FOR MORE THAN 30 YEARS

HOSPITAL ACCESS MANAGEMENT™

ADMITTING + REIMBURSEMENT + REGULATIONS + PATIENT FINANCIAL SERVICES + COMMUNICATIONS
GUEST RELATIONS + BILLING & COLLECTIONS + BED CONTROL + DISCHARGE PLANNING

INSIDE

RELIAS MEDIA

NOVEMBER 2018 Vol. 37, No. 11; p. 97-104

Updating Long-standing Job Requirements in Fast-changing Field

Productivity and previous experience have been two "must-have" requirements for employees fielding preservice calls on scheduling, registration, and collections at Mercy Health in Cincinnati. Not any longer.

"Previous job profiles were driven on the technical aspects of the role and getting the patient on the schedule," says **Scott Farmer**, executive director at Mercy Health.

The organization's emphasis on customer service in all departments, including patient access, has changed that. It is not enough to get patients on the schedule and do it quickly. "Today, we're more attentive in listening and responding to our patients' needs," Farmer explains.

Job requirements did not reflect this change in mindset. Hiring managers emphasized a certain number of years' experience as a scheduler in a physician practice or hospital. Customer service was not mentioned at all.

"We really lacked what creates the *experience* for the caller," Farmer says. Job descriptions also stipulated that employees were expected to take a certain number of calls per hour, with expertise in the organization's scheduling system. "We can always train you to use systems and technology," Farmer notes.

Customer service skills are a different story. As any patient access leader can attest, a simple inservice will not suffice if an employee lacks "people" skills. "We need to be hiring to those skills," Farmer offers. One way to do this is to take more of a conversational approach to interviewing. Once candidates start talking off the cuff, their approach to dealing with customers becomes apparent.

"I really like to get past the canned answers," Farmer says. "I can identify when people are connecting to what we are wanting to deliver." Usually, it is pretty clear when a candidate is on the same wavelength. He or she tends to smile during the interview while relaxing visibly. "We are speaking the same language," Farmer says. "They realize we are not trying to figure out *'How many calls can you take in a day?'* but rather, *'How dedicated are you to our patients?'*"

Some important questions to identify service-oriented applicants: Are they attentive? Do they exhibit clear communication skills? Can they show empathy? Do they really see helping patients as more than just a job?

HOSPITAL ACCESS MANAGEMENT

Hospital Access Management (ISSN 1079-0365) is published monthly by Relias Learning, 111 Corning Road, Suite 250, Cary, NC 27518-9238. Periodicals postage paid at Cary, NC, and additional mailing offices. POSTMASTER: Send address changes to *Hospital Access Management*, Relias Learning, 111 Corning Road, Suite 250, Cary, NC 27518-9238.

GST Registration Number: R128870672.

SUBSCRIBER INFORMATION:
Customer Service: (800) 688-2421
customerservice@reliasmedia.com
ReliasMedia.com

SUBSCRIPTION PRICES:
Print: 1 year (12 issues): $429. Add $19.99 for shipping & handling.
Online only: 1 year (Single user): $379
Outside USA, add $30 per year, total prepaid in U.S. funds

Back issues: $80. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue's date.

AUTHOR: Stacey Kusterbeck
EDITOR: Jonathan Springston
EDITOR: Jill Drachenberg
EDITORIAL GROUP MANAGER: Terrey L. Hatcher

"Patients are not calling to talk about the weather. They have a medical reason they are calling," Farmer says. "We need to be honed into that first." For a patient in distress of care, hearing *"Sorry, the doctor is booked solid"* or *"There's just nothing available"* is an instant dissatisfier. Once the patient is upset, it is difficult to regain his or her trust. Such robotic, canned responses are no longer acceptable in patient access, Farmer notes. "Sometimes, those folks don't understand that patients really have a need, and they need to get them into the practice today — not next week."

