

Bryan Exner, COO and Lead System Architect, Bluemark. Bryan provides strategic direction for software development, implementation and continued service delivery across all Bluemark service lines. He is a trained software engineer with extensive experience in public benefit programs and the management of large-scale engineering projects. He also is an expert in the Medicaid eligibility and enrollment process.
About Bluemark

Bluemark is a specialized software developer providing expert solutions for healthcare professionals and community-based organizations. We solve complex problems with our adaptive technology and industry expertise.

As a professional healthcare technology firm, we help clients achieve workflow efficiencies and maximize revenue.

- Solutions implemented across 26 states, over 400 Hospitals and Health Systems, and 55 Long-Term Care Facilities
- Customized applications of the technology with Food Stamps, Health Plans and Head Start Programs
- Consultative approach to solution design with an engaged community of users
- Reputation is built on our responsiveness and the level of service we provide our clients

We Deliver Expert Solutions by Industry Experts
Thank You
Presentation Agenda

I. Today’s Challenge: How to Engage self-pay patients
II. Technology Tools and Methods
III. MAPS Clear Demonstration
IV. Self-Pay Management Platform
V. MAPS Financial Assistance Processing Demonstration
VI. Wrap-Up and Questions
Today’s Challenge

How hospitals engage with self-pay patients today

- Financial Assistance Program information on their website
  - Contact numbers for Financial Counseling
  - PDF Version of Application

- Financial Assistance applications at point of service

- Post encounter outreach
  - Mail application with patient bill
  - Follow-up calls: “Robo Calls”
  - Third-Party vendors
Population continues to shift from Baby Boomers and Generation X to Millennials and Generation Z

Millennials are the mobile phones, Google, Facebook, iPhone generation. With unlimited access to information, they tend to be assertive, with strong views. Envision the world as a 24/7 place; want fast and immediate processing.

- They want to be compliant but are only willing to engage in the methods they are most comfortable with using
- Email, Text and Social Media
- Increase engagement and Elevate your overall brand within the community
Secondary Challenge

Growing Self-Pay Population with Limited Resources

High Deductible Health Plans and Exchange Plans
- 43% of insured across the country are on HDHPs
- In Ohio we have just over 200,000 individuals enrolled in Exchange Plans
- Average Deductible of a Silver Plan is $4,000 and a Bronze Plan is $7,000
- Greater Impact on Small and Rural facilities as they often provide fist level instances of care which would fall under the deductible

Financial Counseling Resources
- Focus on high-dollar, reimbursement program eligible accounts
- Little time to focus on lower dollar outpatient accounts or to actively process accounts for Financial Assistance
- In many cases the benefit of an FA approved account does not justify the cost
Ohio 1115 Waiver

I. CMS Approved Requirement Summary

II. Impacted Group

III. Exemptions to the requirement
CMS Approved Requirements

▪ The Centers for Medicare and Medicaid Services (CMS) approved Ohio’s work requirement and community engagement waiver for able-bodied Ohioans in the Medicaid expansion population in early March. Ohio has stated that the requirements will be effective Jan. 2021.

▪ Ohio Medicaid expansion enrollees will need to demonstrate they work 20 hours per week or are engaged in other allowable activities, including job search, education and training, or community service.

▪ Ohio is the 9th state to receive CMS approval to introduce community engagement requirements in their program.

▪ Currently, 58 percent of Ohio’s Medicaid expansion enrollees are employed. Expansion enrollees who do not already have jobs will need to demonstrate the requirements to remain active in expansion.
Impacted Group

Ohio Medicaid Expansion Work and Community Engagement Requirements
Estimated impact based on February 2019 data

- **253,638** Individuals currently working
- **109,258** Require assessment:
  - Work more hours
  - Begin work
  - Other allowable activities
  - Possible exemption
- **250,193** Individuals exempt from work requirement

Source: Ohio Benefits for eligibility, income and demographics (February 2019 extract), Medicaid Information Technology System claims data for chronic conditions, and Ohio Department of Job and Family Services for SNAP/ABAWD exclusions.
Work Requirements Exceptions

- Age 50 and older
- Parent Caretaker
- Individuals with a chronic condition
- Individuals qualifying for Supplemental Nutrition Assistance Program (SNAP) and Able-bodied Adults without Dependents (ABAWD) programs.

