39th Annual Educational Conference & Exposition

leading the way

a brave new world of patient access

National Association of Healthcare Access Management NAHAM™

Best Practices in Point-of-service (POS) Collections

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Boulder Community Hospital
www.bch.org

POS COLLECTIONS
– Introduction

"No, I don't really need all this, but my food insurance co-pay is only $5 so I thought, why not?"

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POS COLLECTIONS
– Introduction

Why Should the Patients Pay in Advance?

✓Patients need to be educated and understands their financial obligations for the care they are receiving

✓Need to identify who can/not pay their bills so they can be helped in the best way possible

✓ Eliminate worry about how to cover patient-pay portion

✓ Maintain or establish good credit record

✓ Patients earn piece of mind knowing their obligations have been met

✓ Avoid future collection headaches

POS COLLECTIONS
– Objectives

Session Objectives:

1. Discussion of trends in current Health Care market
2. Identify best practices to maximize collection efforts
3. Understand components of Estimating Pre-Service
4. Understand Roles, Training Workflows
5. Next steps/Considerations/Regulatory changes
6. Closing Thoughts

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POS COLLECTIONS
– Current Trends

We have a problem…..

Medical bills make up half of bankruptcies

AP - BOSTON — Costly illnesses trigger about half of all personal bankruptcies, and most of those who go bankrupt because of
to findings
Wednesda

CNN Health

SEARCH

Justice Entertainment Tech Health Living Travel Opinion iReport Money Sports

HEALTH INSURANCE

Medical bills pro
U.S. bankruptcie

June 05, 2009 | By Theresa Tamkins

This year, an estimated 1.5 million A
declare bankruptcy. Many people ma
but a new study suggests that more

DAILY KOS

NEWS · COMMUNITY · ACTION

PEOPLE GROUPS DIARIES TAGS LABOR COMICS ELECTIONS

Thu Jan 05, 2012 at 09:12 AM PST

Medical bills cause 62 percent of bankruptcies

A **study released** Thursday by the American Journal of Medicine finds a huge increase—nearly 20 percent—in medical bankruptcies between 2001 and 2007. **Sixty-two percent of all bankruptcies filed in 2007 were tied to medical expenses. Three-quarters of those who filed for bankruptcies in 2007 had health insurance.**

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POS COLLECTIONS
– Current Trends

We have a problem…..

- A study released in November [2008] by the ***American Hospital Association*** found that about one-third of hospitals had seen either a moderate or significant decrease in elective procedures in the previous three months….As the recession deepens….patients are deferring elective surgery….Some hospitals said their emergency rooms were already seeing patients with dire conditions that could have been avoided had they not deferred surgery for economic reasons.

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POS COLLECTIONS
– Current Trends

I cannot afford it….so I'm not doing it.....

- [2008] More than 25% of women delayed or went without care they thought they needed because they couldn't afford it. The finding comes from a ***Kaiser Family Foundation*** survey of almost 3,000 women age 18 or older. So this is not an issue of being uninsured. This is an issue of being unable to afford copayments

- One in eight people with advanced cancer turned down recommended care because of the cost, according to a new analysis from ***Thomson Reuters***, which provides news and business information. Among patients with incomes under $40,000, one in four in advanced stages of the disease refused treatment.

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POS COLLECTIONS
– Current Trends

According to the Wall Street Journal…

- An increasing array of Americans, many with health insurance, are delaying or forgoing medical care because of concern about cost, according to a report from the Center for Studying Health System Change.

- Of those who said in the 2007 survey they had scrimped, 69% cited concern about cost as a reason.

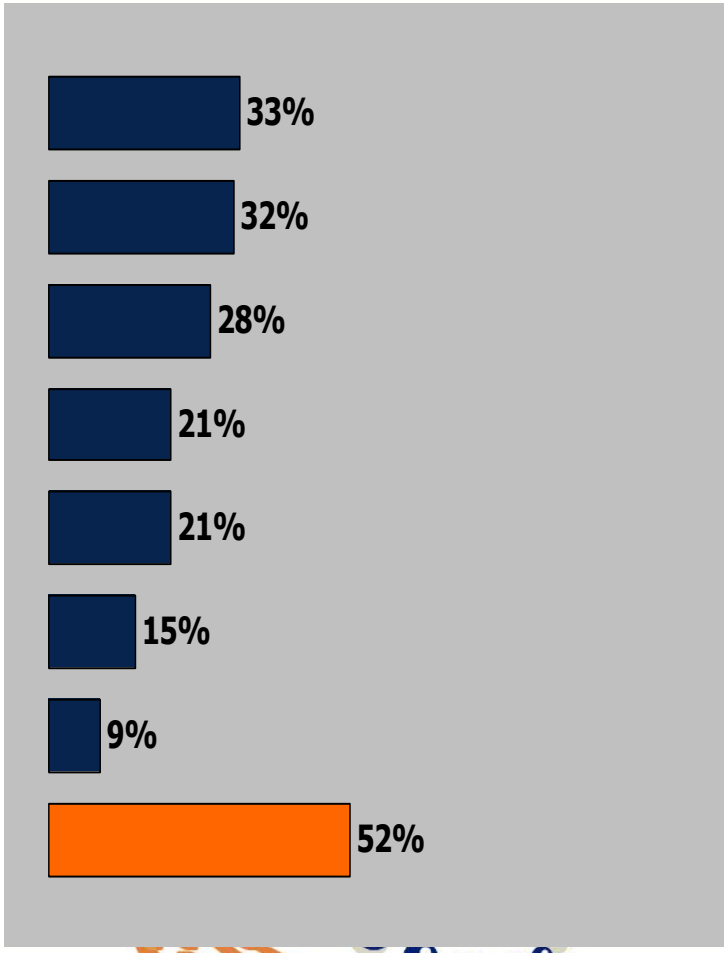
  – "As health-care costs increase, more of those costs are shifting to people and families," often in the form of large deductibles or other requirements that patients pay for a significant share of their care out of their own pockets, said Peter Cunningham, lead author of the report.

- While the uninsured reported the highest rate -- 38% -- of delaying or going without care, the biggest rate of increase in such reports was among people who had health insurance. Seventeen percent of insured respondents said that they had scrimped, which was up from 11% in the 2003 poll.

