Hospital Access Management™

Admitting ● Reimbursement ● Regulations ● Patient Financial Services ● Communications
Guest Relations ● Billing & Collections ● Bed Control ● Discharge Planning

AHC Media LLC

IN THIS ISSUE

AUGUST 2009
VOL. 28, NO. 8 • (pages 85-96)

Reward staff for meeting collection goals with patients now paying 'less than ever'

Pressure to increase collections is growing

There is no doubt that an incentive program can result in increased upfront collections. There's also no question that it's more important than ever for patient access to get results.

"While collections has always been a priority of the patient financial service department, we have seen a higher degree of focus on improving collections," says **Kym Clift**, director of patient accounts for PeaceHealth's Whatcom Region in Bellingham, WA.

One challenge the department is dealing with is how to determine quickly if the patient is able to pay, and if so, how likely he or she is to pay.

"Often we are not able to determine this prior to or at time of service, so we chase this information on the back end of the collection cycle," says Clift. "With the state of the economy, the reality in today's self-pay segment is that more patients are able to pay less than ever before. The earlier in the revenue cycle that we can make this determination, the more focused we can be with our resources to collect from the patients that can pay."

Craig Pergrem, MBA, CHAM, corporate director of patient business at Orlando (FL) Health, says that his department "has definitely been challenged this year to improve our collections." Pergrem says that the biggest obstacles that he is seeing this year involve high-deductible plans and the lack of education for the patient population on exactly how high of a dollar amount they will owe.

"We are seeing $5,000 to $10,000 deductibles more frequently. The patients are either unaware, can't bear that large of a cash burden, or both," says Pergrem. He adds that the hospital also has seen a drop in elective procedures as the year has progressed. "Some of that, I believe, is due to the higher co-pays and co-insurances. But I also think it might have something to do with those patients that are employed not being comfortable taking six to eight weeks from their jobs off in these economic times," says Pergrem.

Orlando Health's patient access staff are "definitely seeing our charity and bad debt increasing as the job market shrinks," says Pergrem. "COBRA may be available, but there aren't a lot of people out there that can afford to pay those high premiums with no income coming in."

Pergrem reports that "collections for us have remained flat in 2009. With the economic conditions, there are more people that have lost insurance or just don't have the means to make payments in full."

If procedures are elective and not a medical necessity, payment is requested prior to surgery.

Hospital Access Management™ (ISSN 1079-0365) is published monthly by AHC Media LLC, 3525 Piedmont Road, Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals Postage Paid at Atlanta, GA 30304 and at additional mailing offices.

POSTMASTER: Send address changes to ***Hospital Access Management***™, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information

Customer Service: (800) 688-2421 or fax (800) 284-3291, (customerservice@ahcmedia.com). Hours of operation: 8:30 a.m.-6 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday.

Subscription rates: U.S.A., one year (12 issues), $399. Add $17.95 for shipping & handling. Outside U.S., add $30 per year, total prepaid in U.S. funds. Discounts are available for group subscriptions, multiple copies, site-licenses or electronic distribution. For pricing information, call Tria Kreutzer at 404-262-5482. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $80 each. (GST registration number R128870672.)

Editorial Questions

Call **Jill Robbins** at (404) 262-5557

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

Editor: **Stacey Kusterbeck**, (631) 425-9760.
Managing Editor: **Jill Robbins**, (404) 262-5557, (jill.robbins@ahcmedia.com).
Associate Publisher: **Russ Underwood**, (404) 262-5521, (russ.underwood@ahcmedia.com).

"If the patients cannot pay prior to service, we ask that they reschedule when they have the appropriate funding," says Pergrem. "We have seen a spike in our bad debt over the past two months. We know this is related to fewer people having insurance, as well as the high-deductible plans."

Pergrem says he tries not to put individual patient access staff members under unfair pressure. "They know there is money out there to be collected and they do a great job, but we also continue to raise the bar for them," he says. "Our patient access areas are sitting with these patients face to face on a daily basis. They hear the stories that these patients are struggling with. There are many of our own representatives that are having the same issues of a spouse losing a job or losing hours themselves as we flex staffing to adjust to our scheduled appointments."

Debby Cornett, RHIA, corporate director of patient access, transcription, and health information management at Jewish Hospital and St. Mary's HealthCare in Louisville, KY, says that her organization is developing an incentive plan. The decision was made as a result of hearing several success stories from other hospitals that increased collections after implementing incentives.

The incentive program will give team members the opportunity to receive incentive pay, and also improve their salary. "In addition to implementing an incentive program, we are going to balance quantity with quality," says Cornett. "Therefore, we are also planning a quality program related to cash collections."

Direct observation will be done, as well as patient questionnaires. "We are also going to include quality checks in regards to patient estimates," says Cornett. "We want to make sure that team members are utilizing the tools they have been given, such as scripting, to obtain our goals, as well as assist our patients."