The state can also grant limited good cause exceptions for the reasons such as a family emergency or illness.
MAPS-Clear provides patients with access to a self-service portal for the purpose of working with the hospital for eligibility and enrollment into Medicaid and Financial Assistance.

MAPS-Clear allows patients to securely screen, supply application information, provide documentation and message their financial counselor.

MAPS-Clear also contains outreach tools that allow the hospital to send batch emails and text messages to patients to prompt them to join the portal process.

- Improves patient experience and satisfaction
- Aligns with the changing demographics of today’s patient
- Provides a low cost method to reach high volume low dollar accounts
- Ties seamlessly into your current MAPS worklist and process flows
- Improves 501(R) compliance
Outreach Tools and Methods

MAPS-Clear has several methods to reach patients based on client based rules and criteria.

- Email and text messaging campaigns prompt patients. “We can help with the payment of your bill...”
- Provides an endpoint to allow hospitals to “market” to their patients with QR codes/URL links on posters, flyers, statements and on websites.
- Referral network tools allow affiliates to generate a referral and create an account on behalf of a patient.

Need help with your bill? We can help, scan here and see if you qualify.
Patient Collaboration Tools

MAPS-Clear allows patients to collaborate with their financial counselor:

- Self screening for Financial Assistance and Medicaid programs
- Schedule a follow-up phone or live appointment
- Supply additional application information
- Supply survey & patient satisfaction information
- Supply documentation
- Sign Financial Assistance Application
- Direct messaging with their financial counselor
Waiver Requirements

“This new eligibility condition encourages people to work while exempting those who, for one reason or another, are not required to work.”

MAPS-Clear can assist providers in keeping their patients enrolled by:

- Identifying at risk patients: Filter out many of the exemptions including county of residence, age, pregnancy, and parent of a minor child.
- Broadcasting automated monthly reminder messages through both email and text.
- Facilitate outreach efforts, and the collection and submission of eligibility verifications.

Important Note: Much of this is conceptual and will evolve as the state further define the rollout and enforcement of the waiver requirements.
Solution Demonstration
MAPS Self-Pay Platform

State of Confusion

Does magi vs. non-magi, retroactive coverage, spend-down, open enrollment & financial assistance coverage have you concerned?

- Manual Medicaid: Manual actions & county forms
- State enrollment web-application linking
- Financial Assistance
- Third party Medicaid vendor tracking

MAPS is a tech-enabled solution that streamlines and automates the process of discovering eligibility and enrolling patients in Medicaid, Health Insurance Exchange plans, and hospital financial assistance programs. It puts the hospital’s patient financial assistance staff in control to ensure the right patients get the right coverage, every time.
### MAPS Key Features

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<td><img src="image" alt="Two- to Three-Minute Quickscreen" /></td>
<td><img src="image" alt="Custom Program Screening" /></td>
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#### BENEFIT

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<th>Adaptable to Your Workflow:</th>
<th>Peace of Mind You’ve Made Every Effort to Find Coverage:</th>
<th>Confidence in a Single Source of Truth:</th>
<th>Assurance You Have Proper Documentation:</th>
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<td>Highly configurable to adapt to clients specific organizational structure and workflow needs</td>
<td>Screen for all available assistance programs at the same time.</td>
<td>Manage all self-pay account activity in one solution</td>
<td>Full audit detail and reporting for compliance purposes and performance improvement</td>
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**Two- to Three-Minute Quickscreen**

Comprehensive screening for entire family with data capture. Configurable status model and sophisticated workflow engine.

**Custom Program Screening**

Custom program screening to determine the correct enrollment pathway from among Medicaid, Hospital Financial Assistance, and health insurance exchanges.

**Electronic Application Submission**

Electronic submission of MAGI-Medicaid applications through our proprietary health insurance exchange interface.

**Role-Based Security Models and Reporting**

Case management, tracking and reporting to ensure compliance and performance. Financial Assistance program requirement compliance.
Questions
Thank You!

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