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→ INSIDE

Price-shopping patients need some good reasons to choose your hospital. 15

Your next patient access applicant could be customer service superstar. 16

Novel registrar-led initiative collected \$674,000 in just one month. 18

Collect ED copays without violating EMTALA or making patients angry. 19

Strategies to change clinicians' outdated perceptions of ED registrars. 21

How cross-training solves multiple problems in registration areas. 22

Immediate coverage for self-pay patients is satisfier and revenue booster. 23



Fast Food or Retail Background, and a Great Attitude? Employee May Be Perfect for Patient Access

Top-notch customer service skills can't be taught

While dining at a local chain restaurant with her kids, the cheerful attitude of the waitress caught the attention of **Tanya Powell**, CHAM, patient access director for Ochsner Healthcare's North Shore Region in Slidell, LA.

The server anticipated the family's needs without having to ask. A nearby family demanded a discount on their bill because of poor service. Next, a boisterous, noisy group sat down, but the children laid on the seats and refused to place an order.

The waitress kept smiling through it all. "She showed the utmost respect to all the customers," says Powell.

After the meal, Powell gave the waitress her contact information and asked her to call if interested in an opportunity in

healthcare. "We scheduled her for an interview," says Powell. "She was rather new to the professional interview process, but I was very optimistic."

The new employee developed stellar patient access skills. These include working error holds to allow release of "clean" claims and point-of-service collections. "She is exemplary in quality assurance metrics and is willing to take any shift," says Powell. "Her excellent customer service helped us achieve top scores."

Miranda Crawford, the registrar who was recruited while waiting tables, was thrilled to be approached for a patient access role, given her lack of healthcare experience. "Everyone was

so friendly and willing to help me with learning the processes. I have been with Ochsner now for a year, and plan to be there for much longer," she says.



"RETAIL AND RESTAURANTS ARE THE TWO BEST PLACES FOR ME TO RECRUIT NEW HIRES."
— LOLITA M. TYREE, RIVERSIDE REGIONAL MEDICAL CENTER

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EXECUTIVE SUMMARY

Patient access leaders are recruiting new hires from nontraditional backgrounds such as retail and food service, searching for strong customer service skills. They look for these attributes:

- Displaying a friendly demeanor;
- Offering apologies for long waits without being told;
- Remaining cheerful despite stressful circumstances.

Many ED registrars have a food service background at Riverside Regional Medical Center in Newport News, VA. These individuals are used to being on their feet for hours at a time, which works well for the ED setting.

“Retail and restaurants are the two best places for me to recruit new hires,” says **Lolita M. Tyree**, MSW, CHAM, patient access manager for the ED.

Tyree recently struck up a conversation with an especially attentive server and learned she was interested in a career in healthcare. “She’s been one of my best hires to date,” Tyree says. “If it weren’t for eating out that evening, we would have both missed an opportunity.”

Can’t Teach Service

At Sentara Leigh Hospital in Norfolk, VA, and Sentara Albemarle Medical Center in Elizabeth City, NC, many patient access employees have come from outside of the healthcare industry. “My philosophy is we can teach them the job but not great customer service. It has to be part of who you are,” says **Mike M. Harkins**, manager of registration. “I am always looking for customer service champions.”

One employee was “discovered” while working at a backed-up Taco Bell drive-through line. Despite a long line of cars filled with frustrated customers, she managed to keep them all informed and apologized sincerely for the wait.

“When I got to the window, I still had to pull forward to wait,” says Harkins. Some customers became impatient and impolite. “I watched her with all the cars in front of me, and she continued to take all the flack with a smile and a kind word,” says Harkins.

To apologize for the long wait, the clerk added some cinnamon twists to the order — but not before warning Harkins that they were high in sugar in case she was diabetic. Harkins gave the clerk her business card and told her to call if she ever wanted to get into healthcare. A few months later, Harkins did get a call. “She was applying for a job with our company and wanted to use me as a reference,” she recalls. “I was happy to do it.”

On another occasion, a patient access colleague raved about the service she had gotten from a waitress at a pancake restaurant. Harkins went to observe her table service and learned she was a young single mother. “She was super friendly with a great attitude. I told her friend to send her in for an interview, and I hired her on the spot,” says Harkins.

