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Stillwater Medical

An independent public trust health system powered by more than 1600 employees that serve north central Oklahoma with compassion and excellence.

- **\$300M+ Net Patient Service Revenues**
- **160+ Employed Providers**
- **3 hospital campuses**
 - 2 Rural Emergency Hospital Locations
- **40+ Service Locations**
- **Outpatient Surgery Center**
- **Heart & Vascular Institute**
- **Cancer Center/Infusion/Radiation Oncology/Imaging**
 - MR-Linac accelerator
- **Orthopedic Joint Center of Excellence**
- **4 Surgical Robots including the new Aquablation Surgical Therapy**
- **7 bed NICU to open in 2025**

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		<p>Meet Stillwater Medical</p>
		

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Our Challenges ...Industry Challenges

Supply and drug costs are at all time high

Revenue Cycle metrics are off track from historical baseline

Unprecedented labor shortages, contractors, employee salaries & benefit rates

Inflation driving increase in non-supply areas (i.e., utilities)


Remote and hybrid revenue cycle workforce

Patient volumes remain flat

Cost to collect increasing

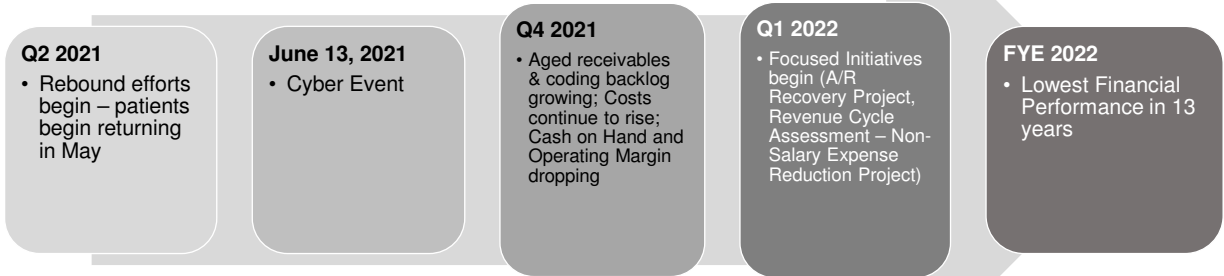
Payment delays and increased aged receivables

Struggle to achieve/hold operating margin



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How we got here... A Perfect Storm...Bold Decisions



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How do we “Reset” the Revenue Cycle?

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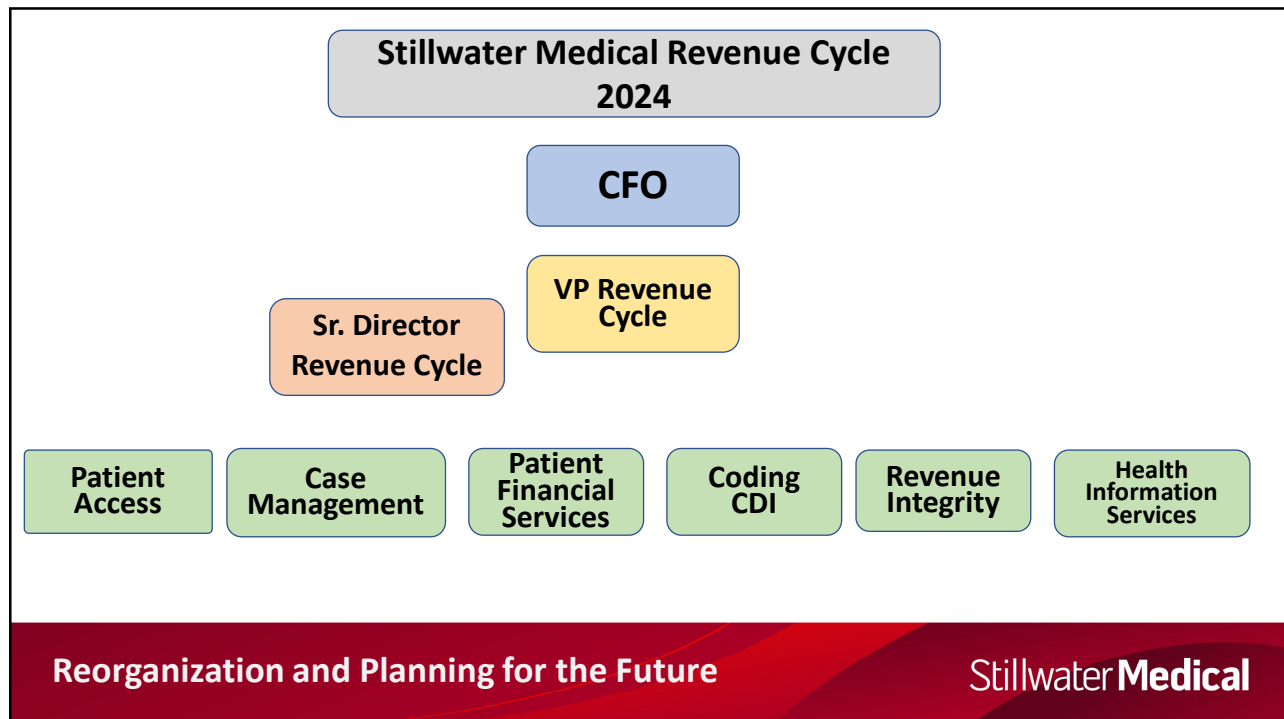
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Reset Basics:

- Identify baseline revenue cycle metrics (*prepare to benchmark against yourself first*).
- Identify a partner firm that will help you “dig” and “redefine” if this can’t be done internally.
- Look beyond the numbers for the root cause of growing aged receivables.
- Validate what is working well. Can you enhance it?
- How strong is your front line?
- Can you measure productivity of a remote workforce?
- What are your process lag days across all departments? Define your Mid-Cycle.
- Do your teams have the right tools to do the job? Do you need to make vendor changes?
- To outsource or insource receivables...that is the question?
- Where are your resources focusing? Are the tasks being done part of their job description and competencies? Have you defined the jobs that really need to be performed?
- Do you really have a revenue integrity team?
- Design your strategy to move from Denial Management to Denial Prevention.

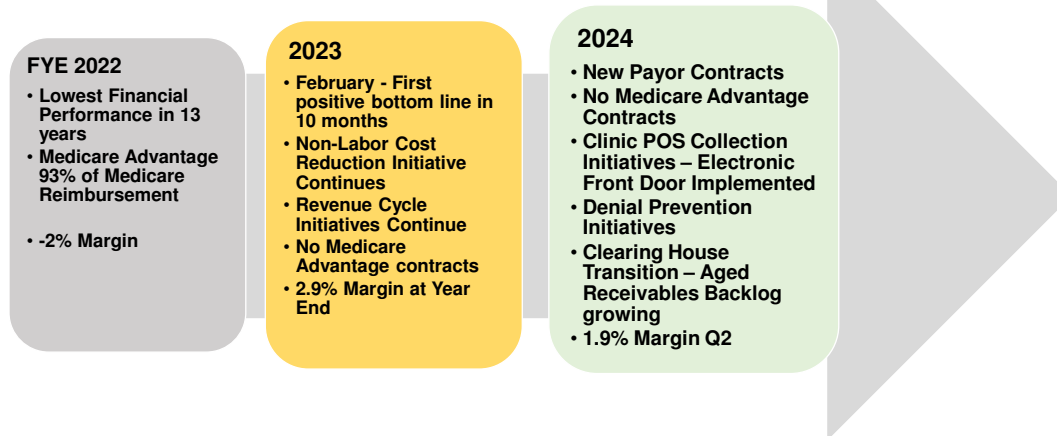
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Payment Strategy & Payor Relations



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Oklahoma hospital terminates Medicare Advantage contracts amid financial challenges

Stillwater Medical Center in Oklahoma has ended all in-network contracts with Medicare Advantage plans amid financial challenges at the 117-bed hospital, the *Stillwater News Press* reported Oct. 14.

Humana and BCBS of Oklahoma were notified that their members will no longer receive in-network coverage after Jan. 1, 2023.

"BCBSOK is willing to work with Stillwater Medical Center in finding solutions that will allow Payne County residents continued local access to Medicare Advantage providers," a BCBS spokesperson told the newspaper.

