Patient Access Best Practices: Look Back – Looking Ahead

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Healthcare Registration - “The Top 10 in 2013”

- Patient Satisfaction
- Doing More with Less Revenue
- Centralization
- Doing More with Fewer Staff
- Systems Integration (EHR)
- Pre-Service Financial Clearance
- Patient Ownership (in Healthcare Spending and Decision-making)
- Patient Communication
- Point-of-Service Collections
- Understanding Self-Pay
Best Practices - Overview

- Best Practices - Real-Time Tools and Processes
- Best-Practices - Access Areas of Opportunity
  - Pre-Service
  - Time-of-Service
  - Post-Service
- Best Practices Opportunities in Cash Collections – Hospital Feedback Time
- Best Practices – Self-Pay Management
- Best Practices – Our Top 10
"Try these relaxation methods. If they don't work, I'll prescribe a tranquilizer dart."
Best Practices - Real-Time Tools and Processes

- Price transparency
- Insurance verification
- Patient address and identity verification
- Web-based payment processing
- Scanning of photo identification and insurance cards
You're free to go, Mr. Wall. But I'm afraid your wallet will have to stay here overnight for observation.
Best-Practice Areas of Opportunity - Pre-Service

- Scheduling
  - Best-practice strategies
    - Train staff members with scripting
      - More efficient dialogues with physician offices and patients
      - Allows employees to capture all required data, including complete patient demographic data, correct procedure codes, and all financial and payer data so that insurer requirements can be met prior to service
    - Invest in staff education on clinical procedures being scheduled
      - Assures employee knowledge of protocols and-or scheduling intervals for treatments, by procedure and-or diagnosis
    - Perform up-front ABN checking and-or medical necessity review
    - If the patient is available during scheduling, collect all the demographic and insurance information needed to create a pre-registration
    - Move all non-complex scheduling activities to the central scheduling area
Best-Practice Areas of Opportunity - Pre-Service

- **Pre-Registration**
  - **Best-practice strategies**
    - Implement true pre-registration practices involving patient interviews for all patients
    - Set standards to assure completing the pre-registration within three days after service scheduling and/or admission notification
    - Capture an established minimum data set that includes all data elements required to generate a clean claim without back-end re-work
    - Scripted training on collecting patient-pay balances for deductibles and co-pays
    - Successfully perform address verification on patients
    - Develop electronic missing data element reporting
    - Enhance current registration report cards to report:
      - Demographic accuracy / Billing field accuracy / Overall field accuracy
    - Implement by-department registration quality standards
    - Implement pre-arrival productivity reporting and standards (such as no next-week-scheduled patients NOT pre-registered by end-of Friday)
Best-Practice Areas of Opportunity - Pre-Service

- Eligibility Checking
  - Best-practice strategies
    - Automated insurance verification that takes the data directly from the registration record and matches it electronically to the payer, without employee intervention
      - Allows a one-to-one match with every selected data element and avoids risk of human error
      - Allows the employee to see the results of the eligibility inquiry even before the rest of the patient registration is completed
    - Insurance verification that includes payment estimation for deductibles and co-insurance
    - Perform up-front medical necessity review
Best-Practice Areas of Opportunity - Pre-Service

- Patient-pay collection
  - Best-practice strategies
    - Improve collections rates by developing expected collections tools and reporting AND actual collections tools and reporting
    - Have pre-arrival staff perform general insurance verification and cash collections
    - Train pre-arrival staff in state program application processing and financial assistance processing
    - Implement benefit calculator tools
    - Train staff on
      - patient-payment options, the insurance process, medical assistance programs available to patients in need for financial aid, and the most common patient disputes and how to respond and resolve them
      - Training and scripting must include how to ask patients to pay, so that patients understand that payment is an expectation, not an option
    - Give Time-of-Service instructions (such as bring identification and insurance cards)
Best-Practice Areas of Opportunity - Time-of-Service

- **Time-of-Service**
  - “Fast-track” patients directly to clinical areas
  - Scan identification and insurance cards
  - Confirm completion of financial clearance
Best-Practice Areas of Opportunity - Post-Service

- Post-Service:
  - Inpatients:
    - Complete insurance verification with 24 hours of admission seven days per week
    - Complete financial clearance of all self-pay admissions within 24 hours of admission seven days per week
  - ED patients
    - Complete financial screening prior to discharge
THE GOOD NEWS IS THAT WE MANAGED TO SAVE YOUR LIFE! THE BAD NEWS IS THAT YOU ARE GOING TO SPEND IT PAYING FOR THE GOOD NEWS!
Best Practices Opportunities in Cash Collections

- Hospital Self-Evaluation (5 Minutes)
"The good news is that you have my favorite disease."
Best Practices – Self Pay Management

- The Current Wisdom on Access Self Pay Management
  - From “The Receivables Report”
    - Five foundation blocks to prevent avoidable losses
      - Solid case history of cost-per-case for estimation of out-of-pocket costs for the patient
      - Excellent payer access (electronic) for insurance verification and calculation of benefits
      - Flawless authorization processes and tools
      - Multiple payment options that allow the patient to handle their share of the cost
      - Superior training and solid procedures for everyone involved in the point-of-service contact with the patient
Best Practices – Self Pay Management

- The Current Wisdom on Access Self Pay Management
  - From “Hospital Access Management”
    - The “Top 10 List” of Patient Access Technologies
      - Contact (address) verification
      - Eligibility verification
      - Patient payment estimation
      - Communication management
      - Propensity-to-pay scoring
      - Electronic cashiering
      - Financial assistance automation
      - Rule-based document imaging
      - Patient self-service stations (kiosks)
      - Rule-based process automation
Best Practices – Self Pay Management