Changes to the scheduling system are in development to make it more patient-friendly. Staff can determine provider availability faster, whether in the same practice or at a nearby provider. This change reflects the new patient-centric philosophy for pre-service encounters. It also mirrors the organization's new marketing campaign, "Health Care for the Universe of You."

Farmer does not refer to his staff as "call center agents." This is because of the suggestion that an "agent" is concerned only with payment or insurance. "I just can't stand that word. I view those folks as ambassadors of the service we're providing," he explains. "In reality, they are some of the most important assets of the organization."

Working at a mail service pharmacy for a major health insurer several years ago, Farmer recalls daily staff meetings always included a report on how many prescriptions failed to be delivered the previous day. It bothered him that the emphasis was not on the *person* waiting to receive the medication. "If we didn't get out 100 prescriptions, in my mind, that's 100 patients we didn't help," he says.

One cancer patient's complaint about the consequences of undelivered medications made its way to upper management, who asked the man to come in to share his story with staff. "I said, 'we can no longer look at these numbers as prescriptions,'" Farmer recalls. "We need to look at them as patients who are counting on us."

Farmer views call center interactions the same way. "These are not calls we are taking. These are patients' lives we are impacting every day of the week." This philosophy was not reflected in the department's previous, long-standing job requirements. Now, there is less emphasis on the precise number of calls employees take and more on the patient on the other end. This puts missed calls in a new light. "We've got to make sure we answer all these calls because all the calls we didn't get to are patients we weren't able to help that day," Farmer notes. "Do they ever call back?"

Productivity still is important, but employees know it is the people who really matter in the eyes of departmental leadership. "That is the culture we need to deliver these experiences for patients," Farmer says. ■

Houston Health System Adds 2 Key Skills to Job Prerequisites

For many years, patient access job descriptions did not change much, if at all, at Houston-based Harris Health System. Today, staff review these descriptions annually and update as needed, thanks to the fast-changing role of patient access.

"We want to make sure that we aren't missing out on high-quality talent because our job descriptions are outdated," says **Pollie Martinez**, RN, director of operations for patient access. This year, two new skills were added: customer service and insurance

verification. "Providing exceptional customer service is the number one priority of the patient access representatives," Martinez explains.

Regarding customer service, the job requirements now read in part: *"Consistently supports the hospital's customer satisfaction standards, the mission, vision, and values of Harris Health System."*

A patient access worker is the first person most people interact with. "By making the patient feel welcome, we have the ability to set the tone for the visit," Martinez says. Registrars greet patients by saying, *"Welcome to Harris Health. How may I assist you today?"* or *"Good morning/good afternoon. How may I assist you today?"*

As for insurance verification, it is increasingly important to ensure "clean" claims go out, preventing denials. "Patient access must ensure all accounts contain comprehensive and accurate data," Martinez notes. "This provides for timely billing and optimal reimbursement."

Regarding insurance verification, Harris Health asks prospective patient access employees that they must notify patients about third-party payer referral requirements, insurance benefits, and patient liability. In addition, employees are asked to discuss, secure, and document commitment for patient's payment for treatment, including payment options for deductibles, copays, or estimated full fees, if appropriate.

Because Harris Health is a safety net system, it is vital employees understand insurance. "With the introduction of ACA Marketplace insurance, patient access staff have been providing information about enrollment over the last several years," Martinez says, noting many of the health system's patients have insurance for the first time in their lives.

"Since it is new, they have a lot of questions. We must be able to assist and educate them," Martinez adds.

Applicants are screened carefully to be sure they are equipped with the newly required skill sets.

"Only those who meet the prerequisites are forwarded to the management team to review for possible interviews," Martinez notes.

Expectations continue to evolve in the fast-changing field. Harris Health employs coding and authorization teams, but these skills are becoming far more important for patient access. "There is not an immediate need to add these to the job descriptions, but if prospective employees do have this experience, it is a bonus," Martinez says. ■

Team With HR to Improve Patient Access Hires

One recently hired registrar cheerily agreed to take a position for weekend and evening hours at Riverside Regional Medical Center in Newport News, VA. It soon became clear the employee resented working weekends and was not taking the new job seriously.