The employee thrived in patient access and was quickly promoted, and now works in the hospital’s IT department. Another employee at a pizza restaurant was well-known for great service — she was hired, and thrived in patient access for a decade.

“I can teach them the job,” says Harkins. “I can’t teach them the warm and fuzzy customer service.”

Not Fully Automated

There is growing awareness that having a “customer mindset” is more important to today’s patient access departments than technical expertise.

“I have actually recruited from food service and retail in the past when I have seen someone with a fantastic, servant-minded mentality,” says **David Kelly**, director of revenue cycle at Mary Rutan Hospital in Bellefontaine, OH.

Some patient access applicants have years of experience — but something isn’t quite right. That something often turns out to be customer service. (*See related story on identifying customer service expertise in patient access applicants.*)

“I have certainly seen where people have ‘the right stuff’ on paper, but the interview goes south — or they don’t

make it out of a probationary period,” says Kelly.

As patient access tasks are increasingly automated, the human-touch elements of patient access are becoming more important. “As we head into the ‘future of work,’ one job that can be partially, but not fully, automated is patient access,” says Kelly. “Lots of other industries bring things to the table on this front.”

Employees from retail and food service are used to working at a fast pace, in stressful conditions, with little control over their work schedule, and with highly demanding customers.

“Many also bring cash handling experiences to the table,” says Kelly. “All of these skills translate directly to modern registration roles.” ■

SOURCES

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‘Another Hospital Costs Less,’ or Does It? Educate Price-shopping Patients

Patients want ‘meaningful’ dollar amount

When price-shopping patients call multiple hospitals to inquire about costs, they’ll probably get a different dollar amount from each of them. The problem is these numbers don’t tell the whole story. Sometimes, they’re wildly inaccurate.

“We have cases where patients tell us they have called other facilities and they gave them an estimate for a lower amount for the same procedure,” says **Monique Gatterson**, supervisor of patient financial services at Seattle-based Virginia Mason Medical Center.

Not surprisingly, patients want to know why Virginia Mason’s estimate is so much higher. “We suggest patients call the other facility back and ask, ‘Was that a complete estimate?’” says Gatterson.

Often, patients discover the quoted amount only covered professional charges. Facility charges or anesthesia charges often are omitted. “This means their actual out-of-pocket obligation could be hundreds of dollars higher,” says Gatterson.

Virginia Mason recently implemented a patient cost estimator tool that gives patients a comprehensive estimate of their out-of-pocket costs. “This includes all expected services involved in their medical procedure,” says Gatterson.

EXECUTIVE SUMMARY

Patient access can follow several steps to make it more likely that patients who price shop to get estimates for costs of procedures will choose their hospital.

- Ask patients if a lower-cost estimate they received covered all charges.
- Inform patients that facility, anesthesia, or other charges are not always included in hospitals’ estimates.
- Give patients specific information on expected costs, as opposed to general information.

Figure Out if New Hire Is Customer Service Star (or Not)

Typical patient access applicant searches looked for people with previous healthcare experience, in either physicians' offices or the hospital setting. The searches excluded anyone who didn't have this background.

"This approach really limited the amount and type of applicants being received by the departmental leaders," says **Amy Sherman**, director of patient access at Central Vermont Medical Center in Berlin.

Many applicants didn't pass muster with the customer service that is required. For instance, staff are expected to offer a sincere welcome. Then they are expected to do whatever task is needed for the person, and end with a warm, friendly feeling. "The people who ended up being interviewed often lacked these important attributes that were needed to succeed in patient access," says Sherman.

Meet With Human Resources

Patient access leaders met with their liaison in human resources to talk about the disconnect between the criteria used to screen applicants and the skills that were most needed. Together, they reviewed the qualities and experience that were truly important for applicants to have.

"We decided to really focus on the customer service aspect, and not the medical office experience," says Sherman.

This important change increased the applicant pool by 300%. Patient access leaders now interview applicants from all types of industries. All have strong customer service skills in common, however.

"Over the past year, we have hired bank tellers, grocery clerks, and classroom aides," says Sherman. It takes longer

to teach technical skills to these applicants, who have never used registration systems before.

"The payoff has been new staff that know how to make people feel they matter and are being heard," says Sherman.

