Patient Access:
The Revenue Cycle’s Sentry

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- 250 bed acute care facility
- Private - for Profit
- 65 registration employees
- 10 registration locations
- 350 avg registrations per day
Lesson Learned:

The Revenue Cycle Value of Patient Access

- My Revenue Cycle was only as good as my front-end
  - If the root is unhealthy, the rest of the tree will be too – regardless of tree-saving efforts
- At the front door, Registration Staff hold the keys to:
  - Customer Service & Patient Satisfaction
  - Medical Loss & Risk Management
  - Medical & Financial Data Integrity
  - Revenue Cycle Impact (our focus today)

- How to move from data entry to RC Sentry
The Impact of Patient Access on the Revenue Cycle – a Quiz

- What is the #1 reported complaint of billers?
  - Registration Errors

- What percentage of the UB04 data elements required to bill a clean claim come from a REGISTRAR?
  - 70% - UB04

- What percentage of billing staff time is spent doing rework?
  - Up to 80% - Health Information Technology Magazine

- What percentage of Business Office staff are dedicated to rework?
  - 75% - HFM Magazine
The Impact of Patient Access on the Revenue Cycle – Quiz Part 2

- It costs < 1 cent for a credit card transaction to be processed. What does it cost to process a hospital claim?
  - $22 - $28

- What is the National Average Registration Error Rate?
  - 30% - Zimmerman’s Revenue Cycle Journal

- What percent of denials are preventable in Registration?
  - 80% - Emdeon, 2009

- Write offs as a percent of net revenue that are preventable?
  - 1% to 3%
Denial Statistics: 80% from Patient Access

Source: Emdeon, 2009 Study
Preventable Registration Errors

Expensive Examples:

- Wrong Insurance Plan
- Policy# or Group# missing or invalid
- Patient not eligible on DOS
- Private Pay Patient with Insurance
- Medicare loaded when patient covered by Medicare HMO (Medicare Advantage Plans)
- Medicare Listed as Primary when should be Secondary (MSPQ auditing – RAC Alert!)
- Minor Guarantors
- Duplicate Medical Record Numbers
- Accident Claims without Occurrence Codes
- Relationship Code errors
- Medical Necessity (RAC Alert!)
- Internal coding mismatches (ie; financial class to patient type to service code to admit code)
- Missing Prior Authorizations or Pre-certifications
- Transposed digits: SSN, DOB, Policy#, Group#
- Invalid punctuation
- Misspelled Name (#1 Medicare reason for RTP claim rejections)
- Insurance Eligibility Verification failure
- Address Verification failure (Returned Mail Cost)
- 72-hour rule/OBSV failures
- POS Collection failure
- Physician Orders (RAC Alert!)
Factors Influencing Registration Accuracy

Quality of Data from MD or Patient (changing data)

Technology Limitations

Low Compensation & High Turnover

Changing payer and hospital rules

Inevitable Human Error

Increasing Complexity…

Other Priorities and the need for speed
Complexity Shift to the Front

- MPI Search & Selection
- Insurance Eligibility Verification
- Address Verification
- Interpreting Physician Orders
- Pre-Certs, Prior Authorizations
- Medical Necessity Checks/ABN’s
- Coordination of Benefits
- MSPQ
- Privacy Notices/Consents

- Advance Directives
- Insurance Coverage & Benefits
- Copays, Deductibles
- TPL & Accidents
- Workers Compensation
- Local Employer Health Plans
- Guarantor & Subscriber Rules
- ER Logs
- Physician selection
- Choosing the Right Plan Code, Group, Employer, Relationship
Complexity Shift to the Front
(continued)

- Language Barriers/resources
- Charity Screening/Financial counseling
- Prior balance review
- EMTALA, HIPAA, Fair Debt, Joint Commission
- Hospital Policies & Procedures
- Procedure & Charge Posting
- Medicare and Medicaid Rules
- 10 to 15 Software Apps & Sites

- Insurance forms (multi-payor)
- Scanning systems
- Scheduling
- Pre-registration
- Bed placement
- Patient Transportation
- POS Collections, Receipting
- Customer Service 😊
- 10-minute wait and reg times
- Contact Fatigue (fishbowl effect)
Registration is like flying an airplane - ONE system/process failure can result in a bad outcome for the Revenue Cycle...
…unless we course-correct (systematically)

- Deviations (failures/errors) are *inevitable*
- Course-correcting systems must be *deliberate*
- Four Steps to Improving Patient Access:
  1. Simplify & Set Priorities
  2. Assess Current Processes
  3. Provide Tools & Technology
  4. Institute Best Practices
Step 1: Simplify and Set Priorities

The 4 Priorities of Patient Access

1. Speed
   - Wait & Reg times

2. Service
   - Customer Service Scores

3. Collections
   - POS Collections

4. Accuracy
   - Complex Data Collection
   - How to Measure?
Step 2: Assess Current Processes

- Scheduling
- Pre-Registration
- Registration
  - Sign-in, wait-times, orders, routing process
- Financial Counseling
- POS Collections
- Points of Rev Cycle Failure
  - Where are the leaks?
Step 3: Provide the Tools

- Insurance Verification
- Address Verification
- Patient Identification
- Order Management
- Medical Necessity/ABN
- Prior Auth/Cert
- MSPQ
- Document Management
- Wait Times Tracking
- Payment Estimators/Charity Screening
- POS Collections Tracking
- Training Programs & Coaching in the Moment
- Quality Assurance (Manual or Automated)
Step 4: Institute Best Practices for Patient Access

1. Stabilize Staffing & Turnover:
   a) Conduct a salary survey and increase the base to attract and retain quality employees
   b) Standard Job Descriptions & Competency Testing
   c) Implement a career ladder and incentive program
   d) Implement registration training programs (CBT)
   e) Cross-train with PFS - billing & collections staff

2. Track Patient Access KPI’s:
   a) Registration Accuracy (by employee, location, service and facility)
   b) POS Collections Performance
   c) Patient Satisfaction
   d) Wait times and Registration Times
3. Compare Patient Access KPI’s in relation to Revenue Cycle KPI’s
4. Conduct weekly performance reviews with registrars to review individual KPI’s including the employee’s top 5 errors for previous week and goals for next week.
5. Patient Access Manager leads or participates actively in a monthly Revenue Cycle Steering Committee – review registration caused rework, denials, and write-offs
6. Implement a strong Pre-registration team and process so that 90% of scheduled patients are fully pre-registered prior to arrival
Patient Access Best Practices (cont.)

7. Place all PA technologies and processes at the pre-arrival point so that the following vital checks are completed before a patient’s arrival in every case possible:
   - Order verification
   - Prior auth/cert
   - Medical necessity
   - Insurance verification
   - Address verification
   - Payment estimation
   - Propensity to pay
   - Charity screening
   - Prior balance review
   - On-line patient pre-registration

8. Celebrate successes and recognize individual, team and department contributions to revenue cycle performance

9. Promote participation in NAHAM: CHAA/CHAM certification, for training, networking and resources (CPAR too!)
Summary: How to Move Patient Access from Data Entry to Revenue Cycle Sentry

- Understand the impact Patient Access has on the Revenue Cycle (good or bad)
- Understand the complexity, challenges and potential
- Four Steps to Improving Patient Access:
  1. Simplify & Set Priorities
  2. Assess Current Processes
  3. Provide Tools & Technology
  4. Institute Best Practices
Thank You!

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