"It was more of a way to get into the organization while looking for positions in other areas or with different hours," says Patient Access Director **Robin Woodward**, CHAM.

Other recent new hires arrived with excellent technical skills but left a trail of dissatisfaction in their wake. The continuing string of complaints all voiced the same type of concern: Employees were not engaged, were not professional, and did not seem to care about patients or other departments. Still other unsuccessful new hires worked so slowly that they were constantly unable to meet productivity goals. This resulted in registration delays and unhappy patients. "When the individual is not in the right role, more often than not you end up replacing [him or her] and starting the process from the beginning," Woodward laments.

After a few disappointing new hires, the department contacted HR about the problem. Patient access realized that HR did not understand the kind of expertise patient access needed most. This led to an education opportunity.

"By letting your HR partner know what is needed, they can vet that with the applicant to best find the right individuals to interview," Woodward says.

The first step was to invite HR to attend a patient access monthly management meeting.

"It is important for HR to understand the patient access role and the skill set that is needed," Woodward notes. Additionally, the department invited the vice president of HR to speak at its quarterly meeting. Above all, patient access stressed to HR that any patient access applicant must demonstrate prior experience in customer service and scheduling, along with knowledge of insurance verification and a willingness to work nights and weekends (if necessary).

HR emerged with a clear understanding of the new patient access role, especially regarding how employees interact with patients and clinicians.

"It is important that individuals are the right fit to be in the role," Woodward stresses.

As the patient's first contact, registrars set the stage for everything that follows. This can heavily influence patients' overall perception of their hospital experience and the satisfaction scores they ultimately give.

"The old saying 'First impressions are lasting impressions' is very true in a patient access area," Woodward adds. ■

Influx of 'Skinny' Plans Demands Top-notch Financial Counseling

The recent expansion of "skinny" health plans will affect patient access. "Patients and providers need to understand the way the coverage in these plans works and that they are not necessarily protected against major medical events," says **Katherine Hempstead**, PhD, a senior policy advisor at the Robert Wood Johnson Foundation. There will be more opportunities for insurers to sell short-term or limited duration plans in the individual market because of CMS' final 2019 Payment Notice Rule. The plans will feature lower premiums but offer less coverage, resulting in higher costs for patients. Many exclude coverage for pre-existing conditions. "Post-claims underwriting is a common practice with these plans, which creates some exposure for providers as well as patients," Hempstead explains. Inevitably, some claims will be denied after services were provided because the insurance company will argue that the patient's condition was pre-existing. Also, many plans do not set a maximum out-of-pocket cost. "The impact of these plans will vary by state," Hempstead notes. "Quite a few states have taken steps to restrict their impact or have banned them outright."

For **Dawn Mickan**, BSHA, CHAM, skinny plans underscore the importance of an effective up-front cash collection process. "The final rule should prompt tweaks to existing programs to help patients prepare for higher out-of-pocket expenses," says Mickan, manager of prearrival services at Sarasota (FL) Memorial Health Care System.

Continual changes in reimbursement and the growth of ambulatory facilities, including surgery centers, also are piling on the pressure. "Hospital-based services are looking for ways to attract patients to their facility," Mickan says. Offering financial counseling and price estimates are two ways of of gaining patients' long-term loyalty, both of which are in the realm of patient access. "The goal is to promote a positive patient experience from a financial services perspective," Mickan says. Recently, Saraota Memorial Hospital implemented some new patient-centered changes:

- **Financial assistance program.** This addresses the needs of uninsured and underinsured patients who are not eligible for state or federal programs. Additionally, these patients do not qualify for the hospital's charity assistance program. "Prearrival services and the main registration areas may refer patients with qualifying out-of-pocket levels to this service at any time," says Mickan.
- **The Emergency Care Center (consisting of the hospital's ED and a free-standing ED in North Port, FL) registration team created a flat-rate option for qualifying uninsured patients.**
- **Patient access created a benefits coordinators division within the department.** After accessing all available financial resources for these patients, benefit coordinators may offer discounts if individuals meet certain qualifications. "If the patient remains unable to make a full payment of discounted charges, a monthly payment plan can be established," Mickan notes.
- **The prearrival and main registration areas use price estimation tools.** Staff attempt to contact patients before arriving for treatment. "We help them prepare for their visit and let them know their estimated out-of-pocket responsibility," Mickan says.