These new applicants have lots of experience working with people from all walks of life. "They're able to diffuse complicated situations," says Sherman. "This has really improved our morale, and the patient experience."

The most successful candidate to date came from a wireless carrier retail store. "The customer service training she received was geared toward making sales," says Sherman. The employee had a knack for putting people at ease. She quickly established a rapport with a warm smile.

This ability transferred well into patient access, where the employee has received many compliments from patients and families. "She exudes an eagerness to assist patients, families, and colleagues," says Sherman.

Hands-on Approach

When talking with patient access applicants, Sherman wants to see two things: They look her in the eye when speaking, and they listen to what she's saying.

"We hired an elementary school classroom aide who is one of the most engaged, active listeners I have ever seen," says Sherman. As a result, the employee easily connects with patients and is able to meet their needs.

The department uses these guiding principles for customer service in registration areas:

1. Make eye contact with everyone you meet, including coworkers, and add a greeting and a smile.

'Big Dissatisfaction'

Previously, staff relied on a homegrown estimator tool to give price estimates. "It was an Excel spreadsheet we'd populate with a CPT code. It would give you the total charges," says Gatterson.

When a patient asked for an estimate for surgery, for instance, the tool calculated the total cost of the procedure. However, this was of little use to patients who wanted to know their out-of-pocket costs.

"The number really was not meaningful at all," says Gatterson. Many individuals complained they could not financially plan without better information about what they'd owe.

"This was a big dissatisfaction for patients. We wanted to turn that around," says Gatterson.

The new patient cost estimator tool gives more accurate estimates, and factors in contracted rates with the patient's insurance provider, deductibles, coinsurances, and out-of-pocket maximums. "It takes all of

those numbers, and populates the total estimated charges for the procedure and the patient's amount," says Gatterson.

Move to Transparency

About half the calls handled by Virginia Mason's financial navigators are from patients asking for an estimate. The department has made costs more transparent in multiple ways.

"Price transparency, and helping individuals understand what their out-of-pocket cost will be, reflects our

2. Escort people to their destinations, instead of pointing the way and giving verbal directions.
3. Avoid texting in the hallways.
4. Resolve questions and concerns yourself, without passing the buck to someone else.

Here are some examples of how registrars actively resolve issues themselves:

- **A patient arrives at registration for lab draw without any orders.**

Registrars don't turn away patients or instruct them to call their primary care physician. "We will pick up the phone and do the leg work to get the order faxed," says Sherman.

- **Patients come into the financial counseling office to pay their bills, but mistakenly brought ones from other institutions or provider offices.**

Registrars call the appropriate billing office and facilitate the payment over the phone. "It is a huge patient satisfier that we don't tell them we can't help them," says Sherman.

Registrars use the same approach for coworkers. If someone reports that a door is jammed, for instance, a registrar pages the facilities department, places a sign on the door, and monitors the situation to be sure it's fixed.

"We won't point the person to the facilities department to take care of it," says Sherman. "We take a hands-on approach."

Monumental Gains Made

Patient satisfaction has improved noticeably as a result of the department's cadre of customer service stars. "We have made monumental gains with our department after our last round of new hires," says Sherman.

The downside of an extended training time is well worth it, says Sherman: "We have a better-rounded group of employees that put our patients' needs first."

In response to having an influx of patients on a regular basis, the department created a new registration greeter role. The hospital is on a bus route, with several retirement communities in the area. At 9 a.m. each morning, the bus drops off many patients who need services. Likewise, on Tuesdays, an influx of patients is driven from the communities to the hospital for blood work. "At certain times, we were getting slammed with patients," says Sherman.

During the surges, registration areas appeared rather chaotic. "Our CEO at the time tasked us to come up with a way to improve the situation," says Sherman.

This sparked the idea to have a greeter to help the newly arriving patients. Initially, patient access leadership took on this role for an hour a day each. "We had senior leaders down to managers greeting patients, and the patients loved it," says Sherman.

The department decided it would be a great investment to create an actual registration greeter role. (See *position summary in this issue.*)

This gave back an hour of time to leaders who were performing this duty. "The greeter is centrally located in the middle of the first floor and assists patients as they come in," says Sherman.

SOURCE

- **Amy Sherman**, Director, Patient Access, Central Vermont Medical Center, Berlin. Phone: (802) 225-7560. Email: amy.sherman@cvmc.org.

commitment as an organization to putting patients first in everything we do," Gatterson explains.

