IATRIC systems

All Things Access Management: What's in Your Program?

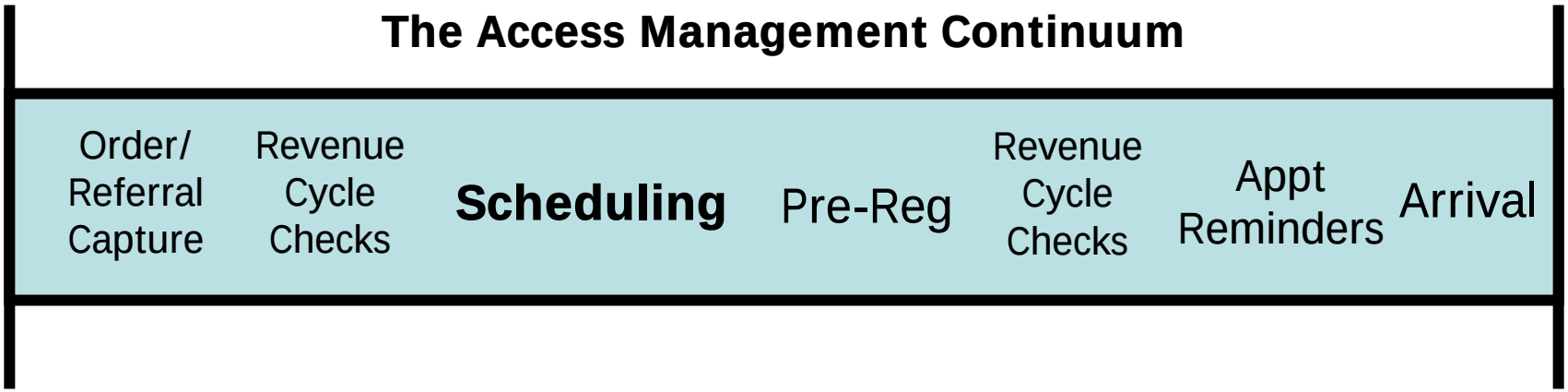
Education Session

We Help Leverage Your MEDITECH Investment

How Important is the Overall Access Process?

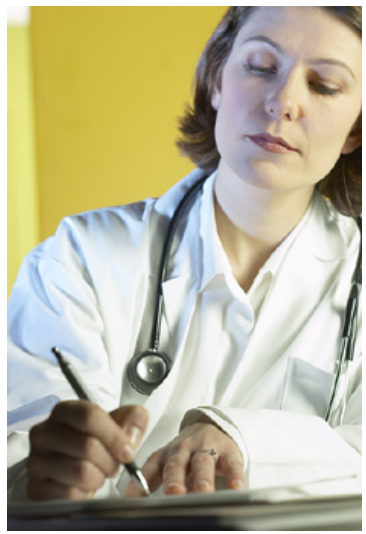
- Patient Satisfaction
- Entry point to healthcare system
- Revenue Cycle impact
- Set goals for changes each year
- Does you name match your talents?