WSJ 6/26/08 - SARAH RUBENSTEIN

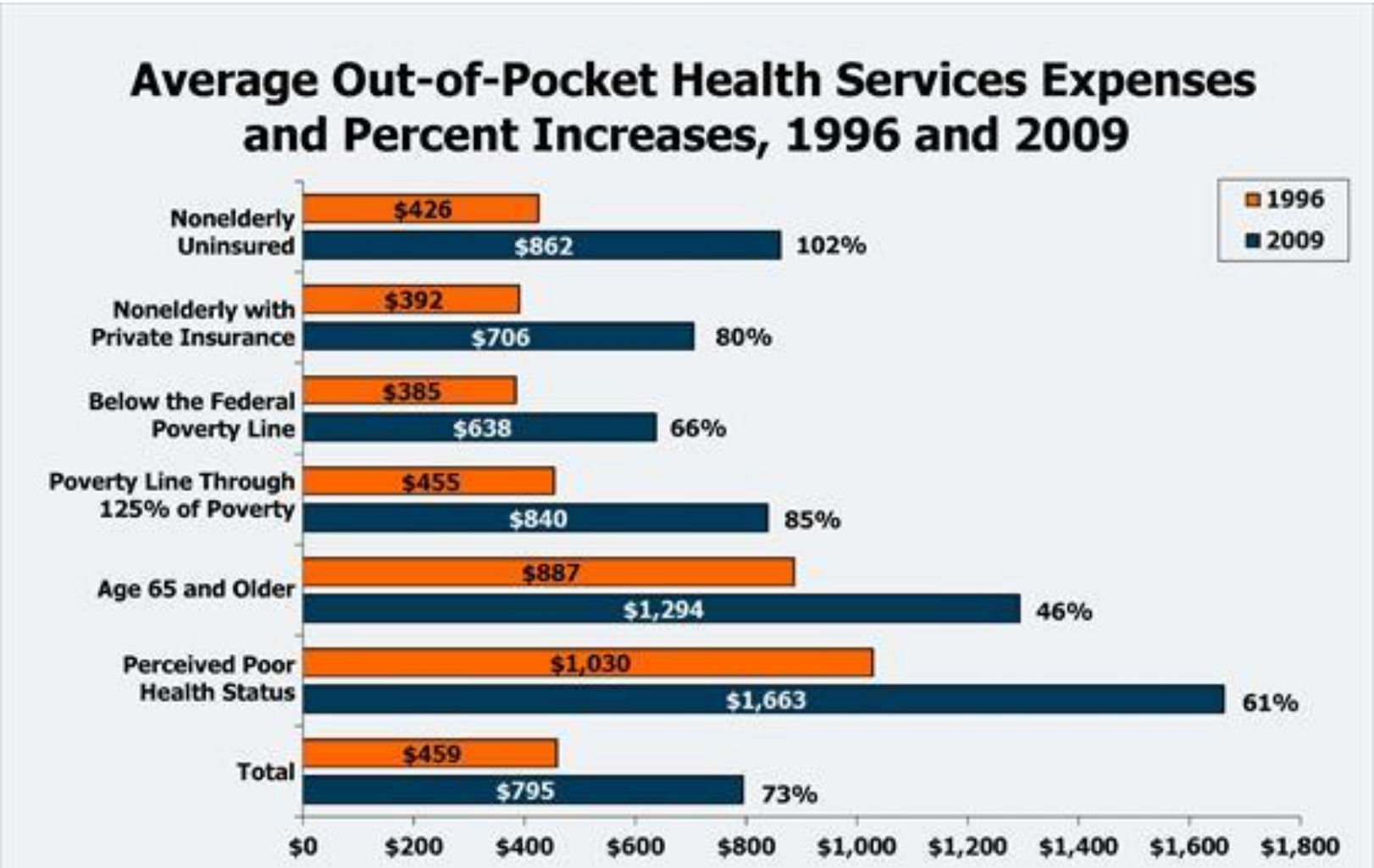
Half Put Off Care Due to Cost

Percent who say they or another family member living in their household, have done each of the following in the past 12 months because of the cost:



Source: Kaiser Family Foundation *Health Tracking Poll* (conducted March 8-13, 2011)

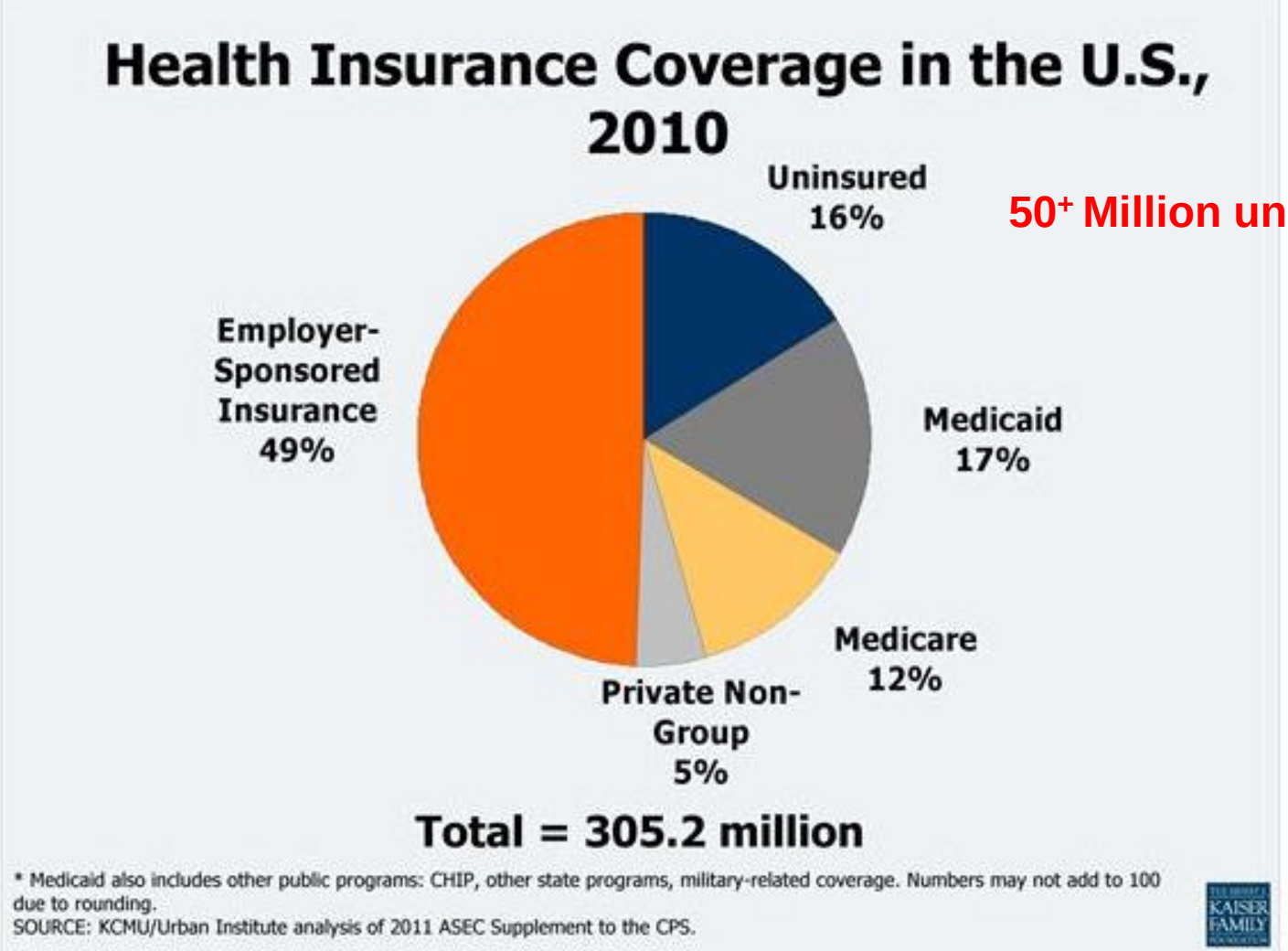
POS COLLECTIONS
Current Trends



Note: Percents are the percent increase from 1996 to 2009. Dollar amounts and percentages do not include health insurance premiums.

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, Table 1.1, Total Health Services Median and Mean Expenses per Person with Expense and Mean Expenses by Source of Payment, 1996 and 2009, http://meps.ahrq.gov/mepsweb/data_stats/quick_tables_results.jsp?component=1&subcomponent=0&tableSeries=1&year=-1&SearchMethod=1&Action=Search.

POS COLLECTIONS
Current Trends



50+ Million uninsured!!!