In addition to providing estimated out-of-pocket costs, Virginia Mason posts the estimated prices of its 100 most common minor outpatient surgical procedures on its public website. Patient access recently implemented a trial process for contacting patients ahead of time to offer cost information proactively.

When calling to confirm surgery dates, schedulers asked patients, "Would you like an estimate of your out-of-pocket costs?"

Surprisingly, not everyone did. "We actually didn't have an overwhelming response from patients who wanted this information ahead of time," recalls Gatterson.

Some people were just too anxious about their upcoming medical procedure to think about finances. Patient access employees don't push the information, but they do make it clear it's there whenever patients want it.

"We explain how they could get the cost estimate information whenever they were ready," says Gatterson.

In addition to providing estimates for out-of-pocket costs, the team helps

patients set up payment plans or apply for financial assistance. The organization is also exploring pre-payment options for insured patients.

"We have an important role in the patient experience," Gatterson says. "This is a responsibility we take seriously." ■

SOURCE

- **Monique Gatterson**, Supervisor, Patient Financial Services, Virginia Mason Medical Center, Seattle. Phone: (206) 341-1747. Email: Monique.Gatterson@VirginiaMason.org.

Novel Registrar-led Initiative Collected \$674,000 in a Month

'It was the push we needed'

At Novant Health in Winston-Salem, NC, patient access was falling a little bit short of its collection goals.

"We were about 1% — about \$50,000 — shy of our goal. We put together a task force, with an all-hands-on-deck approach," says **Elkin Pinamonti**, MHA, CHAM, assistant director of onsite access for the health

system's greater Winston-Salem and northern Virginia markets.

The group consisted of supervisors and managers in admissions and financial counseling. "We started with labor and delivery," says Pinamonti.

First, the task force brainstormed about some of the barriers to collecting upfront from this particular group of patients. These barriers included:

- Not contacting patients early enough for them to prepare for the cost;
 - Discrepancies between what patients expected their insurance would cover and their actual benefits;
 - A need for scripting to notify patients of their responsibility, while showing compassion and desire to help.
- "The way it was set up before, financial counseling was primarily

New Registration Role Meets and Greets All Comers

Below is a job description of the registration greeter at Central Vermont Medical Center in Berlin.

Position Summary:

Under the general supervision of the registration manager, the registration greeter is responsible for a variety of functions related to patient registration, and directing customers to appropriate locations within the hospital campus.

Duties:

1. Meet, greet, and provide information to patients, family members, and visitors in a courteous and professional manner.
2. Direct customers to registration desks when desks become available.
3. Direct or escort customers to hospital service departments.
4. Handle patient or visitor questions and complaints in a professional, courteous, and timely manner according to hospital policy.
5. Maintain stock of customer numbers and additional mailing forms that may be required from Community Relations department.
6. Enter actual wait time data into Excel spreadsheet, and email the spreadsheet to supervisor at the end of every shift to be entered into data sheets for administration's tracking tools.

7. Notify staff when patients arrive to the registration department.
8. Accurately correct/edit patient registrations as directed.
9. Activate X-ray, same-day surgery, endoscopy, and day hospital accounts as the patient checks in at the registration window.
10. Orchestrate patient flow for the registrars (remind them of breaks and lunches) and communicate any backlog to the lobby supervisor.
11. Schedule labs as they come through the fax for patients.
12. Verify Medicaid insurances and add the authorization numbers to the patient's account.

Basic Knowledge:

Requires knowledge of office procedures. Must be able to deal politely and effectively with the general public. Must have knowledge of departments and provider offices to direct patients to the appropriate destination. The successful candidate will have to pass competencies for this position.

Independent Action:

Requires ability to work without direct supervision. Performs work in accordance with established policies and procedures, making independent judgments and decisions, referring to registration supervisor for decisions involving interpretation of policy.

EXECUTIVE SUMMARY

Novant Health's patient access department was falling short of its collection goals until a task force got an enthusiastic team member involved in the initiative. This resulted in record collections of \$674,000 in one month.

- Labor and delivery patients were given an estimate and asked for a deposit.
- Electronic work queues were set up to contact patients.
- Patients were contacted within two months of the delivery.

responsible for getting the estimate letters to the patient," says Pinamonti.