- Areas of Opportunity – Pre-Service
  - Patient Scheduling
    - Medical Necessity checking
  - Pre-Registration
    - Demographic verifications
      - Address and mail delivery / Telephone number / Social Security Number
  - Financial Clearance
    - Insurance eligibility confirmation
    - Insurance authorization checks
    - Patient-pay estimation
      - Insured patient-pay responsibility / Uninsured payment-deposit estimation
    - Pre-visit payment collection
  - Financial Assistance Screening
    - Insurance discovery
    - Patient-pay financing programs
    - Medicaid eligibility screening-initiation
    - Charity Care qualification
Best Practices – Self Pay Management

- Areas of Opportunity – Time-of-Service:
  - Positive patient identification
    - Point-of-entry scanning
    - Photo identification / Insurance cards
    - Patient photography
  - Pre-registration activation or full registration:
    - Demographic verification
  - Financial clearance
    - Insurance eligibility confirmation
    - Insurance authorization checks
    - Medical Necessity checking
    - Patient-pay estimation
    - Time-of-service payment collection
  - Financial Assistance Screening
    - Insurance discovery
    - Patient-pay financing programs
    - Medicaid eligibility screening-initiation
    - Charity Care qualification
Best Practices – Self Pay Management

- Technology, Process, or Policy Opportunities
  - Patient Scheduling
    - Advance Medicare ABN checking to the patient scheduling telephone contact
    - Combine separate patient scheduling and pre-registration contacts into a single patient contact
  - Pre-Registration and Registration
    - Automate demographic verifications of address or telephone number
Best Practices – Self Pay Management

- Technology, Process, or Policy Opportunities
  - Financial Clearance
    - Consolidate insurance eligibility, authorization checks, and patient-pay estimation to produce a “Pre-Service Explanation of Benefits” document (benefit details and deductibles status) for insured patient collections
    - Advance patient-pay estimation to produce Patient Pricing and Payment Plan documents for uninsured patients
    - Identify patients with prior unpaid accounts or Bad Debt in order to maximize cash collections
    - Offer multiple electronic payment options
      - Credit cards / debit cards / e-checks
    - Offer multiple payment arrangement
      - Uninsured discounts / Prompt-pay discounts / No- or low-interest financing
    - Adopt “No Pay = Safe to Delay” for large patient-pay estimates,
    - Adopt “No Order or No Authorization = No Scheduled Service
    - Adopt “High-dollar Deductible Plans = Treatment as Self Pay Plans

Best Practices – Self Pay Management

- Technology, Process, or Policy Opportunities
  - Financial Assistance Screening
    - Adopt consistent insurance discovery screening for all uninsured patients
      - Automated age-based Medicare eligibility checks
      - Automated condition-based Medicaid eligibility checks (new mother / child / disability)
    - Adopt consistent insurance discovery scripting to screen-assess eligibility
      - Third-party
      - COBRA
      - High-risk pools
      - Worker Compensation
      - Motor Vehicle
  - Consider using front-end partners for insurance discovery
    - Partial outsourcing / full out-sourcing
    - “Very-Early-Out” self pay outsourcing
Best Practices – Self Pay Management

- Other Opportunities in Access-Based Collections
  - Begin the collections discussion as early as possible
    - Advance patient conversations about financial responsibility as far to the front of the encounter as possible
  - Provide staff with customized scripts for real-time support
    - Give staff “security blanket scripting” that tells them exactly what to do and what to say to patients who question their financial responsibility
  - Offer and set up payment plans as soon as possible
    - Give staff the ability to easily and quickly negotiate payment terms with clear limits.
    - Give staff the ability to print payment agreements documents for the patient to sign at time-of-service.
  - Give staff ability to print the applications and automatically screen patients for Charity Care and other assistance programs before care is even provided.
  - Produce real-time reports so that every patient encounter is auditable at the patient level
“You’re suffering from a serious medical condition called ‘lousy insurance’.”
Best Practices – Cash Collections

- Hospital Self-Evaluation – Discussion (15 Minutes)
“One minute she was eyeing her hospital bill, and the next minute...”
Best Practices – Our Top 10

- Automate everything. Acquire technology to support processes.
- Combine good customer service with passion for accuracy. Get it right the first time, every time. Stop the shortcuts, and forget the irrational emphasis for speed at all costs. We can no longer afford the front-end failures that waste time and expense on reworked claims data, re-billed corrected insurances, and write-offs of “not medically necessary” services.
- Eliminate “Not Medically Necessary” denials. Get to comprehensive screening for all payer either at Pre-Arrival (for pre-scheduled services) or at Point-of-Entry (for unscheduled services).
- Explain insurance to customers. Create great relationships with patients who are confused, who aren’t in the best of humor, and who (given a choice or providers) can go elsewhere.
- Collect with compassion. Focus on dollars collected AND account resolutions.
- Implement Revenue Cycle Training Program leading to certification for all PS and SBO staff.
- Retain “Top 70” staff and eliminate turnover.
- Banish the statement “We’ve always done it that way.”
- Turn customer service into a daily “expectation for professionalism” from all staff.
- Get creative to set up staffing to meet patient needs based on patient flows and volumes.
“I ran all of your symptoms through the computer and now the computer is sick too.”
Questions?
The End . . .
Thank You!

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