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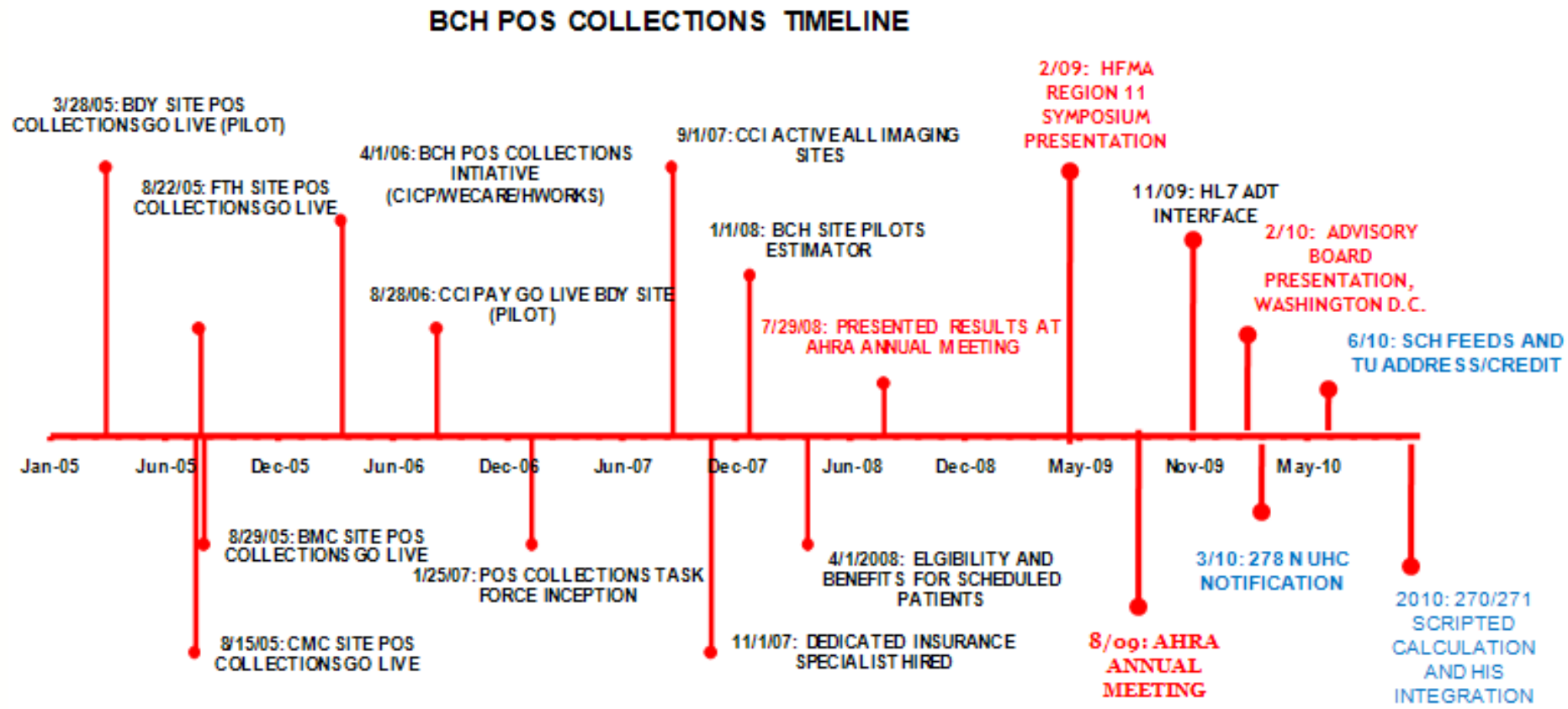
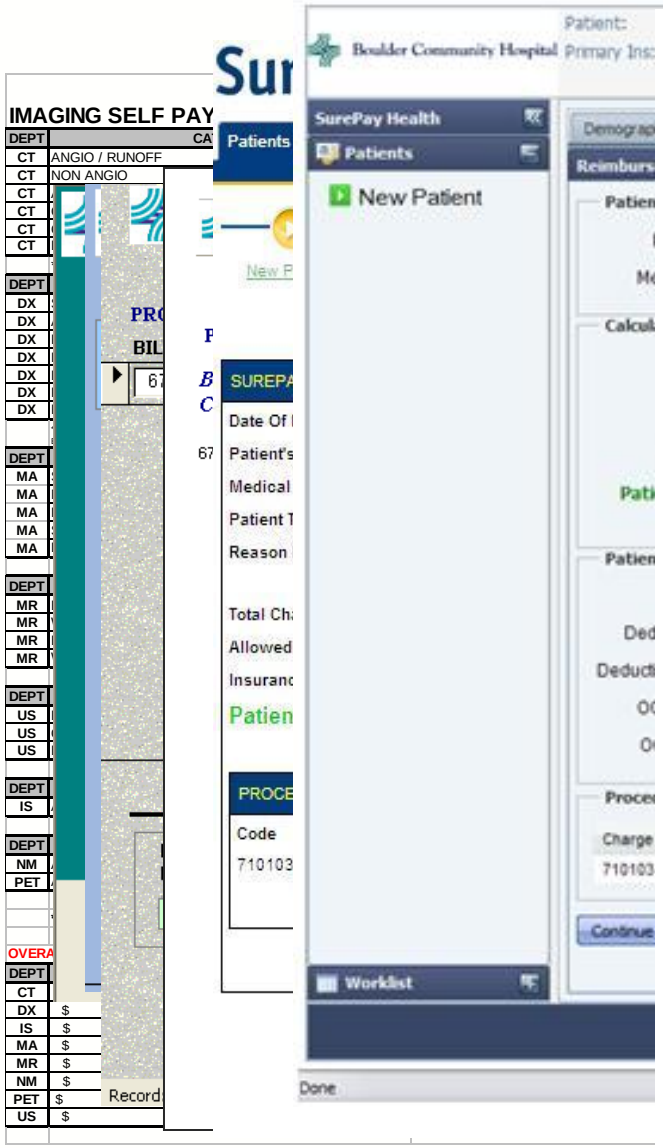
POS COLLECTIONS
Best Practices



POS COLLECTIONS

Our tool journey…



Boulder Community Hospital

Date: 07/10/2009 8:19 AM

ESTIMATED PATIENT FINANCIAL OBLIGATION SUMMARY

Patient Name: JOHN DOE | **Date Of Service:** 07/10/2009 | **Account Number:** H123456789

Patient Type: Outpatient | **Medical Service:** Radiology | **Attending Physician:**

Insurance Company: CIGNA | **Plan:** | **Status:** Active

Patient Benefit Details (received from your insurance company 07/10/2009)

Benefit	Individual	Family
Deductible	$1,000.00	$2,000.00
Deductible Met	$526.43	$1,526.43
Out of Pocket	$2,000.00	$4,000.00
Out of Pocket Met	$526.43	$1,526.43

Patient Responsibility Details

Benefit	Allocation
Deductible:	$378.00
Co-Payment:	$0.00
Co-Insurance:	$0.00
Non-Covered:	$0.00
Estimated Patient Payment*:	$378.00

Procedures

Description	Qty	Copay($)	Co-Insurance(%)	Charges($)	Plan Allowed($)
CT CHEST WO CONTRAST	1		20.00	1,840.00	378.00
			Totals	$1,840.00	$378.00

THIS IS AN **ESTIMATE**. Please note that this is an **estimate** of the charges for exam(s) ordered. Additional charges will apply should the order change or if additional studies are performed. In addition, this charge may not include ALL charges for material, ancillary procedures (i.e. injections, isotopes, tray, etc.) or Professional Interpretation. You will be billed separately for these items where applicable. Thank you.

Note: The **"Prompt Pay Cash Discount"** is provisional based on policies specific to the department in which the services were obtained. Some provisions stipulate that payment must be made in full, **prior** to services being rendered, or the discount will be removed. Please check with the department regarding the policies surrounding the discount. Thank you.