Patients need a great deal of help understanding their financial situation. Patient access has taken on the role of teaching them about billing and insurance processes. "We recognize that patients are in a stressful situation and often don't understand their coverage regarding deductibles, co-insurance, and copayments," Mickan acknowledges. Many people assume that because they have insurance, their hospital services should be covered. This is not always the case, of course, so patient access employees sometimes bear bad news. "Our staff strives to approach patients with sensitivity and tact," Mickan says.

The prearrival department services all outpatient areas, including outpatient surgeries, using a two-step process. First, the team reviews accounts and attempts to preregister and notify patients of their estimated costs at least four days before their visit. Patients undergoing higher-cost services take priority. "Currently, we complete 76% of prioritized accounts," Mickan says. Second, the insurance verification team also reviews accounts and contacts patients with out-of-pocket estimates above $1,000. The goal is to create an estimate, preregister, and contact 100% of patients. "But it's an ever-evolving process to find ways reach all of these accounts with a limited number of staff," Mickan adds.

The department has successfully improved upfront cash collections. More than 2% of net revenue has been collected every fiscal year since 2012. Mickan credits good advance communication with patients. Since staff provide estimates, financial counseling, and information about payment options, patients are more inclined to settle their balance.

"In my department, most of the procedures are elective," Mickan explains. "We have to be especially mindful that out-of-pocket costs play a role in many patients' healthcare decisions." Preservice works closely with billing and collections to eliminate the need for rework on the back end. "We find ways to reduce insurance errors and facilitate a correct and smooth billing process for the patient," Mickan says. ■

Bring QA Accountability to the Registrar Level

Quality assurance (QA) in patient access is often "time-consuming, expensive, inaccurate, and incomplete," says **Tim Holland**, MPA, CHAM, regional director of admission services at CHRISTUS Trinity Mother Frances Health System in Tyler, TX.

The main problem is that directors only see a tiny sample of the total patient population. "Decisions and process changes can be misleading and incomplete, at worst, and a Band-Aid fix at best," Holland explains.

Slow reaction times hinder progress. By the time leaders can react to the information gleaned from audits, it is already outdated. Incorrect processes continue for weeks or even months. "This leads to denials, reworks, and appeals," Holland laments. "It all costs time and money that could have been saved if the process was correct the first time."

The patient access department now contracts with a vendor that allows the department to QA 100% of its data in near real time. The first major change: Make QA scores for individual associates transparent for everyone in the department to see. "This pushes accountability to the individual user level," Holland explains. "A team begins to hold an individual responsible for lower QA before a leader ever has to."

Leaders intervene when needed. Sometimes, a registrar refuses to accept the help offered, exhibiting no interest in improving accuracy. "But it has drastically cut down on the amounts of time where a leader was required," Holland notes.

Most employees take great pride in the quality of their work and turn to their more successful counterparts. "These employees are able to keep conversations positive with struggling associates and help them improve over time," Holland adds. Pride in your work is one reason to produce highly accurate registrations. Extra cash also is on the minds of patient access employees at Riverside Walter Reed Hospital in Gloucester, VA. Highly accurate registrars are rewarded with incentives after quarterly audits. "It is a strong motivator. They have the ability, based on hours worked and outcomes, to earn a nice increase in pay," says **Sherri D. Hamm**, CHAM, manager of the revenue cycle.