The hospital said it made the decision after facing rising operating costs and a high prior authorization burden for the MA plans.

"This was a very tough financial decision for the Stillwater Medical leadership team. Our cost to operate has increased 26 percent over the past 2 years," Tamie Young, vice president of revenue cycle at SMC, told the *News Press*. "Financial challenges are increased by a 22 percent denial of service rate from Medicare Advantage plans. This is in comparison to a less than 1 percent denial rate from traditional Medicare."

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Contract negotiations between Stillwater Medical Center, BlueCross BlueShield of Oklahoma reach impasse [Stillwater NewsPress, Okla.]

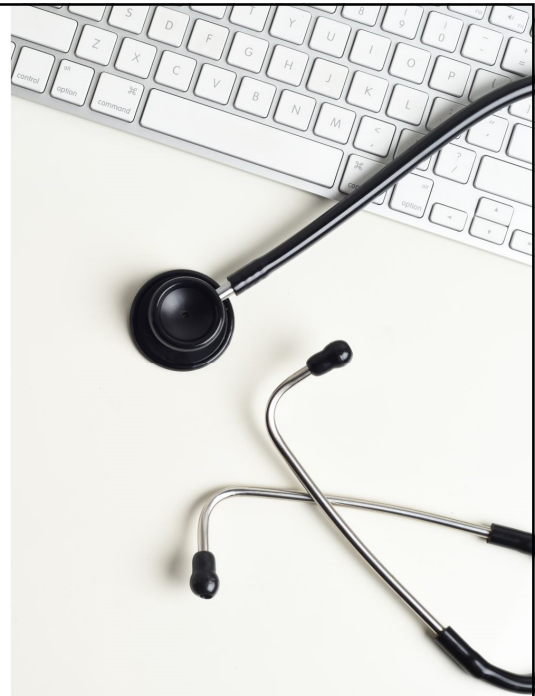
Dec. 29—Stillwater Medical Center and BlueCross BlueShield of Oklahoma have come to an impasse in negotiations over who should pay for inflating costs of medical care. Both entities have announced Stillwater Medical facilities will no longer be a BCBSOK in-network provider on May 1, 2023, unless they can compromise.

BCBSOK says SMC hospitals in Stillwater, Blackwell and Perry will no longer be in Blue Traditional, Blue Choice or Blue Preferred networks. SMC will also leave Blue Cross Medicare Advantage HMO and Blue Cross Medicare Advantage PPO networks on Jan. 1, 2023.

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The Real Transparent Strategy: Community and Patient Communication when payer relationships unravel

- **Physician support and approval is key before providing notice to a payer (*They need to understand the “why” too*)**
- **Respond to the Press before they create their own story**
- **Use Videos and Q&A format for social media – post QR Code for easy access to information & insurance network lists**
- **Establish a phone number and email address for patient questions and concerns**
- **Offer to attend Chamber of Commerce and business community functions**
- **Provide reference points and key words to employees and providers**
- **Explain the “why” in easy-to-understand language**
- **Communicate Empathy, not Sympathy**
- **Reassure that physicians and hospitals are still here to provide care**
- **Teach about options and how out-of-network benefits work**



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Final Thoughts:

Revenue Cycle Success and
Patient Centric Culture

*“Together we set our
sights on intentional
excellence – a heightened
awareness of
opportunities to surpass
the expected and the
dedication to see it
through”*

Denise Webber, CEO

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What do your
patients really
think?

Take time to
listen, even
when the
words may be
difficult to
hear.




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Final Thoughts...

Stop	Stop defending the business of healthcare with the same excuses ...Learn to listen to our patients, connect for better understanding, respond in truth and make meaningful changes to patient facing processes.
Meet	Meet people where they are in the situation to identify solutions. Establish relationships and collaborate: employees, patient/families, payers and community.
Continue	Continue to believe and press toward an ideal, patient centered revenue cycle model. Design the process first and make technology work for you.
Fix	Fix processes not people. Optimization should be focused on process and measured by outcomes.

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THANK YOU!

For Encouragement Any time:

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