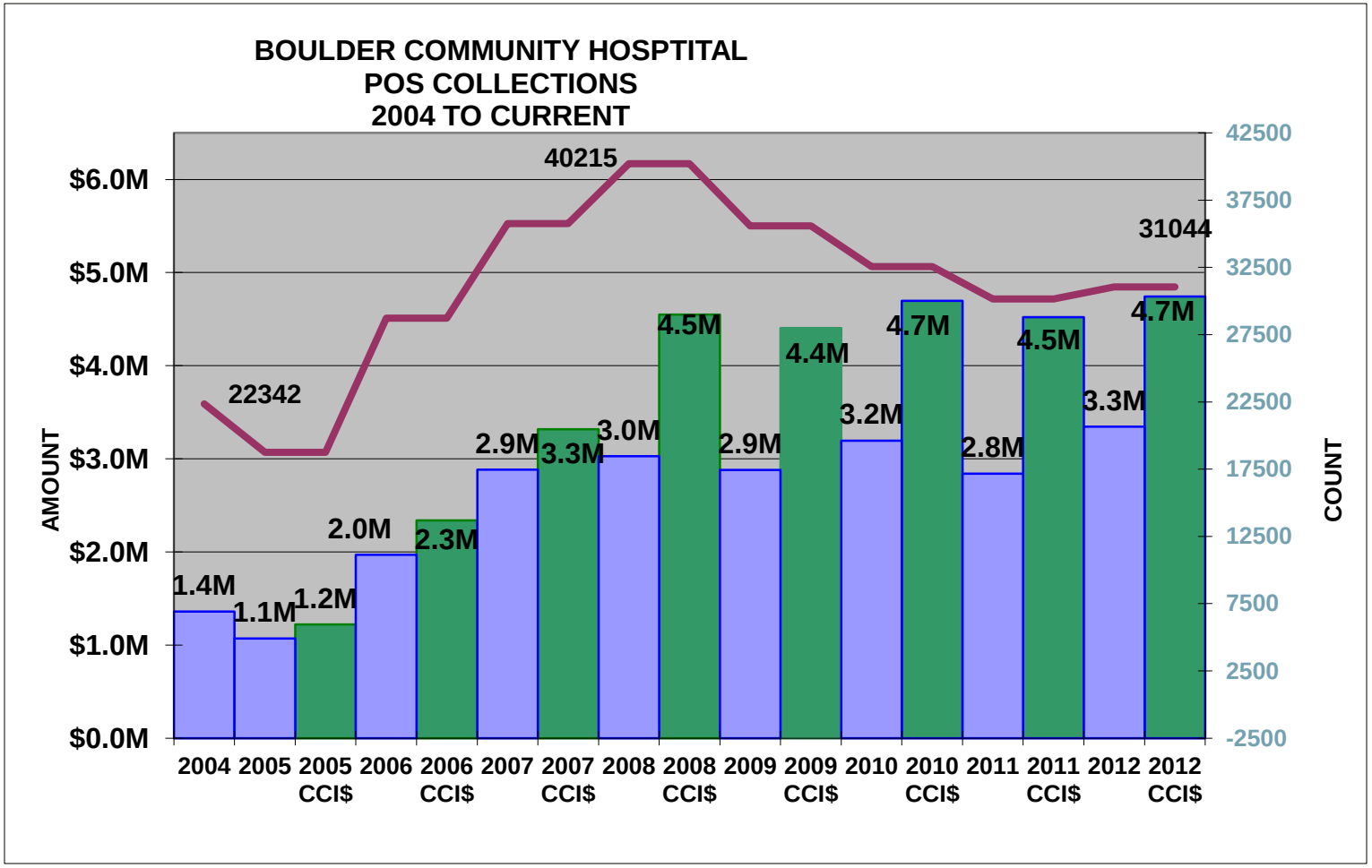
The ESTIMATED patient payment is due and payable upon receipt of this notice. To speak to Patient Financial Services, please call 303-544-5744. To pay online, please visit www.bch.org and click "PatientAccounts".

What are my choices if I choose to not receive care today?

Call your physician first so he or she can advise you of the best action for your care. Sometimes a condition does not need immediate attention and you can wait until you speak with your physician. We encourage our patients to contact our Financial Counselors (303-440-2139), who can help you develop a plan or help you apply for Medical Assistance. **If you are concerned that delaying your care could seriously harm your health or that delay in your care would subject you to severe pain please contact your physician immediately.**

A Medical Emergency is defined as a sudden and unexpected sickness or injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in death, placing one's health in jeopardy, serious impairment of bodily functions, a serious dysfunction of any body part or organ, serious jeopardy to the health of a fetus.**If you believe you have a Medical Emergency, report to an Emergency Room immediately or call 911.**

POS COLLECTIONS
Best Practices



POS COLLECTIONS
Best Practices

GOALS:

•100% of scheduled patients are checked for insurance eligibility, auths, and benefits

•100% of scheduled patients have a funding mechanism for their services *before* the date of their appointment

•100% of scheduled patients are told what they owe prior to their service or discharge

•100% of ALL patients meet the above criteria within one (1) business day or prior to discharge

Patients should be able to access and pay for their health care expenses as easily as they book a plane ticket

POS COLLECTIONS
Best Practices

Best Practices of Top-Performing Facilities:

- Adopt guiding principles and communicate the message
- Set the expectations, and establish accountability
- Update the mission, job descriptions, policies, and procedures
- Couple patients with the best funding mechanism available
  - "best" could be charity care

Overwhelming The Bad Debt Crisis - HWORKS

Patient Friendly Billing Project, February 2005 Report

POS COLLECTIONS
Best Practices

Quick check:

- What % of your patients do not have insurance?
- Of those who do, what is their average out-of-pocket?
- What % of your patients are you collecting from up front?
- What % of your claims have remittances?
- How are your staff checking for insurance? Pre-service? At reception? Post service?
- What are your credit balances? What is the cause?
- Who gets asked for money? By whom? When?

- Point of Service Collections, Techniques that Work, HFMA, Sandra Wolfskill

POS COLLECTIONS
Components and Tools

POS COLLECTIONS
Components and Tools

Components of a Successful POS Collection Program:

1. Metrics (Data)
2. Executive-Level Support
3. Active Participation at All Levels
4. Policy, Procedure, Protocol and Scope
5. Patient Education

POS COLLECTIONS
Components and Tools

1. Metrics - DATA

High Level

- Billed Revenue
- Reimbursement
- Up-front (POS) Collections (if any)
- Bad Debt Write-offs ($)

Detail

- Payer Mix including Self-Pay (uninsured)
- Account Aging and Costs (A/R, Collections agency, etc.)
- Patient Mix (Outpatient, Inpatient, ED)
- Number of Scheduled Patients and Walk-ins
- Procedure Mix (CT, MRI, TEE, PTCA, ACD)
- Access Points and Volume at each area (Scheduling/Reception/Intake/Admissions)

Why so much data?!

- Get a Baseline (What can we track?)
- Identify Priorities (Why is this important?)
- Focus efforts (Who will be impacted?)
- Establish Goals (When can we do this?)
- Determine Needs (How can we do this?)

KNOW your numbers….

- How much should an *uninsured* person pay?
- What do we collect if it is not on the card?
- What do we do if data is not available?
- How do (or can) we estimate *allowable*?
- What can we (or can we not) estimate in advance?

2. Executive-Level Support

- Bottom-up, top-down, sideways, and up-side-down, the organizational CULTURE must live, breathe, and act consistently
- Every person, from the Clinician to the Receptionist, from the Office Manger to the patient, must clearly understand the project and its rationale
- Services should not be *reduced* in a POS Collections Program – they should be ENHANCED

2. Executive-Level Support (cont.)

Typical POS Collections Team:

- Executive - VP/CFO, Owner, Office Manager
- Director / Site Manager (s)
- Billing and Contracting
- Admissions / Scheduling / Reception
- Front line personnel
- Others???

- If multi-site/functional areas, leads from each access point should be represented
- Should end up with 6-8 “key” personnel involved in patient and billing flow