The amount of the payout is determined by accuracy and point-of-service collections. "Staff have no idea which accounts will be selected for auditing purposes. They have to ensure the accuracy of each registration," Hamm explains.

Fifteen accounts are audited each quarter. When errors that prevent either "clean" billing or pose compliance concerns occur, they are flagged in the system. Staff are required to fix these before the claim goes out the door — and their colleagues are in the loop, too.

"We do not show individual incentive results, as that is tied to pay," Hamm notes. However, all employees can see who made errors and whether they were fixed. Struggling employees know exactly who to turn to if they are struggling with inaccurate registrations.

"They know who the shining stars are within the team, and they seek guidance and direction from those employees," Hamm says.

The same is true of struggling collectors, who often turn to top collectors for advice. For some, it is as simple as changing the way patients are asked.

Struggling collectors typically say, *"We can bill you if you are not prepared today."* In contrast, successful collectors say, *"X amount is due. How do you plan on taking care of that today?"*

A recently implemented QA module dramatically improved registration accuracy at Mosaic Life Care in St. Joseph, MO. The tool alerts registrars about any problems with a registration. While the tool prompts the user to fix mistakes, it goes even further by recommending training for struggling registrars. "It will assign re-education to the access rep based on recurrent registration errors," says **Deborah Vancleave**, vice president of revenue cycle.

Recently, patient access added quality scores to the goals for individuals, clinics, departments, and divisions. In fiscal year 2018, the overall goal for registration accuracy was 85%. "We achieved 87%. This was a monumental task," Vancleave says. "Prior to fiscal year 2017, we did not have any form of registration QA in place."

The department had tried offering incentives previously, but without much success. "We had moved away from incentives because we had no way of tracking productivity," Vancleave explains. This issue is going to be reconsidered as the department begins tracking data on its point-of-service collections and missed collection opportunities.

Already, better registration QA "has been extremely beneficial to our bottom line," Vancleave reports. "We have slashed our patient access final write-offs by half." ■

COMING IN FUTURE MONTHS

- Why departments are losing experienced registrars
- Effective training for Medicare as Secondary Payer
- Tactics to gain clout with clinical leadership
- No-cost ways to boost night shift morale

Patient Access Collaborates With Patient Experience

A growing number of health systems have created entire departments dedicated to the patient experience. There is increasing recognition that the work of patient access affects overall satisfaction. At Springfield, MO-based CoxHealth, the two areas work closely to mutual benefit.

"We utilize the comments that people write in the survey responses regarding their experience in the registration area," says **Kaylyn Lambert**, system director of the patient experience department at CoxHealth.

Roger Stone, system manager for admission services, patient registration, and central access at CoxHealth, says there is one dissatisfier that repeats on surveys: "Most of our negative comments are geared around wait times." This has become a major focus for patient access areas. "We have collaborated with ancillary departments to come up with ways to make our wait times transparent," Stone reports.

Patients appreciate understanding where they are in the process. "Patients are kept informed of every step of our registration process along with being made aware of what the next step in their visit is," Stone explains.

CoxHealth's patient experience department has helped by working with multidisciplinary teams such as laboratory and radiology. The registration process also affects these clinical areas.

"It's all about helping all parties involved understand each other's processes and working as a team to create positive outcomes for our patients," Stone says. ■

At-home Check-in Option Popular Among Patients, but Work Remains

A new process for online registration dramatically increased the number of patients self-registering at home at York, PA-based WellSpan Health.

"In the past, we had an in-house online registration process that patients accessed from our website," says **Tracey Shetter**, CHAM, manager of enterprise patient access, access education, and access call centers.

Now, all patients with a "My WellSpan" account are prompted via email or text to check in for an upcoming service.

"My patient access call center team ensures that the registrations are completed for hospital services," Shetter explains. Most information automatically interfaces with what the patient enters when checking in. "My team finishes up everything else," Shetter adds.