The Process Stream



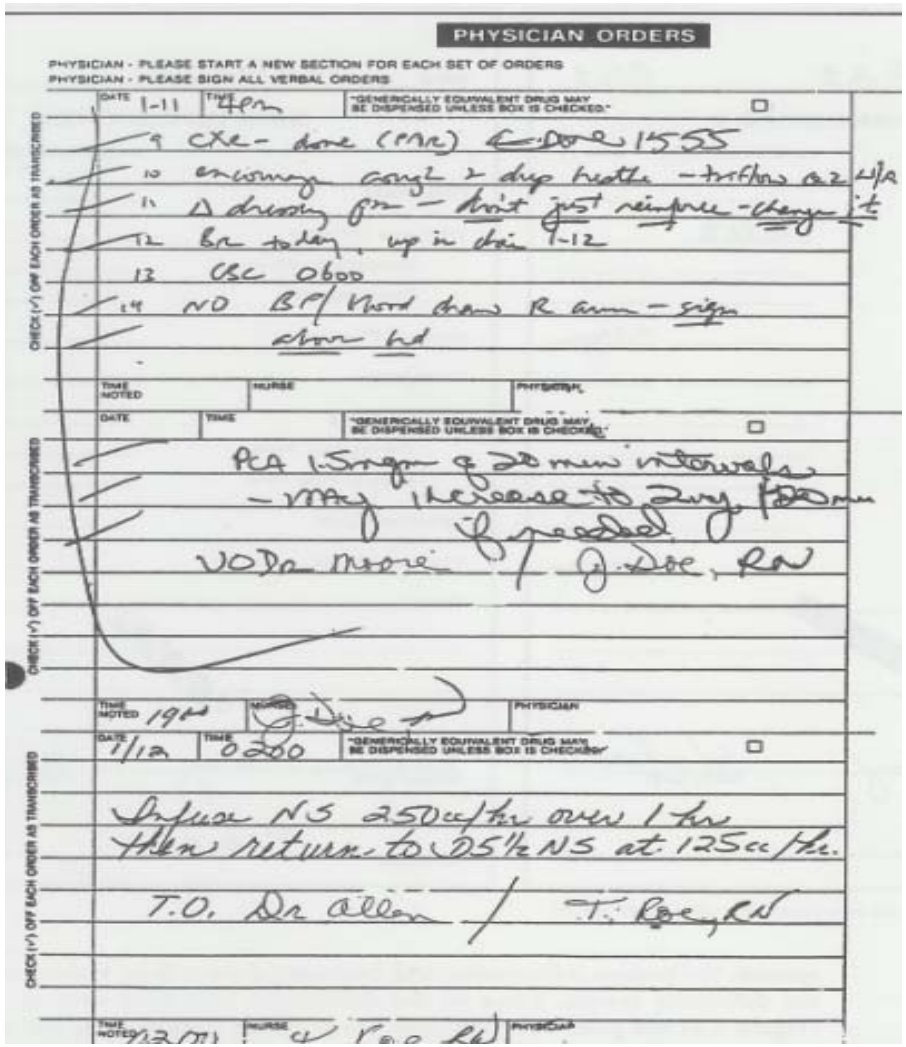
Orders

- What is your current process for outpatient services?
- What is your “lost order” percent?
- Have you considered standardization?



How are Orders Obtained?

- Fax or Fax Server
- Provided by patient
- CPOE
- Web
- Staff in MOB
- Other?



Rethink Your Process

- What is best for:
  - the doctor
  - the patient
  - the affected departments
- What is most cost efficient?
- Change…Become a strong proponent of change

Scheduling: Importance of a Good Process & System

- Scheduling should be intuitive for staff
- Mindful of the impact on the Revenue Cycle
- Help reduce “Lost Revenue” for open service slots or missed appointments
- What should be scheduled at your facility to make a positive impact?

Scheduling: Build Strong MD Acceptance

- Is your current process MD friendly?
- What are you plans for MD office access?
- Centralized or de-centralized?
- If you do not provide what they need, they *will* go elsewhere
- 16% of hospitals will install a new scheduling application in the next few years

Pre-Registration Workflow

- Pre-visit contact is no longer just a nice process but a *necessary* one
- The process:
  - Verify
  - Confirm
  - Update for accuracy
  - Collect
  - Remind

Incomplete Registration Results

- ✓ Return Mail: perform a study
- ✓ Cost of PFS re-work
- ✓ Cost for Denial Management
- ✓ Cost in write off's due to registration errors
- ✓ Cost of inadequate training that leads to staff turnover

What Do Errors Cost?

- National average of registration errors = 31%
- Return mail costs an average hospital $324,000 per year (at a 2% rate)
- Up to1/3 of the PFS budget, related to eligibility issues, and about 50% of the staff are dedicated to re-work or denial management

Access: New Process or Methods

- EMPI search
- Estimation of cost for services
- Web registration and scheduling
- Address verification
- Kiosk for pre-registered patients check-in and directions
- Automated accuracy verification

For the Access Cycle

Look at these processes:

- Are your internal polices and procedures up to date?
- Does you staff know and understand payer requirements?
- When was the last time *you* talked to your staff about what would help them?
- What are the required fields in your system and does your staff understand each of them?