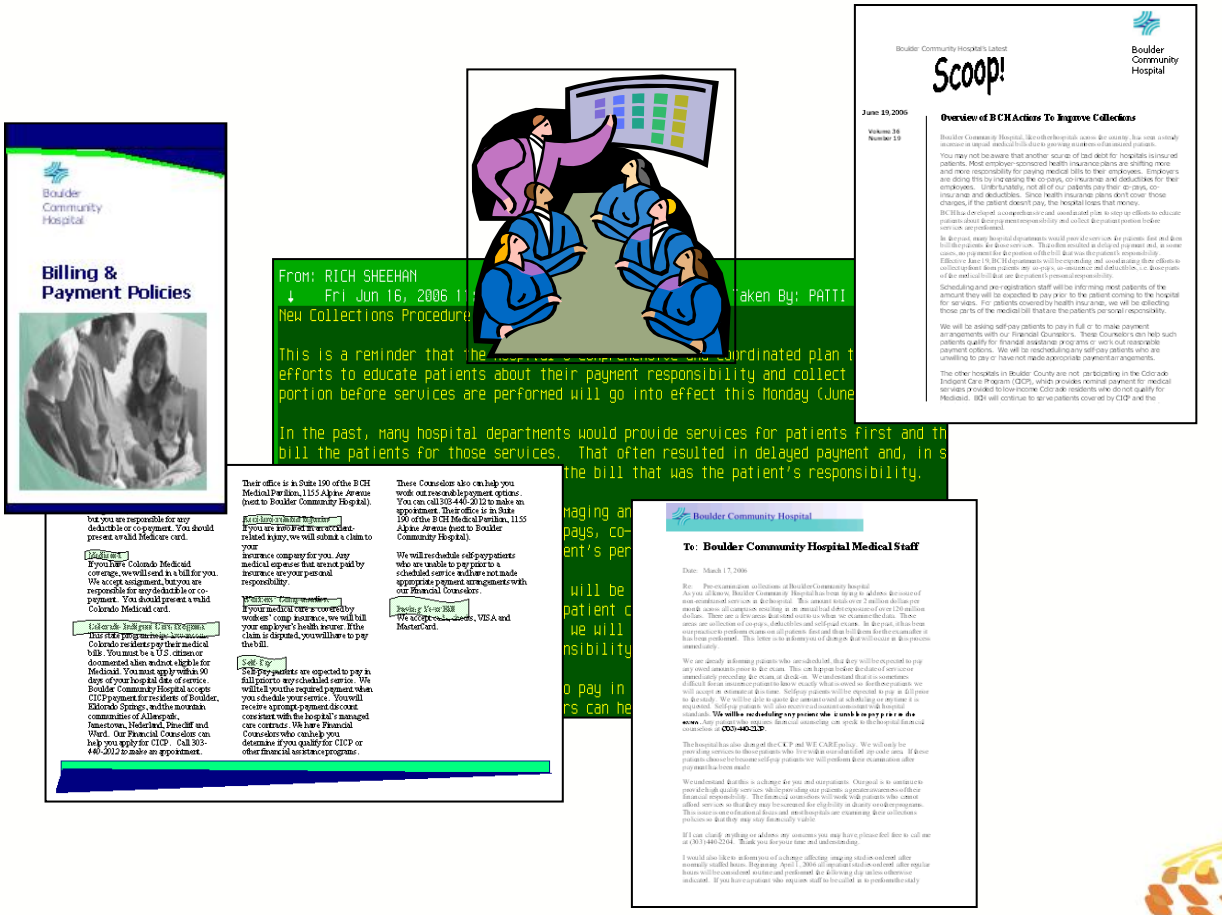
* This group should have a philosophical, business-decision discussion concerning “boundaries” PRIOR to any implementation

3. Active Participation at All Levels

- ✓Administration and Management
- ✓Billing
- ✓Financial Counselors
- ✓Clinical Personnel
- ✓Front Line

POS COLLECTIONS
Components and Tools

Letters/Communication do not hurt…..



3. Policy, Procedure, Protocol and Scope

"Three Doors" for funding their care:

- Insurance
- No Insurance (self-pay)
- Other Funding Mechanism (be specific)

ONE (AND ONLY ONE) OF THE ABOVE MUST BE ELECTED BY THE PATIENT **PRIOR** TO RENDERING SERVICES – NO EXCEPTIONS!!!

POS COLLECTIONS
Components and Tools

- "DOOR" will determine *direction* and *conversation* we take with the patient:
  - "Collection Advisory" List
    - Medicare/Medicaid
    - Third Party Liability (Work comp, MVA, Litigation)
    - "Agreements"
  - Patient Types
    - ED, STAT, URGENT, SAME DAY ADD-ONS
    - Procedure changes
    - Oncology, Mammography, DEXA
    - Indigent, Homeless, Out-of-network

3. Policy, Procedure, Protocol and Scope(cont.)

Be VERY clear on the following:

- ✓ who is asked
- ✓ when the question is posed
- ✓ what is said
- ✓ what happens when people refuse or get upset
- ✓ who is contacted for service recovery

POS COLLECTIONS
Components and Tools

When is the question posed?

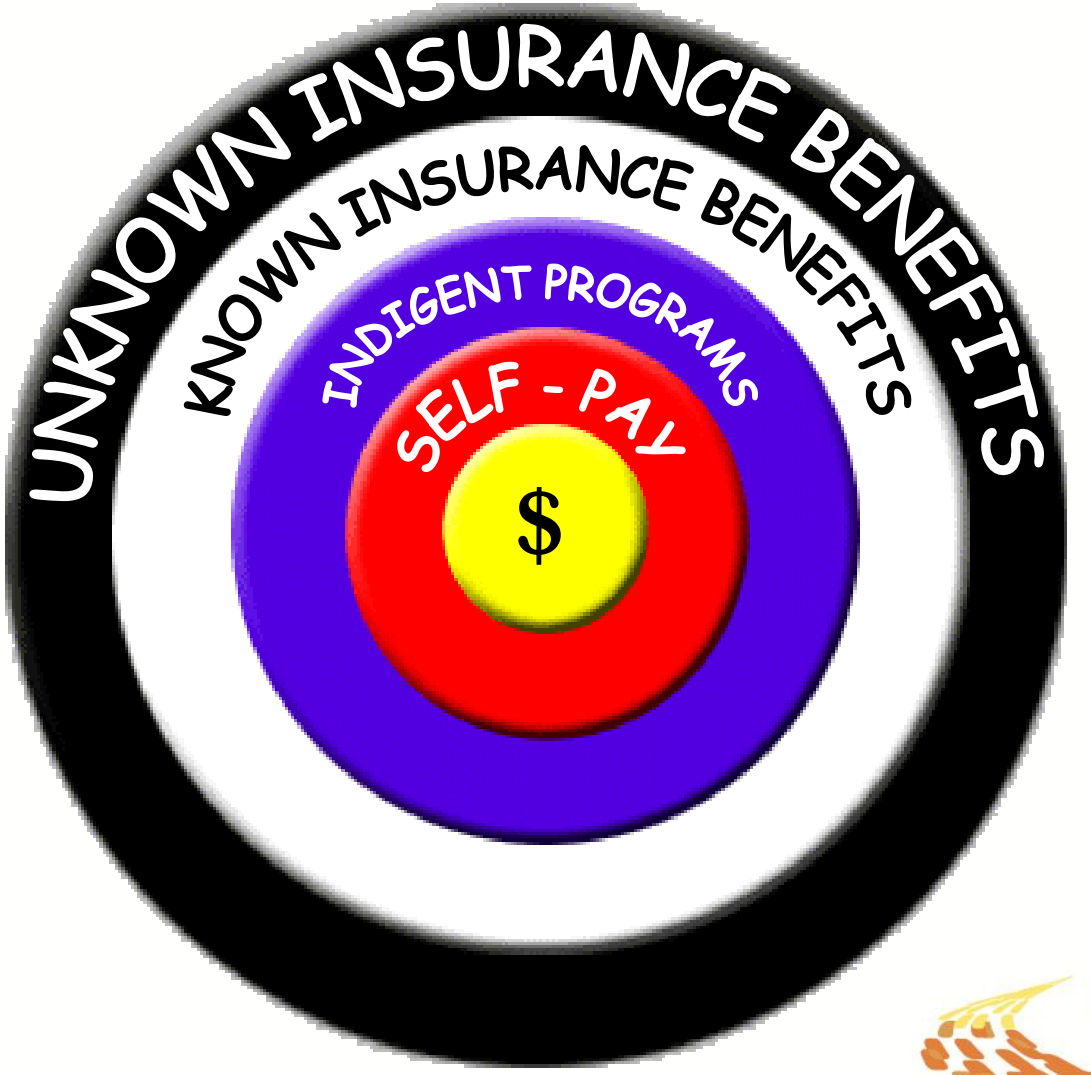
- At Physician's office?
- At Scheduling?
- At Reception?
- On the Table?

- Earlier and the more frequent, the better
  - ELIMINATE SURPRISES

What is said?

- Tailor the conversation to fit the situation…

POS COLLECTIONS
Components and Tools



What's Realistic?