Until recently, all patients could register online in this way, except for surgery patients. "We had numerous patients inquiring or complaining about this fact," Shetter notes. The surgery patients were well aware that other patients checked in electronically. WellSpan decided to provide this option to surgery patients.

> "THERE ARE KEY PIECES THAT STILL NEED TO BE COMPLETED BY A STAFF MEMBER, EVEN IF THEY ARE DONE BEHIND THE SCENES."

Patients are very happy with self-registration overall. However, accuracy sometimes is an issue.

"Patients do not always thoroughly review the information being presented to them on the screen," Shetter says. Sometimes, patients fail to update their address, phone numbers, or other demographic information. Also, some information is not included with online check in.

Patient access staff ask if patients are veterans, for instance, so they can thank them for their service. "The questions that we ask provide a better patient experience upon their arrival and to keep the fields as minimal as possible for the patient to complete or review," Shetter says.

Some patient access employees may worry that online registration will mean they are no longer needed. However, the department's experience has shown this to be unfounded.

"It has not reduced our staffing needs," Shetter reports. "There are key pieces that still need to be completed by a staff member, even if they are done behind the scenes." ■

Patients Seek Answers to Billing, Clinical Questions

What bothers patients most about their registration process? Do they feel they are receiving enough financial information? A semi-annual survey specifically focused on registration offers answers to these questions and many more at Helena, MT-based St. Peter's Health.

"This is a great opportunity to gauge satisfaction with the schedulers and registrars," says **Devon Murray**, executive director of the revenue cycle. Like many hospitals, St. Peter's Health has tracked satisfaction with organization-wide Press Ganey surveys for many years. However, these do not reveal enough specific information on the registration process. In addition to asking about the patient's overall preregistration experience, the customized St. Peter's Health survey asks patients to rate the:

- degree to which the information given during preregistration was consistent with the information received during check-in;
- preregistration representatives' knowledge about insurance coverage;
- preregistration representatives' ability to explain estimated financial responsibilities;
- degree to which they were presented with sufficient information on payment options and/or financial assistance.

Because the survey covers preregistration, estimates, and billing, it gives an overall view of the entire revenue cycle. Patient access staff did not realize how their jobs affect what happens later in the process. "It helps us identify what impact our front-end processes have on patient satisfaction with billing and follow-up," Murray says. The main thing registration staff learned is that patients expect more information from patient access — and not just about registration. "We have found that many of our patients are craving more transparency from patient access," Murray notes.

For patients, registration is only the first step. "They want to know what they can expect from the whole experience, including clinical and billing," Murray says. These functions are outside the realm of patient access. Thus, staff did not know how to answer patient concerns. Patient access often fielded questions about clinical aspects of the visit, which they knew little about. This has changed by directing registrars to work alongside clinicians. "We have worked to integrate our registrars and schedulers in clinics with clinical staff," Murray reports.

Likewise, many patient access staff felt out of their comfort zone when patients mentioned money. Training on how to provide estimates and how to answer financial questions was the answer. "Patients want to understand their financial options before they are even seen by the provider," Murray says. Price estimates still are a central part of preregistration. When patients receive estimates, they often asked more questions than patient access staff could handle. This has changed thanks to training and scripting. "Registrars also have the ability to see estimates that were already created," Murray adds.

The new survey has revealed a lot of good information on how patients feel about registration. Still, informal, real-time input is just as important. "If we wait for a formal survey to come back, we will miss out on important opportunities to make improvements," Murray offers.

Patient access employees are told never to hesitate to notify leadership if a patient is unhappy. Staff also are encouraged to give feedback on how the department can improve. "Our staff works with patients every day," Murray notes. "It is generally obvious to them what we can do to improve."