Financial counselors did make an effort to give patients an idea of what their insurance would pay and what their out-of-pocket costs would be. The problem was that it didn't happen consistently.

"It really wasn't flowing well," says Pinamonti. "We were missing some opportunities."

\$674,000 in a Month

Pinamonti decided to get one of her best registrars involved in the collections initiative. The registrar had a solid understanding of financial discussions and collections. "This was just the push we needed," says Pinamonti.

The registrar worked in the outpatient setting, but quickly became comfortable with the inpatient process. She was tasked with contacting labor and delivery patients about two months before the due date. During the phone call, the registrar had two goals: to

help prepare people for their financial responsibility, and to ask for a deposit.

"Truly, just asking ahead of time and learning how to explain the benefits to the patients was what helped," says Pinamonti. In the first month of doing this for all labor and delivery patients, the registrar collected \$160,000.

"It was really amazing to give somebody autonomy and let them run with it, and to see that take life," says Pinamonti. "The registrar's success was contagious." The department's net revenue the following month was \$674,000 — a record for collections. Electronic work queues are set up so patients are contacted at the right point in time. "We don't want to do it too soon or too late," explains Pinamonti.

'Happiness Factor'

Registrars in various areas are eager to get involved in the successful initiative. "Onsite leadership has discussed the initiative with the team," says Pinamonti. "It's not just one person

now. We have four or five people who want to jump in with both feet."

Patient access leaders at other facilities in the health system are now looking at implementing the same process for their labor and delivery patients.

"We've had an extremely successful ROI on this, and we are on track to continue increasing," notes Pinamonti.

The same approach is now going to be implemented in other areas of the hospital. However, some registration areas, such as the ED and outpatient setting, have additional barriers to collections. For one thing, registrars in these areas have less experience collecting than their inpatient counterparts.

"It might take a little longer to see results. But hopefully, we will see the same kind of success," says Pinamonti.

For Pinamonti, the successful initiative is strong evidence of the power of participatory leadership: "When you do that, you have a lot more of that happiness factor. People want to come to work." ■

SOURCE

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Collect in ED Setting Without Violating EMTALA or Angering Patients

It's 'all about how you approach the patient'

One of the most successful changes with ED copay collections at CoxHealth in Springfield, MO, was also the

simplest: Ask every patient for a copay at every ED visit.

"The consistency brings success with ED POS [point-of-service]

collections," explains **Roger Stone**, system manager for admission services, patient registration, and central access at CoxHealth.

EXECUTIVE SUMMARY

CoxHealth increased ED point-of-service collections by 20% by asking for copays consistently. In addition, patient access departments can take several other steps to succeed and improve collections.

- Work closely with the clinical team.
- Never make patients feel like collecting money is all that is important to staff.
- Use visual indicators to alert registrars that the physician has seen the patient.

Increase of 20%

Total ED point-of-service collections at CoxHealth have increased by 20% since 2014.

“Our teams have done a lot of work to get to this point,” says Stone. One of the most important changes — simply asking all patients — isn’t as easy as it sounds. People often come to the ED very sick or seriously injured.

“One of the largest challenges for any ED, in regards to point-of-service collections, is that patients know they can be seen without paying at time of service,” adds Stone.

Emergency Medical Treatment and Labor Act (EMTALA) requirements must be met. Registrars simply cannot turn a patient away because of failure to pay in the ED setting, unlike a patient with a scheduled elective service.

“Our registration teams in the ED work very closely with the clinical team to assure we are following EMTALA rules together,” says Cox. Patient access and clinical leaders have worked hard to be sure their teams fully understand this very important concept.

Registrars at CoxHealth’s EDs rely on indicators in the electronic medical record that appear once the physician has done the initial medical screening.

“This lets our staff know they are good to go in the room,” says Stone.

Registrars then do their full verification of the patients’ demographic information. They also have a financial discussion, if one is needed.

The process to let registrars know the medical screening exam is complete is important. “Our current clinical system has visual indicators that let us know that the physician has seen the patient,” says **Sandra N. Rivera**, RN, BSN, CHAM, director of patient access at St. Joseph’s Health Care in Paterson, NJ.