- Scripting is difficult and does not afford flexibility, however in some cases you must ensure consistency
- Key Phrases are best where possible
- The 4 "C"'s:
  - Confident
  - Competent
  - Compassionate
  - Collaborative

EXAMPLES:

- Key Phrases
  - All of our patients are expected to….
  - Do you know what your payment is today?
  - We have several options available for payment, our best is…?
  - We typically do _____ when patients _____….
  - Most patients elect this option as it….

Strategies to Determine Amounts:

1. Self-pay (and No-pay…choice vs affordability)
   - Take average net-deduction-in-revenue (NDR) and add 5-10% for “administrative savings”
   - For example, if block of business has an NDR of 25%, make the self-pay amount 35%
   - Take charge master and reduce billed amounts by 35% to establish Prompt Pay Fee Schedule by Category and/or line-item CPT
   - “ALL PATIENTS WHO PAY AT TIME OF SERVICE WHO DO NOT HAVE INSURANCE ARE ELGIBLE FOR THE PROMPT PAY DISCOUNT. PAYMENT MUST BE MADE IN FULL AT TIME OF SERVICE TO BE ELIGIBLE”

Strategies to Determine Amounts:

2. Indigent Amounts
   - Program Copay, Coinsurance, Deductibles
   - Sliding scale to Federal Poverty Level (FPL)

CICP RATING	PEOPLES CLINIC DISCOUNT PLAN	WECARE RATING	INPATIENT COPAYMENT	OUTPATIENT SURGERY	MRI, CAT SCAN, NUC MED	ER VISIT	LAB WORK	X-RAY
N	C-5	N	$15.00	$15.00	$15.00	$15.00	$5.00	$7.00
A	C-10	A	$65.00	$65.00	$65.00	$25.00	$10.00	$15.00
B	C-20	B	$105.00	$105.00	$105.00	$25.00	$10.00	$15.00
C	C-30	C	$155.00	$155.00	$155.00	$30.00	$15.00	$20.00
D	C-40	D	$220.00	$220.00	$220.00	$30.00	$15.00	$20.00
E	C-50	E	$300.00	$300.00	$300.00	$35.00	$20.00	$25.00
F	C-60	F	$390.00	$390.00	$390.00	$35.00	$20.00	$25.00
G	C-70	G	$535.00	$535.00	$535.00	$45.00	$30.00	$35.00
H	C-80	H	$600.00	$600.00	$600.00	$45.00	$30.00	$35.00
I	C-90	I	$630.00	$630.00	$630.00	$50.00	$35.00	$40.00
N/A	N/A	J	$1,500.00	$1,500.00	$1,500.00	$200.00	$100.00	$125.00
Z	N/A	Z	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

*** Peoples Clinic Discount Plan is equivalent to Boulder Community Hospital's WeCare Plan.**

***A patient will be charged multiple copays for multiple services done during the same admission or the same visit. same visit.**

Strategies to Determine Amounts:

3. KNOWN insurance amounts

- Collect what is on the card:
  - ✓ Copays
  - ✓ Coinsurance/Deductible
    - Estimate *allowable* amount(s)
    - BEWARE of the “floating deductible”

- Have patients bring in Benefits Screen Prints/EOBs
- Have patients or staff call insurance in advance
- ASK patient and collect that

Strategies to Determine Amounts:

4. UNKNOWN insurance amounts
   - Consider **benefits** of collection *versus* downstream **costs** to refund
   - Avoid "over collecting"
     - ✓ Customer Service issues
     - ✓ Refund Turn Around Time
     - ✓ Inflated Results
     - ✓ Carrier and Employer "ripple effect"
   - Consider FLAT "Deposits" by service line – ED, Imaging, etc.
   - Credit Card on File

POS COLLECTIONS
Components and Tools

Strategies to Determine Amounts:

Credit Card on File

- Store Credit Card Numbers for subsequent billing
- Line of Credit
  - Compare to when you check into Hotel and they take a card for “incidentals”
- Several vendors offer a software solution that integrates/replaces existing credit card terminals
- BCH Imaging alone generates ~600-700 per month, or approximately $100K+ in downstream revenue per month!

Other considerations with Amounts:

- Distribution and communication of amounts is critical
- Paper or Plastic?
  - Do you have hard copy price sheets, or do you have software
  - Version Control
  - Usability/Math
  - Accuracy

Other considerations with Amounts:

- Estimators
  - Homegrown
    - Spreadsheet, Database, Calculators, Abacus, Paper
      - PROs: Cheap and Easy
      - CONs: Time investment, Maintenance, Inaccurate
  - Proprietary
    - Real-time estimate and/or eligibility
    - Configured to managed care contracts
      - PROs: Accurate, Fast, Professional
      - CONs: Initially can be expensive with hardware/software, Interface/integration concerns

Estimators (Continued):

- Determine Risk at front end from Eligibility, Auth, Benefit/OOP, and propensity to pay
- Couple with Credit Scoring to establish eligibility to other funding mechanisms
- Pre-qualify scheduled appointments
- Streamline estimation and eligibility checks

Other considerations with Amounts:

- Estimators (Continued):

  But we "NEED" this fancy new thingy?!!!

  - Prove it:

    - Pilot/Trial in focused area to demonstrate value
    - ROI
    - Proformas
    - Customer Service

  - Huge Opportunities –
    - several vendors
    - "buyers market" currently
    - ROI is typically a matter of months

POS COLLECTIONS
Components and Tools

BCH ELIGIBILITY AND ESTIMATION TOOL JUSTIFICATION

JUSTIFICATION

POTENTIAL SAVINGS	$ 2,688,676
TOOL COSTS (CURRENT COST STRUCTURE)	$ (750,000)
NET	**$ 1,938,676**

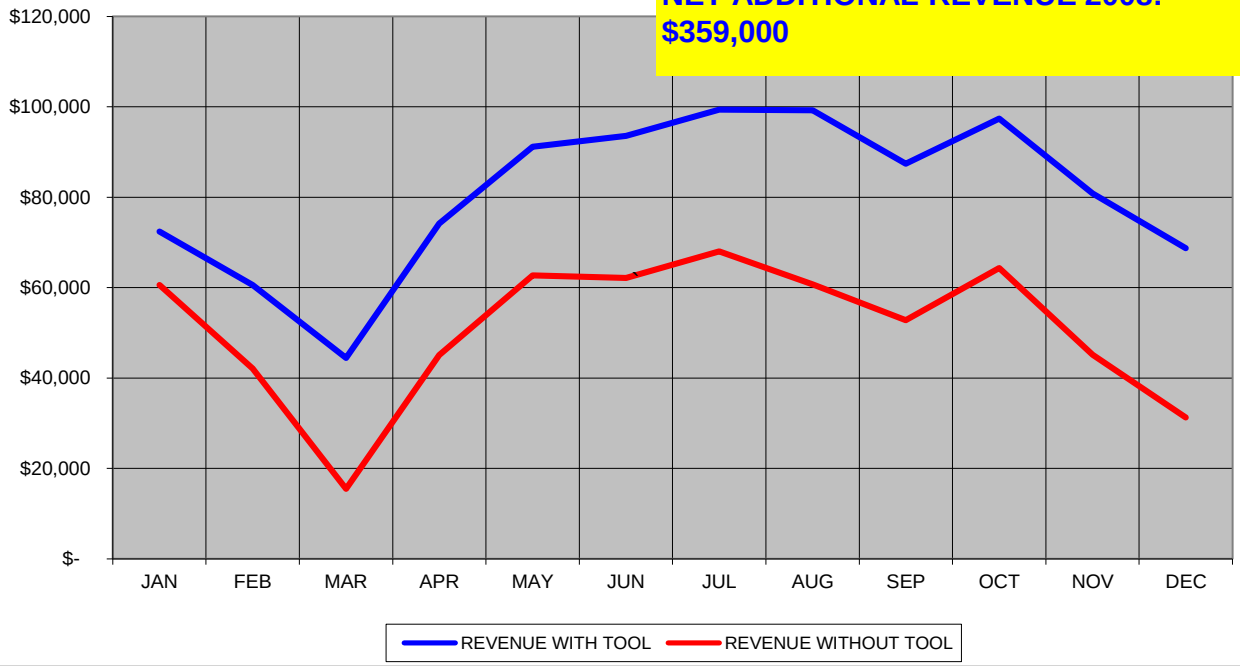
ROI

	SAVINGS	ROI
DAY	$ 8,694	62.2
WEEK	$ 74,564	7.3
MONTH	$ 161,556	3.3

ASSUMPTIONS

ELIGIBILITY AND BENEFITS ESTIMATION TOOL JUSTIFICATION
PROJECTED 2008 - BCH IMAGING

NET ADDITIONAL REVENUE 2008: $359,000



Implementation Suggestions:

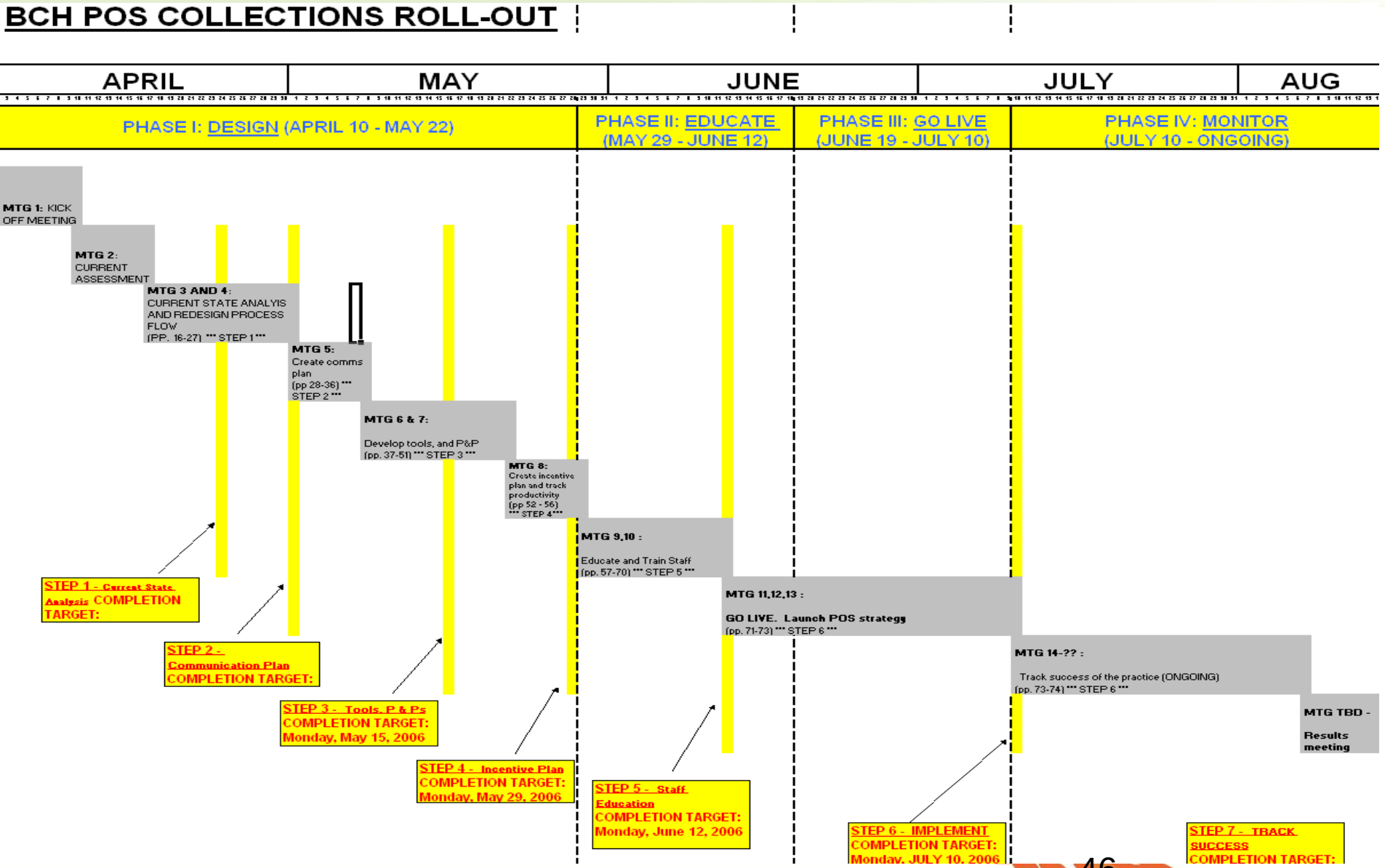
- Test the workflow
- Role Play
- Roll out in Phases
- Focus efforts on simple items first
  - low-hanging fruit, e.g. uninsured/self-pay
- Identify Physician Champion(s)

POS COLLECTIONS
Streamlining Workflows

Keep it simple…..

- *"It is an expectation of your job to ask for patient portions*"
- Ask the simple question – "*Do you know your amount to pay today?"*
- Provide Options, NOT ultimatums
- Start small, use paper, then expand to system-wide integration

