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

Education Session

We Help Leverage Your MEDI TECH 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

The Access Management Continuum

Order/Referral Capture  Revenue Cycle Checks  Scheduling  Pre-Reg  Revenue Cycle Checks  Appt Reminders  Arrival
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-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 to 1/3 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
Look at these processes:

- Are your internal polices and procedures up to date?
- Does your 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
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
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).

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%

http://www.hcpro.com/content/70254.pdf
**Sample Worksheet for QA**

**Registration QA monthly tally—by employee**

Hospitals can use this form when they perform manual QA.

<table>
<thead>
<tr>
<th>Employee name</th>
<th>Reviewer initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration date(s)</td>
<td>Reviewed date:</td>
</tr>
<tr>
<td>Total patients registered:</td>
<td>Total accounts reviewed:</td>
</tr>
<tr>
<td><em>Employee error rate:</em></td>
<td>Total errors:</td>
</tr>
<tr>
<td><em>Employee accuracy rate:</em></td>
<td>Total error free:</td>
</tr>
</tbody>
</table>

* 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**

<table>
<thead>
<tr>
<th>Patient name format</th>
<th>Guarantor relationship to patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient address</td>
<td>Guarantor name</td>
</tr>
<tr>
<td>Patient phone number</td>
<td>Guarantor address</td>
</tr>
<tr>
<td>Patient SSN</td>
<td>Guarantor phone number</td>
</tr>
<tr>
<td>Patient date of birth</td>
<td>Guarantor SSN</td>
</tr>
<tr>
<td>Emergency contact</td>
<td>Guarantor date of birth</td>
</tr>
<tr>
<td>Patient employer</td>
<td>Guarantor employer</td>
</tr>
<tr>
<td>Employer address</td>
<td>Guarantor employer</td>
</tr>
<tr>
<td>Employer phone number</td>
<td>Employer address</td>
</tr>
<tr>
<td>Patient MRN</td>
<td>Minor listed as guarantor</td>
</tr>
</tbody>
</table>

**Guarantor information: Number of errors**

<table>
<thead>
<tr>
<th>Guarantor relationship to patient</th>
<th>Guarantor name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guarantor address</td>
<td>Guarantor phone number</td>
</tr>
<tr>
<td>Guarantor SSN</td>
<td>Guarantor date of birth</td>
</tr>
<tr>
<td>Guarantor employer</td>
<td>Guarantor employer</td>
</tr>
<tr>
<td>Guarantor employer</td>
<td>Guarantor employer</td>
</tr>
</tbody>
</table>

**Insurance information: Number of errors**

<table>
<thead>
<tr>
<th>Other information</th>
<th>Number of Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Necessity Checked/ABN</td>
<td></td>
</tr>
<tr>
<td>Accident Code/Date &amp; Time</td>
<td></td>
</tr>
<tr>
<td>Coverage/Benefits Verified</td>
<td></td>
</tr>
<tr>
<td>Incorrect insurance placement</td>
<td></td>
</tr>
<tr>
<td>Medicare and Medicare HMO loaded</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Paul Shorrosh, Database Solutions. Reprinted with permission.

[Download this entire form in the Patient Access Advisor section of www.accessresourcecenter.com.](#)
- **Reg Accuracy from 2007 NAHAM:**

- **Improving Hospital Patient Access & Revenue Cycle:**

- **Patient Access Resource Center:**

- **CMS:**
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?**