Once the physician has seen the patient, registration staff go to the bedside. “We verify insurance. If the patient has no insurance, the financial screening is completed,” says Rivera.

Projecting Confidence

If an ED registrar asks for a copay in a robotic tone with an unfriendly demeanor without making eye contact, the reaction is likely to be negative.

“It’s all about how staff approach the patients when having financial discussions,” says Stone. He instructs his staff to do these things:

- Always try to be as personable as possible when having these discussions with patients.
- Never let patients feel like all that is important is to collect their money.
- Emphasize to patients that the number one goal is to get them better as quickly as possible.

Registrars need to have their facts ironclad before discussing the patient’s financial responsibility. Knowing the correct copay amount is essential.

“This then allows our staff to be very confident when a patient asks, ‘Why do I have to pay that today?’” says Stone.

If a patient asks this question, registrars state, “The agreement is between you and your insurance carrier. Paying today allows you to fulfill that agreement and assures that the hospital is paid for the services they are providing.”

Registrars need reminders of the “why” behind point-of-service collection themselves.

“We want our patients, and our staff, to understand it is important that we collect this money,” says Stone. “It allows our hospital to continue to provide innovative and excellent care.”

Better Clinical Outcomes

The goal is to start the financial conversation early, while the patient is still in the ED, says Rivera. It’s not always about collecting. Sometimes, registrars make the appropriate referrals to different programs for which the patient might qualify.

“This is key to getting a good outcome,” says Rivera. “It’s also important to ensure you are consistent across the health system in addressing the patient’s financial needs.”

Getting clinicians and registrars on the same page is not always easy, but it’s essential for success. “It is important to have support and understanding from the clinical staff, regarding the registration role,” says Rivera.

A good, early financial discussion even can facilitate the patient obtaining follow-up care post-discharge. “We can give the best clinical care. But to treat the patient holistically, we need to be able to also address the patient’s financial status,” says Rivera.

Although nurses and doctors are experts in healthcare, registration assists patients with financial needs. “They are the experts in referring the patient for Medicaid or charity care,” says Rivera. First, patients are screened for Medicaid eligibility, charity care, and the hospital’s

self-pay financial assistance program. No-interest payment plans also are offered. “This greatly impacts the patient’s ability to follow up — and not end up in the ED again,” says Rivera. ■

SOURCES

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- **Roger Stone**, System Manager, Admission Services/Patient Registration/Central Access, CoxHealth, Springfield, MO. Email: roger.stone@coxhealth.com.

ED Registrars Work to Change Perceptions

Staff viewed as ‘name and address takers’

ED registrars face competing priorities. First and foremost, they have to be certain they aren’t violating Emergency Medical Treatment and Labor Act requirements.

“Yet we have to make sure we are providing the patients with the same financial opportunities as other patient access areas,” says **Autumn Davis**, CHAA, CHAM, manager of patient access for the EDs at Centra Lynchburg (VA) General Hospital and Centra Gretna (VA) Medical Center.

Explain Patient Access Role

Centra has four EDs that see a very varied demographic. At Centra’s smaller EDs, the pace is slower. The patients know most of the employees from the community and expect to be treated as family. “These patients do not like to be rushed. The patient access folks know to take their time with the patients,” says Davis.

At Lynchburg General, a Level II trauma center, the pace is much faster. “The ED saw more than 90,000 patients in 2016 and we are trending to surpass that number in 2017,” says Davis. There are four colleges within the city limits, the population is more transient, and patients are usually a higher acuity level.

“Here, efficiency is the name of the game,” says Davis. Patient access has to walk the line between getting a lot of information very quickly, yet

not coming off as rude or rushing the patient through the process.

“Our biggest roadblock is perception,” says Davis. “At times, clinical staff see us as name and address takers. We are much more than that.”

Appearances can be deceiving. With registrars often seated in front of a computer, all they do isn’t readily apparent. “We try to educate the nurses, doctors, and their leaders frequently. But sometimes the message doesn’t translate,” says Davis.

Recently, Davis was on the floor training a new hire when an experienced ED nurse came in with a family member. “When we came in to register

them, they really paid attention to the questions we were asking,” says Davis.

