



ACS Revenue Solutions: Conversion Services

***You've made the decision to switch to a new patient accounting system.
Now – how are you going to make sure your investment doesn't cost you more money?***

System conversions are fraught with risk – and the impact an unsuccessful conversion can have on an organization can jeopardize its financial health for years to come.

Regardless of the systems being converted, decisions need to be made about the accounts receivable (A/R) on the old system. Will you convert detailed charges to the new system? Balance the old A/R forward onto the new system? Maintain the legacy system and work dual systems post-conversion? Outsource the old A/R? We have outlined the different system conversion options below along with the advantages and disadvantages of each approach.

The most effective conversion strategy, proven many times by ACS, is to outsource the existing accounts receivable from the old patient accounting system. ACS' Conversion Assistance Service is an insurance policy for cash flow when you go through a system conversion.

System Conversion Options

Option 1: Convert Detailed Charges

Advantages	Disadvantages
<ol style="list-style-type: none"> 1. The old system could be turned off. 2. Theoretically, all existing data would be transferred, and therefore available, on the new system. 3. Re-bills can be done on the new system for pre-conversion accounts. 	<ol style="list-style-type: none"> 1. Extremely difficult and expensive to map data and balance the conversion. Most vendors will not even offer this option.

Option 2: Convert Balance Forward

Advantages	Disadvantages
<ol style="list-style-type: none"> 1. Potentially, the old system could be turned off, depending on the methodology used for rebilling and customer service. 2. There would be only one interface to the general ledger for A/R. 3. For customer service, an inventory and balance of all of a patient's active accounts would be on one system. 	<ol style="list-style-type: none"> 1. A conversion program would need to be written, tested and run. 2. The recovery on the old accounts would be at significant risk because of the lack of data, difficulty to work and lack of staff motivation. 3. Patient folders and other remnants of the old system would have to be integrated into the staff workflow. 4. Staff would start a new system with backlogged, incomplete data. 5. The old system may still be required to produce re-bills.



Option 3: Maintain Old System and Work in-house

Advantages	Disadvantages
<ol style="list-style-type: none"> 1. Staff will be experienced with the accounts and the system. 2. No conversion program would be needed 	<ol style="list-style-type: none"> 1. The expense of maintaining the old system could not be eliminated. 2. The recovery on the old accounts would be at significant risk because of the lack of staff motivation and difficulty of resolution as the accounts age. 3. Additional staff would be required that must eventually be laid off. 4. Additional space would probably be required to house the new and old systems simultaneously. 5. The staff would be distracted from “buying into” the new system when the old “comfortable” system is still around. 6. General ledger reconciliation is more difficult with multiple systems. 7. Detailed cash posting and customer service procedures must be developed internally. 8. Because of space, system maintenance and additional staffing requirements, this option costs the same as outsourcing and there is no mitigation of financial risk. 9. Management resources are stretched because of the additional staff and multiple systems.

Option 4: Outsource Old A/R

Advantages	Disadvantages
<ol style="list-style-type: none"> 1. You have a partner willing to share risk for your cash flow and recovery of your facility’s most valuable asset, A/R. 2. No conversion program is required. 3. The old system does not need to be maintained. 4. Additional staffing required would be the responsibility of ACS, not the hospital or clinic. 5. Your staff will be afforded valuable training time and be able to focus on the new system and new procedures. 6. Any paper folders or documentation will be handled by ACS. 7. No additional space will be required. 8. ACS will assist with general ledger reconciliation, detailed monthly reports of payment and adjustment transactions, reserve analysis and aged accounts receivable, among others. 	<ol style="list-style-type: none"> 1. Detailed cash posting and customer service procedures must be developed; however, ACS has extensive experience and tools to assist with this process.



Outsourcing: the most effective choice.

Outsourcing is often the most effective choice, as working with a partner reduces the overall risk of a conversion. Our conversion solution frees internal resources to focus on the most important job at hand — implementing the new system — while accelerating cash flow, eliminating lost revenue issues with lack of follow-up and billing, and ensuring patient satisfaction. Best of all, it enables hospitals to begin on a new system with a clean database, ensuring accurate reporting and efficient account processing going forward.

Reduce your risk with the right partner.

Outsourcing requires trusting a third-party to manage your hospital's most valuable possession — its cash flow. You need an outsourcing partner who has proven performance in managing A/R conversions for a hospital similar to yours.

Here's how we minimize the risk in your decision-making process:

- **Size and stability.** ACS is a premier provider of diversified business process outsourcing (BPO) and information technology (IT) outsourcing solutions to clients worldwide, with revenues of almost \$4 billion in 2003. Through our Healthcare Revenue Solutions offering, we are one of the nation's largest organizations specializing in outsourced healthcare accounts receivable (A/R) management.
- **Expertise.** Conversion assistance is the cornerstone of our business. Over the last 12 years we have successfully completed more than 140 hospital and physician system conversions for such clients as Catholic Health Initiatives, Providence Health System, University of Iowa, Sutter Health and St. Luke's Episcopal Hospital. We have more than 1,000 staff members with extensive experience and training in patient financial services located in two service centers and on-site at client facilities.
- **Resources.** We attribute our success rate to our unflinching commitment to improve client performance. Through our years of experience we have honed our methodologies and processes to be the industry's gold standard. Our superior technical infrastructure continuously improved and designed to support rapid and seamless integration with client systems, provides processing efficiencies at a fixed expenditure.
- **Proven results.** Below are just two examples of how we've worked effectively with the most demanding clients. We strongly encourage organizations looking to partner with us to review and contact those on our client list.
 - *One client is a multi-campus tertiary care medical center with over 1,000 beds, 5,000 employees and 900 active physicians. ACS was assigned approximately \$232 million dollars from the legacy patient accounting system. ACS has processed all government and commercial insurance as well as self pay for the facility. In approximately nine months, this A/R is over 98% resolved.*
 - *In a recent conversion for a large academic medical center, ACS was assigned over \$147 million dollars in hospital and physician A/R from the legacy patient accounting system. ACS has been responsible for adjudication of all government and commercial insurance as well as all self pay accounts. In approximately 10 months, this complex A/R is over 80% resolved. A significant amount of cash is still being collected in this project.*
- **The ACS RCM risk-free guarantee.** We offer guaranteed performance and pricing. This is the foundation for a true partnership with someone who will share the risk for cash flow and recovery of the A/R.

**For more information, please contact Chris Martin at chris.martin@acs-inc.com,
by calling 253.867-6310 or 800.688.5303, or see www.acs-recycle.com.**