Don't set goals too low

Pergrem says that his staff are challenged every year to improve collections, and this year is no exception. Currently, Orlando Health has a structured incentive program built around these three areas within its access departments:

1. total collections for their individual department;

2. total corporate patient access collections, with all access collections combined;

3. total collections of patient accounting.

"Some months you may hit all three of these and receive the entire incentive. Some months you may only receive a partial incentive, and there are months that no incentive pays out at all," says Pergrem. "The goals are very aggressive, and the team members know that it takes a big effort to obtain those goals."

Pergrem thinks that one potential pitfall with incentive programs is that goals are set too low. "Often once they are obtained, there is a slacking off of collections to try to save for the next month," says Pergrem. "By making the goals aggressive, you make the team members stretch to reach them. At times, some areas feel that a goal isn't attainable. But when you look at the numbers of what is out there to collect compared to what is collected, it usually opens their eyes."

Pergrem says that over the years, various incentive structures have involved many different aspects of the job, including maintaining high customer service scores. "In review of those a few years back, we determined that cash collection goals got us our best bang for the buck," says Pergrem. "Our collections hit the bottom line, and we are a huge part of the revenue cycle so we felt incorporating the patient access collections was key. Collecting at time of registration allows them to spend time on more challenging accounts."

Pergrem says that it's also clear that "good quality gives way to clean claims; that can make a huge difference in our A/R days. A few of our corporate areas, like scheduling and pre-registration, have some of their incentives tied to queue times and maintaining daily productivity standards as well."

Jodie Martin, director of admitting and registration for the department of revenue management at University of Kentucky Healthcare in Lexington, says that her patient access department plans to focus on the performance appraisal process to set individual employee collection goals.

Currently, small gifts occasionally are given to access staff by leaders. "Their main purpose is to reward excellent behaviors, but the management staff that report to me also use them to reward top cash collectors and employees with high registration audit scores," says Martin. "We don't have a formal incentive program for access staff, but we hope to formalize and standardize the criteria for the awards at some point."

Rewards for financial counseling

Katrina Reynolds, health care system administrative director for Chapel Hill, NC-based UNC Health Care System's office of revenue cycle management, says that her biggest challenge currently involves the increases in self-pay balances. These, she says, are due to the current economic conditions and the increase in uninsured patients as a result of insurance programs offering lower monthly premiums at the cost of increased copayments and deductibles beyond what the patient can afford.

"More people are having a difficult time paying for their medical care," says Reynolds. "This affects our ability to deliver quality and cutting-edge medical treatment to the citizens of North Carolina."

Instead of collections, UNC Health Care's reward program is based on the number of patients counseled. The goal is to minimize the number of patients receiving care in the organization who do not get the financial counseling they need.

"We reach out to target patients proactively," says Reynolds. "We monitor the gap in how many patients we are not able to contact before the appointment and spot check the number that go uncounseled after their appointment." The top three financial counselors are awarded each month with modest tokens of appreciation, such as a certificate and a small monetary reward.

Uniform standards are used

UNC Health Care's performance standards require financial counselors to collect a certain percentage of the total yearly team collections to obtain an "achieves" rating on their annual evaluation. "We encourage staff to collect for both the hospital and physician balances," says Reynolds. "The benefit of having uniform productivity standards for the counselor is that they have unambiguous guidelines for what constitutes acceptable and exceptional performance."

The information is displayed for the group monthly, which engenders a healthy sense of competition. During monthly meetings, the performance of each team member is reviewed against the standard, with goals set for future performance.

"The pitfall inherent in this system is that the same cash collection metric applies differently to different departments," says Reynolds. "All things equal, a counselor in pediatrics will simply never collect the same dollar amounts as a counselor in surgery."

For this reason, an effort was made to identify the opportunity for collections that is appropriate for each counselor, and then measure the percentage of collections against that opportunity. "But we were not successful in getting sufficient or appropriate data from our information systems in real time," says Reynolds. "We have adjusted our metric over the year and a half we've been tracking. We determined that what works for us is tying the individual financial counselor goal to a team goal and to a percentage of total collections."

Reynolds says that incentive programs for collections, in her experience, are most effective when they involve goals based on the individual's clinical location and their opportunity. "As long as the collective sum of the individual goals equals or surpasses the team goal, we are comfortable and focused on rewarding individual accomplishment through annual evaluation ratings and increases and collective accomplishment through team recognition," says Reynolds.

[For more information, contact:

***Kym Clift**, Director of Patient Accounts, PeaceHealth Whatcom Region, Bellingham, WA. Phone: (360) 715-6509. E-mail: KClift@peacehealth.org.*

***Jodie Martin**, Director of Admitting and Registration, Department of Revenue Management, University of Kentucky Healthcare, Lexington. Phone: (859) 323-5808. Fax: (859) 257-2184. E-mail: jmart3@email.uky.edu.*

***Craig Pergrem**, MBA, CHAM, Corporate Director-Patient Business, Orlando (FL) Health. Phone: (321) 841-8261. E-mail: craig.pergrem@orlandohealth.com.]* ■

Don't want to cut training? Tie it to the bottom line

Clarify role of director

Training and education costs are often the first items on the "chopping block" when it's time for budget cuts at hospitals, which is bad news for patient access.