The nurse said, “I didn’t realize you asked all that. I feel bad for rushing you out of the room all the time.” The incident hit home with Davis. Shortly afterward, she created a PowerPoint presentation including the information the registrars collect to share with the clinical team. “This really helped open up the lines of communication,” says Davis. “It explained why we needed the time to do what we do.”

‘It’s a Start’

For ED registrars, financial discussions are an opportunity to educate the patients on help that’s available.

“Insurance can be confusing,” says Davis. “With so many changes, it’s even hard for patient access professionals to keep up — much less someone who has no experience in using their benefits.”

An ED visit certainly is not the best time or place to learn about one’s insurance. “Unfortunately, that’s the first time many people learn about their coverage,” says Davis.

Patient access offers as much practical help as they can, including prompt pay discounts, financial assistance from counselors, help with applications, and price estimates.

“The copay discount was very well received by our Medicare HMO patients, especially the ones who were not aware that by using an HMO that

PATIENT ACCESS OFFERS AS MUCH PRACTICAL HELP AS THEY CAN, INCLUDING PROMPT PAY DISCOUNTS, FINANCIAL ASSISTANCE, HELP WITH APPLICATIONS, AND PRICE ESTIMATES.

they would have copays,” says Davis. This additional help is offered.

- **Patients all receive financial assistance applications, even if multiple insurances are filed.**

- **A third-party vendor screens the applications for possible missed insurances and financial need.**

- **A Department of Social Services worker helps patients apply for Medicaid.**

“We have a ‘soft’ collection policy in the EDs. There are certain things that we do not ask for payment at time of service,” says Davis. These include traumatic injuries and cardiac events.

- **Patient access takes great care to explain all the discounts the patient can receive.**

“It doesn’t offset all of the issues of collecting at time of service,” says Davis. “But it’s a start.” ■

SOURCE

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Handle Early-morning Volume Surges at Surgical Registration

At least three employees cross-trained in each area

At Albany (NY) Medical Center, adult surgical check-in starts bright and early at 5:30 a.m. Day after day, things predictably got backed up. This caused multiple problems in the department. Patients and family became anxious, OR times got delayed, and surgeons and nursing staff complained.

“We cross-trained staff in the ED for those very early hours, which was the end of the night shift for the ED,” says **Catherine M. Pallozzi**, CHAM, CCS, director of patient access.

The ED registrars are reallocated to adult surgical check-in as needed. The cross-training prevented the delays, keeping the schedule on track and patient satisfaction high.

“The ED staff is not utilized frequently,” says Pallozzi. “However, they will be factored into staffing plans if we have vacancies or critical shortages due to call outs.”

The ED registrars attend a formal training program, with unit-specific breakout sessions. “They are then paired with a learning partner for the operational training,” says Pallozzi.

Many Benefits for ED

The ED has benefitted from the cross-training in many ways. During a flu epidemic, registrars struggled to keep up with the influx of patients. “The cross training program provided the relief our department needed to manage this increase,” says **Karen Gardner**, CHAM, manager of patient access services for the ED.

Leaders assessed each patient access employee’s strengths and abilities. Based on this assessment, specific registrars were asked to assist in the ED.

Cross-trained registrars offer both immediate and long-term support, as needed, says Gardner: “The ED receives assistance covering our collection desk,

registrations, and unscheduled system downtimes.”

Staff morale has increased significantly. “Each unit knows trained help is available if needed,” explains Gardner. This is reassuring both for the unit manager and for the associates on the front line. “Sending untrained associates for the sake of helping doesn’t help. Trained associates provide relief and true assistance.”

Employees see how their role fits into the “bigger picture” and overall workflow of the revenue cycle. “This has helped improve their commitment to excellence,” says Gardner. “Once you put a face to the next person interacting with the encounter, you tend to want to do your best work.”

EXECUTIVE SUMMARY

Cross-training in patient access at Albany Medical Center prevents early-morning delays at surgical check-in, helps with sudden volume surges in the ED, and provides other benefits.

- Morale has improved.
- Staff have a better understanding of the overall revenue cycle.
- Units know trained help is available if needed.

In the ED, eight registrars are cross-trained to different units within patient access. Each associate is scheduled for at least eight hours per month in the units, so they can maintain their skill sets.

It's not always easy to take ED registrars off the department schedule to attend the required training. "But the basic registration workflow is the same throughout patient access, making the transition back and forth easy enough," says Gardner.