Questions about Medicare as Secondary Payer were causing a lot of issues. Many patients complained about the questions. "Patients didn't understand why we were asking questions that, in their minds, were not relevant," Murray recalls. The department changed its scripting. Now, registrars explain why they ask the questions of Medicare patients and what people can expect at future visits. "It has improved patient satisfaction significantly," Murray says. ■

DocuSign Envelope ID: C539A443-277A-430C-B866-9FE79E8B89CE

UNITED STATES POSTAL SERVICE® — **Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)**

1. Publication Title	2. Publication Number	3. Filing Date
Hospital Access Management	1079-0365	10/1/2018
4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price
Monthly	12	$429.00

7. Complete Mailing Address of Known Office of Publication *(Not printer) (Street, city, county, state, and ZIP+4®)*
111 Corning Rd, Ste 250, Cary, NC 27518

Contact Person: Joshua Scalzetti
Telephone *(Include area code)*: 919-439-1751

8. Complete Mailing Address of Headquarters or General Business Office of Publisher *(Not printer)*
111 Corning Rd, Ste 250, Cary, NC 27518

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor *(Do not leave blank)*

Publisher *(Name and complete mailing address)*
Relias LLC, 111 Corning Rd, Ste 250, Cary, NC 27518

Editor *(Name and complete mailing address)*
Jonathan Springston — 111 Corning Rd, Ste 250, Cary, NC 27518

Managing Editor *(Name and complete mailing address)*
Jill Drachenberg — 111 Corning Rd, Ste 250, Cary, NC 27518

10. Owner *(Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)*

Full Name	Complete Mailing Address
Relias LLC	111 Corning Rd, Ste 250, Cary, NC 27518
Bertelsmann Learning LLC	1745 Broadway, New York, NY 10019

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☒ None

Full Name	Complete Mailing Address

12. Tax Status *(For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)*
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
☒ Has Not Changed During Preceding 12 Months
☐ Has Changed During Preceding 12 Months *(Publisher must submit explanation of change with this statement)*

PS Form **3526,** July 2014 *[Page 1 of 4 (see instructions page 4)]* PSN: 7530-01-000-9931 **PRIVACY NOTICE:** See our privacy policy on *www.usps.com.*

DocuSign Envelope ID: C539A443-277A-430C-B866-9FE79E8B89CE

13. Publication Title	14. Issue Date for Circulation Data Below
Hospital Access Management	September 2018

15. Extent and Nature of Circulation			Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies *(Net press run)*			104	95
b. Paid Circulation *(By Mail and Outside the Mail)*	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	68	62
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 *(Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)*	0	0
	(3)	Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
	(4)	Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)	9	6
c. Total Paid Distribution *[Sum of 15b (1), (2), (3), and (4)]* ▶			77	68
d. Free or Nominal Rate Distribution *(By Mail and Outside the Mail)*	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541	12	12
	(2)	Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0
	(3)	Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)	0	0
	(4)	Free or Nominal Rate Distribution Outside the Mail *(Carriers or other means)*	3	3
e. Total Free or Nominal Rate Distribution *(Sum of 15d (1), (2), (3) and (4))*			15	15
f. Total Distribution *(Sum of 15c and 15e)* ▶			92	83
g. Copies not Distributed *(See Instructions to Publishers #4 (page #3))* ▶			12	12
h. Total *(Sum of 15f and g)*			104	95
i. Percent Paid *(15c divided by 15f times 100)* ▶			84%	82%

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

DocuSign Envelope ID: C539A443-277A-430C-B866-9FE79E8B89CE

UNITED STATES POSTAL SERVICE® — **Statement of Ownership, Management, and Circulation (All Periodicals Publications Except Requester Publications)**

16. Electronic Copy Circulation	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies ▶		
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a) ▶		
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a) ▶		
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100) ▶		

☐ **I certify that 50% of all my distributed copies (electronic and print) are paid above a nominal price.**

17. Publication of Statement of Ownership

☒ If the publication is a general publication, publication of this statement is required. Will be printed in the November 2018 issue of this publication. ☐ Publication not required.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner	Date
Bjorn Bauer Bjoern Bauer Bjoern Bauer Chief Financial Officer Chief Financial Officer	19-Sep-2018

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).