Avoid Medical ID Theft

- Over 250,000 cases a year
- What scanned or copied items does your hospital keep for Access process?
- Items to secure:
  - ✓ DL or passport
  - ✓ Insurance card
  - ✓ Authorization proof
  - ✓ Order

Payer Requirements & Regulations

- Watch for changes
- Train and educate
- Subscribe to newsletters
- Attend CMS phone conferences
- Get details from your Managed Care Plans

Regulations: Be Aware

Forms:

- ✓ Importance Notice Medicare (IM)
- ✓ Medical Necessity - ABN
- ✓ Advance Directive: Patient friendly method
- ✓ MSP

Hospital Pricing Transparency

- The public consumer is urged to check prices
- Call for estimates *before* service to determine co-payments & out of pocket expense
- As of 2006, 32 states have statutes requiring hospitals to report and make information readily available

http://www.aha.org/aha/content/2006/pdf/5_1_06_sb_transparency.pdf

Estimating Prices

- Several companies offer this hospital solution
- Hospitals are putting their prices on their website
- Insurance companies posting price comparison of providers in their network

Automation of Benefits

- About 6% of all healthcare claims are denied due to ineligibility
- Eligibility service went from 42% in 2004 to 51% in 2005
- Expected to grow 39% in next 4 years with 50% of hospitals looking to improve process

Be Aware:
Minnesota To Require Electronic Filing by Providers in 2009

- January 23, 2007: The Minnesota Department of Health issued a requirement stating all health care organizations must use a standard computer system to verify patients' benefits and eligibility for services. (Olson, *St. Paul Pioneer Press* 1/24).

- Under the rules: insurers, payers, hospitals, clinics and other providers must adopt an electronic filing system by Jan. 15, 2009. In addition, insurers and providers must electronically verify eligibility and benefits using a standard format modeled after Medicare standards (Evans, *Modern Healthcare*, 1/24).

Access Salary Information

- Salary: Staff are not compensated very well and this results in high turnover
- What grade would your staff give you on your report card?
- How to change your current salary grade
- Access Salary Survey 2007:

  http://www.hcpro.com/content/75881.pdf

Incentives for Access Staff

- Goal: Reduce cost & make the process a self-funded program
- Backed by Management and HR
- Some ideas:
  - Flex time
  - Productivity and quality
  - Added income
- Sample incentive program:
  http://www.hcpro.com/content/75878.doc

Access Department QA

- 75% of hospitals track accuracy
- 65% do it manually
- 38% measure it daily
- 22% of their accuracy rates are 86-90%
- PARC: Quarterly QA Benchmarking Report May 2007

  http://www.hcpro.com/content/70254.pdf

Sample Worksheet for QA

This Month's *Form*

Registration QA monthly tally—by employee

Hospitals can use this form when they perform manual QA.

Employee name: _____ Reviewer initials: _____

Registration date(s). _____ Reviewed date. _____

Total patients registered: _____ Total accounts reviewed: _____

*Employee error rate: _____ Total errors: _____

*Employee accuracy rate: _____ Total error free: _____

* Error rate = Total number of errors divided by total number of accounts
* Accuracy rate = Total number of error-free accounts divided by total number of accounts

Reviewer to check the following items from one or more of the below listed source documents:

(a) Copy of insurance card & patient ID
(b) Copy of insurance eligibility response
(c) MSP Questionnaire
(d) Copy of physician orders

Patient information:	Number of errors	Guarantor information:	Number of errors:
Patient name format		Guarantor relationship to patient	
Patient address		Guarantor name	
Patient phone number		Guarantor address	
Patient SSN		Guarantor phone number	
Patient date of birth		Guarantor SSN	
Emergency contact		Guarantor date of birth	
Patient employer		Guarantor employer	
Employer address		Employer address	
Employer phone number		Employer phone number	
Patient MRN		Minor listed as guarantor	

Insurance information	Number of Errors:	Other information	Number of Errors:
Insurance Co name		Incomplete/Incorrect MSP	
Insurance policy/group no.		Medical Necessity Checked/ABN	
Subscriber name		Accident Code/Date & Time	
Subscriber date of birth		Coverage/Benefits Verified	
Subscriber/patient relationship		Incorrect insurance placement	
PreCert required		Medicare and Medicare HMO loaded	

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Download this entire form in the **Patient Access Advisor** *section of* www.accessresourcecenter.com.

Resources

- Reg Accuracy from 2007 NAHAM: http://www.naham.org/files/public/Improving_Registration_Accuracy.pdf
- Improving Hospital Patient Access & Revnue Cylce: http://www.contextrules.typepad.com/code_green/
- Patient Access Resource Center: http://www.accessresourcecenter.com/index.cfm
- CMS: http://www.cms.hhs.gov/MLNMattersArticles/2008MMAN/list.asp

The Bottom Line

- The Revenue Cycle starts with Scheduling and Access
- Improve the **process** and improve the **quality**
- Set **goals** for change each year
- **Stand up strong** for your department and demand what you need in order to do your job
- Do a return on investment:

What it will cost *not* to change?