One senior registrar routinely works four hours in surgical check-in, then returns to the ED. "They enjoy the atmosphere in the different units, which are generally quieter than the ED, and the pace of patient flow," says Gardner.

Proficient in all Areas

Any registrar being cross-trained is treated just as a new employee would

be. "We have a standard of training that is not compromised for cross-training," says Pallozzi.

Patient access has a goal of at least three employees cross-trained in every registration area. "We have approximately 50 staff members cross-trained to another unit beyond their primary unit," says Pallozzi. Of this group, about half are cross-trained in two or more units beyond their primary unit.

The department's senior registrars have no primary registration assignment. They are expected to become proficient in every patient access area. These include the main registration area, which handles walk-in labs and direct admits, radiology, non-patient laboratory, pre-admission testing, surgical check-in, and cardiac catheterization.

It takes 18 to 24 months to cross-train employees in all nine registration

locations. Vacancies and vacations make it particularly challenging to accomplish this. "It is a significant commitment of time, for both the department and the staff member," acknowledges Pallozzi.

Employees from low-volume areas can be pulled to cover higher-volume areas. "Cross-training allows for reallocation of staff or leveling out of staffing assignments," says Pallozzi. "So no area is critically short-staffed." ■

SOURCES

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Patients Present as Self-Pay, but Leave With Coverage

Uninsured patients decreased from 12% to 8%

It's a safe bet that patients without insurance are probably pretty worried about their financial obligations. Few expect to leave with insurance not just for that particular service, but for their healthcare needs going forward.

"In some instances, we are able to help the patient obtain health insurance coverage," says **Rebecka Sandy**, CHAA, CHAM, a patient access supervisor at CoxHealth in Springfield, MO.

Ongoing Contact

All financial counselors are Certified Application Counselors with the Healthcare Insurance Marketplace. Patient access also provides presumptive

eligibility determinations for Medicaid, when appropriate.

"Obtaining health insurance coverage for the patient does not stop there," says Sandy.

If the financial counselor succeeds in obtaining health coverage for a patient, the patient is entered in the department's follow-up program. "Contact with patients is ongoing

throughout the year," says Sandy. Counselors connect people to primary care providers and preventive services. They also help them to retain their health insurance coverage.

"Since implementing our financial clearance process and follow-up program, we have seen a decrease in our uninsured population, going from 12% to 8%," says Sandy.

EXECUTIVE SUMMARY

Patient access departments are helping self-pay patients in multiple ways.

- Patients are provided with presumptive eligibility determinations for Medicaid when appropriate.
- Counselors connect patients with primary care providers.
- Patient access helps patients to retain insurance coverage.

COUNSELORS CONNECT PEOPLE TO PRIMARY CARE PROVIDERS AND PREVENTIVE SERVICES. THEY ALSO HELP THEM RETAIN THEIR HEALTH INSURANCE COVERAGE.

At Florida Hospital in Orlando, pre-access teams verify the patient's insurance status and benefits, then create a price estimate.

"If we come across a scheduled procedure where the insurance is no longer active, or the patient does not have an active insurance on file, we email the account to our self-pay account specialist," says **Victor O. Odoh**, pre-access manager of surgical and pre-registration operations.

The self-pay account specialist then contacts the patient to verify if they are a true self-pay patient. If the patient is indeed a true self-pay, then the patient is offered the option to apply to the hospital discount's program.

Either way, says Odoh, "by being proactive in the self-pay process, patients are better prepared coming into their visit."

Time Is a Challenge

ED registrars at Sharp Chula Vista Medical Center in San Diego assist uninsured patients in many ways. First, registrars ask a series of questions to determine if the patient may qualify for other insurance coverage.

"They are provided with Covered California contact information to get further insurance coverage,"

says patient access manager **René Rodriguez**, MBA.

In-addition, patients who meet the Medi-Cal eligibility requirements are enrolled in the hospital's presumptive eligibility program. This provides qualified individuals with immediate access to temporary, no-cost Medi-Cal services while individuals apply for permanent Medi-Cal coverage.

Although the process is very successful, it adds to the amount of time it takes to complete registration. "Therefore, it puts additional pressure on registrars during high volumes," says Rodriguez. ■

SOURCES

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