

**7C – EMSA should re-assess the point at which accounts are turned over to Works and Lentz** – Each account that is turned over to Works and Lentz represents lost income to the EMSA, as 35% of the recovered funds are paid to W&L. A recent survey of data shows that 22% of bills from August 2011 had been turned over to W&L for collection services as of June 2, 2012. A full analysis of the August 2011 and February 2012 data is presented as **Attachment 5** to this Review. EMSA should continually and aggressively be looking for opportunities to improve in-house capabilities in this area in order to receive the full payment to which it is entitled. For example, what would be the cost-benefit of adding more A/R reps internally in order to keep more of the collection work in-house? What would be the value of working the self-pay accounts another 30 days in-house? EMSA has provided no evidence that such an analysis is regularly completed in light of evolving technologies and sources of information. We recommend a concerted effort be made to analyze the cost/benefit value of more and longer in-house focus on the collections efforts.

*EMSA regularly benchmarks its staffing with other “High Performance Systems” for its staffing needs. An analysis was performed last year and found that a position was needed to work self-pay member accounts before sending to Works and Lentz. A job description was developed and a person was put into this position. Prior to sending a member to Works and Lentz this position attempts one last effort to contact the patient, or to obtain more up-to-date information from the hospital. Also, all self-pay accounts are ran against the 270/271 with Black Ink prior to sending to Works and Lentz to ensure the patient does not receive any type of federal funds, such as Medicare or Medicaid. EMSA has also stopped turning non-member patients that have a motor vehicle accident, Workers Comp and insurance providers who are not paying us timely and holding those accounts knowing we will eventually receive payment. Management continues to monitor our patient mix and volume to evaluate size and make-up of our staff. From this research it is evident that our turn policy matches that of others in our area. And is in fact the standard of practice. Complete 9/21/12*