

Revenue Cycle Series: Patient Access- Industry Insights to Improve Today and Position Your Revenue Cycle For the Future



November 18, 2021

Upcoming Revenue Cycle Series

Revenue Cycle 101

Middle Revenue Cycle: Revenue Integrity and Chargemaster

Back-end Revenue Cycle: Denials Prevention and Appeals

Capstone Session: Metrics Driven Revenue Cycle, KPIs and Future RCM



Today's Presenters



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Today's Session

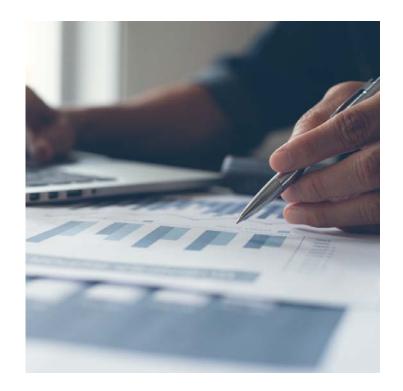
The presenters will discuss 5 key questions providing attendees with insights regarding current trends, challenges, and the future of Patient Access.





Question #1 Potential Solutions

- Selecting the right candidate and putting them in the right chair.
- If you can't find the right person don't just pick a warm body. (easy to say hard to do)
- Not all staff needs to be patient facing in patient access (who can be remote). Pre-reg, scheduling, insurance verification can all now be remote.
- Look to other industries
 - Other service industries (food service workers)







Question #2 Potential Solutions

- ▲ This is the "life blood" of a well-managed patient access department.
- Is your sample statistically valid?
 - 30 second overview of college statistics course. I.E. 4 out of 5 Dentists recommend Trident for their patients that chew gum.
 - 10% is a minimum for new hires should be closer to 100%.
- Quality also includes enhancing the patient experience and always being "on stage" similar to Disney employees.
- ✓ If you can automated system, is the best way to provide constant and consistent feedback.
- ✓ If manual you can have night shift staff perform QA
- Collecting patient responsibility should be part of QA
- Team members should be trained on "crucial conversations"







Are there areas that perform registrations that don't report to Revenue Cycle Patient Access Leadership?

1. Yes

2. No

3. Unsure

4. N/A

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Question #3 Potential Solutions

- Provide cheat sheets and job aides for SOP's to help provide good help in creating quality registrations
- ✓ Use QA data to show hospital leadership where errors come from. Collate with denial data from back end to support financial impact of errors.
- Consistent cadence of meetings with these areas and access leadership.
- ▲ Two options
 - Reward
 - Punitive action



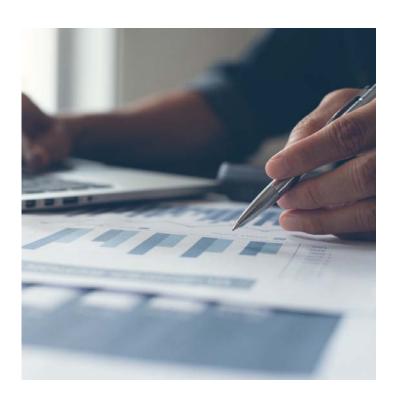


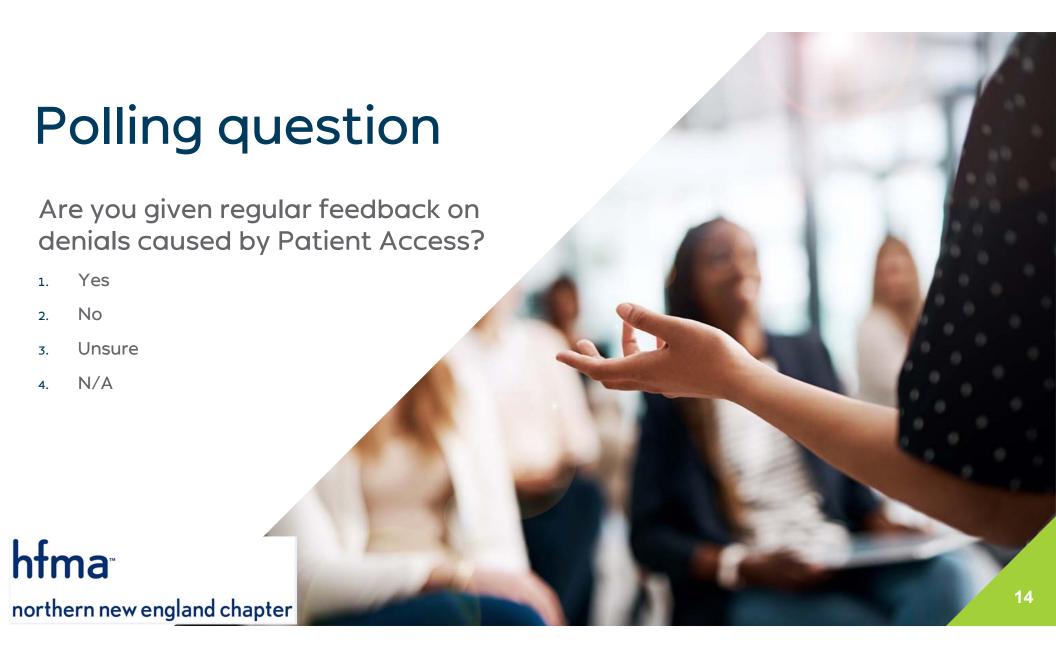


Question #4 Potential Solutions

- ✓ Providing good service is not a new concept in the patient access areas. Hospital Leadership has always wanted:
 - Speed
 - Accuracy
 - Friendly service.
- ✓ Financial penalties for HCAP has been around for at least 10 years.
- Help navigating this maze:
 - Hiring practices
 - Training
 - QA







Question #5 Potential Solutions

- Garbage in/Garbage out
- ✓ Need to share the financial impact of the errors with the team
- QA programs do have a significant impact
- Registrars make errors for 5 reasons
 - Simple key stroke error
 - Lack of training
 - Lack of consistent feedback (i.e. QA)
 - They don't care about the job
 - They lack the proper skill set





Question #5 Potential Solutions, con't

- Overcoming the 5 reasons.
 - Key stroke error (will never go away)
 - Improve training and provide job aides on inter/intra net
 - Formal QA as discussed above
 - Easy fire them!
 - These are the hardest maybe there is another role you can find that fits their skill set better.