POS COLLECTIONS
Streamlining Workflows



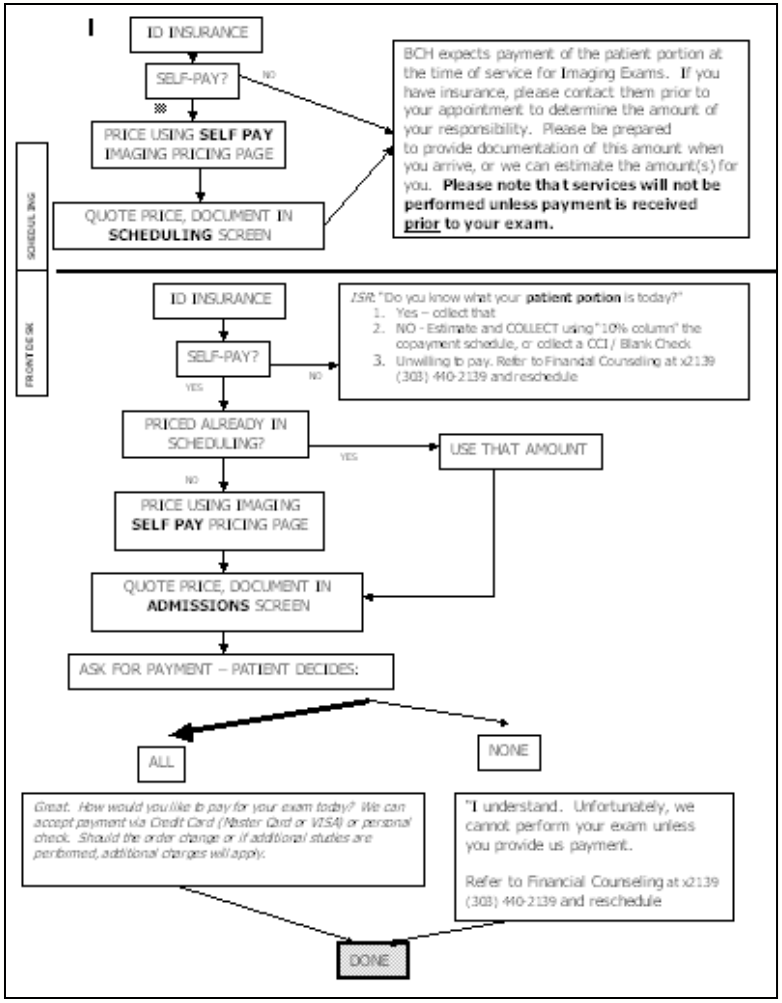
LOOK BEFORE YOUR LEAP…

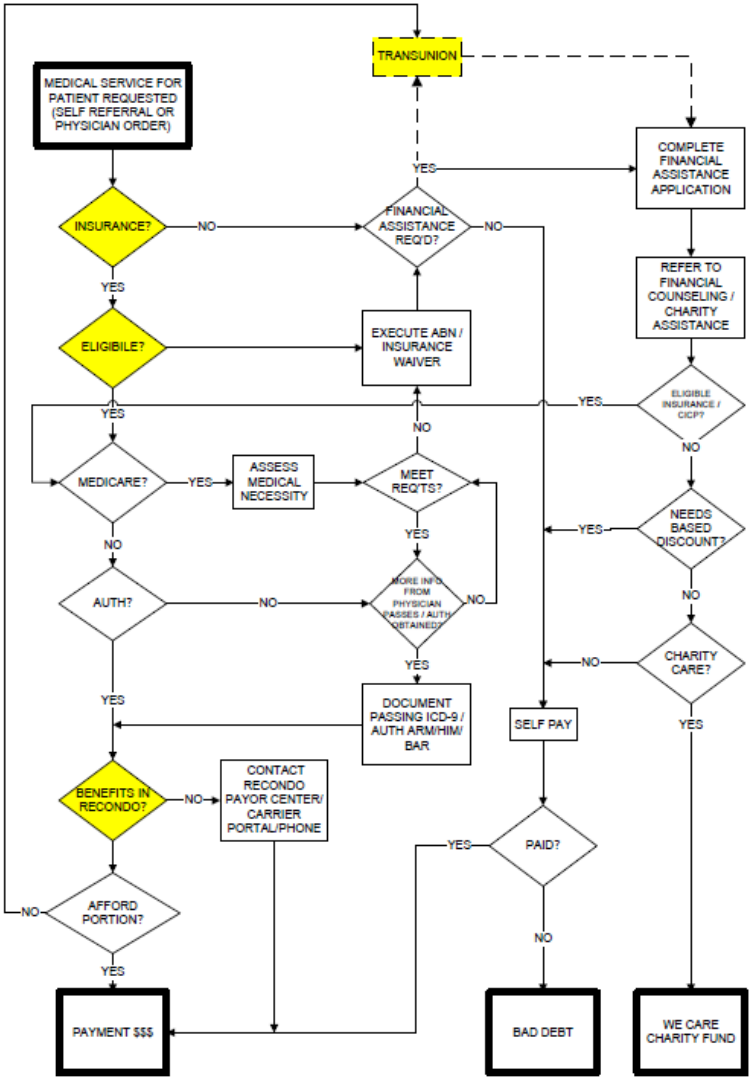
- ✓ Know the amounts (even if a estimates) before you ask people, to ask patients, for it
- ✓ Know how you are going to handle and process the money
- ✓ Know how to handle customer service issues and complaints
- ✓ Know how to defend the mission of the POS Collections Effort
- ✓ Know how to adjust the process quickly

Workflow Development:

- Develop *POLICY* to support the *PROCEDURE* within the *SCOPE* of the project
- Determine:
  - When (Specific Steps)
  - Who (Collection Advisory)
  - Why (“Doors” and “Bulls eye”)
  - What (how much $)
  - How (Scripting/Key Phrases)

POS COLLECTIONS
Streamlining Workflows





POS COLLECTIONS
Front Line Staff Training

- Be empathetic not sympathetic
  - understand patient's situation but pursue reasonable payment options with the patient
  - Staff motto: "Do you want a hug or a paycheck"?!
- Put yourself in the patient's shoes
  - how would you want the situation explained, presented and handled?
- We must be sincere when empathizing with the patient

How Do You Request For Payment In Advance?

- Registrars must choose their words carefully and be respectful, yet be direct with the patient
- Registrars need to be aware of their tone of voice when speaking with the patient
- Be firm about hospital policy and reassure the patient that paying in advance is for their benefit

Sustainment trials, techniques, and tools:

- Monthly POS collections task force (yes, monthly)
  - Front-line dialogue and troubleshooting
  - Mandatory Trainings with Admissions/Billing Collaboration
- LEAN RIE (Kaizen) annually
  - Six figure benefits every time we do it (CP, SX, et.al.)
  - Team polishes entire process in a week ☺
- Performance metric reporting
  - Consistent Feedback to team on performance and gaps

POS COLLECTIONS

Front Line Staff Training

"*The goal of the BCH POS Collections Program is <u>not</u> to collect money. Our goal is to educate patients as to the costs of their care, and help them navigate these costs*"

'*Boulder Community Hospital strives to help patients understand their health care costs. In that effort, coverage is verified, costs are discussed, and payment arrangements are made - in advance. Through this, bad debt is reduced and the operations of our hospital remain financially viable to continually serve our community*"

POS Collections – Challenges/Next Steps

BCH Challenges…

- Oversight of operations varied
- Consistency and Accountability
- CIO and CFO transition
- IT engagement and support
- HIS transformation – 8th Hospital in the country (post beta)

BCH Challenges…

- *Data Mining from Client*
  - *Departmental idiosyncrasies (e.g. Imaging vs OP Sx)*
- *Recondo programming enhancement timetable*
  - *Scheduling Mnemonics / Customs*
  - *Sort, Select, Filtering (by appointment types)*
  - *Multiple Procedures*
  - *Missing Accounts*
  - *Quick Estimates*
- *Working outside of an interface*
- *Resources (Updates, Testing, Configuration)*
- *Testing / Development*

The future of healthcare finance….

- Move Collections processes to front end
- Couple with Credit Scoring / Propensity to Pay
- Pre-qualify scheduled appointments
  - Establish charity care or assistance EARLY
- Prioritize accounts by benefit and risk
- Financially Counsel and direct to BEST funding mechanism
- Streamline estimation and eligibility checks

National Association of Healthcare Access Management
NAHAM™

POS Collections – Challenges/Next Steps

Current and Future trends:

- Increased Transparency (internet marketplace)
- Increased Patient Education and Expectations
- Tighter reimbursement
- Pay for Performance / contracting
- Increased patient accountability and risk
- Increased diligence with managing revenue cycle
- Automation and Streamlining – data is readily available anytime

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POS Collections
– Closing Thoughts

In Summary…

- Critically analyze market trends and evaluate best practices
    - FEDERAL CHANGES (PPACA/ARRA) – how are YOU documenting you screening and collections from uninsured patients? ☺
- Adopt what would work well in your organization
- Identify the components and scale the project to the resources you have available
- Train, retrain, and adapt the workflows
- Educate your coworkers, customers, and community

POS Collections
– Closing Thoughts

Accurate, timely information on the front and back end of the revenue cycle is essential to this process…Yet technology can go only so far in preparing patients and providers for the new age of consumerism in health care. There are three things hospitals must accomplish beyond implementing new technology:

- They must be able to justify charges in a way that ordinary people will accept as reasonable, which means, of course, that the charges themselves must be reasonable. And that means, among other things, the end of cost-shifting.
- They must offer on-the-spot, skilled, and comprehensive financial counseling, discounts, and flexible payment options to self-pay patients who are unable to pay their bills.
- They must educate patients thoroughly, in more than one way and at more than one time, about provider billing practices--including who, what, where, when, why, and how.

- Healthcare Financial Management, Sept, 2007
by Margie Souza, Brent McCarty

POS Collections
– Closing Thoughts

With effective programs in place and the technological tools and training to help PFS staff deliver top-notch customer service, healthcare Organization sin the vanguard of POS collection are finding patients to be not resentful but grateful.

- Healthcare Financial Management, Sept, 2007
by Margie Souza, Brent McCarty

POS Collections
– Closing Thoughts

Develop a Strategy and Collection Mechanism that is:

- ✓ Easily deployed
- ✓ Elegant and simple
- ✓ Flexible by role and patient type
- ✓ Supported by management
- ✓ Scalable

POS Collections
– Closing Thoughts

Have clear direction and momentum:

1. Have a meeting
   - At an early stage, ensure to include the people who are going to ask people for their money
2. Assemble a team
3. Build from existing workflows and add to them
4. Develop the “plan”
5. Test the workflows and track your results
6. Discuss Challenges and Celebrate Successes
7. Lead by example
8. Do not ever give up

POS Collections
– Closing Thoughts

Questions?

POS Collections
– Closing Thoughts

Thank you.

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