"Doing more with less is no longer a concept — it is an expectation," says **Jessica Murphy**, corporate director of patient access services at Methodist Le Bonheur Healthcare in Memphis, TN.

To address this, the role of the department's trainer/educator was expanded. "That was critical in order to ensure the position provided for a much broader range of responsibility," says Murphy. The job description was modified, resulting in a new role as an analyst for patient access services who identifies problem trends and patterns and provides education and information to the areas that need help in correcting these issues.

"She still facilitates two-and-a-half days of training for patient access services associates, but the schedule has moved from every month to every other month," says Murphy. "As she analyzes the opportunities and issues for access, she also decides if a quality report would be helpful in addressing the problem."

If so, the trainer writes the template and specifications and provides these to the information services revenue cycle team to create the report. "Stopping errors that hit patient financial services edits or result in denials represents a significant impact to the bottom line," says Murphy. "Additionally, our trainer has picked up some education classes for patient financial services, as part of our partnership commitment to them."

Julie Johnson, CHAM, BSHA, director of patient access and health information management (HIM) at Mt. Graham Regional Medical Center in Safford, AZ, reports that she has been challenged to cut the department's education budget for outside training.

"We have teamed up with our in-house education department to maximize the educational offerings we choose, so these will benefit more than just patient access," says Johnson.

For instance, a free webinar was recently sponsored by a vendor, which covered the Health Information Technology for Economic and Clinical Health Act, security breach laws, and the Health Insurance Portability and Accountability Act. "These items affect patient access, HIM, quality, and patient accounting. Each of these departments attended the webinar," says Johnson.

Another vendor has given staff free training on up-front collections. "When potential vendors present a sales demo, ideas can be gleaned

from these demonstrations to help our facility learn about new rules and regulations or simply how to make a process easier," says Johnson. "This idea generation will help us, regardless of whether or not we purchase the product."

Since access staff are now only allowed to obtain training in their own state or a few surrounding states, there is increased reliance on online offerings. "We also gather free information, such as white papers and vendor-sponsored PowerPoint presentations," says Johnson.

Prove connection to data quality

Even during the recession, some organizations are finding that they are able to justify not only maintaining their current resources for staff training, but expanding these efforts as an integral part of improving the hospital's bottom line.

"Data quality has always been important, but it continues to grow in importance," says **Mary Best**, corporate director of access services at Dallas-based Baylor Health Care System. "We need to have trained staff who know why they need to get information from a patient, and also, what information they need to communicate to the patient, because compliance is obviously a big piece of this as well."

In order to accomplish this, Baylor uses a formalized training program for patient access staff at each of its 14 facilities, with one full-time dedicated trainer and another being added. While the organization currently has a two-day access services orientation for new staff, it is in the process of developing a two-week orientation program.

"Although it is specific to access services functions and responsibilities, it is not uncommon for others to attend who want to know more about what we do and why we do it, as well as others who perform some level of access services responsibility but do not report to access services," says Best.

The current program focuses on policies, compliance, customer service, and point-of-service (POS) collections. Employees are tested before and after, to assess their competency and the value gained from the class. The expanded class will incorporate system training for all applications used by access services, as well as the related processes.

In addition, a training room recently was constructed exclusively for patient access staff, located in the organization's corporate office."There is a recognition of the value that quality training brings to the organization," says Best. "Our challenge is finding creative ways to do that, being spread out across multiple counties. Thus far, we have not been asked to ratchet back, but we *are* expected to be good stewards."

Best says that to demonstrate this, various financial metrics are tracked. This connects the hospital's bottom line to registration accuracy. "Even beyond that point, there are measures in a variety of arenas that tie into access data quality and patient satisfaction. It all begins at the point of registration," says Best.

Training had a clear impact on the organization's POS collections. "We conducted multiple, interactive training sessions at each facility," says Best. "The outcome was a year-over-year improvement of 26% in increased collections, during a time when it is increasingly challenging to collect front-end payments."

The health care system is redesigning its processes as part of a transition to a new front-end system. "There has been a huge amount of dollars invested in the system and hardware and all of the component pieces that it takes to implement this," says Best. "So for that to be successful and for us to accomplish what we need to, we have to invest in staff training. The development of the training program for this transition blends well with our planned expanded training for new hires."

The classroom is critical to being able to provide standardized training for new employees coming on board and to do specialized training, says Best. "So while the investment is appreciated, it is not excessive for the size of the organization," she says. "The other piece is creativity. We need to find ways to push material out in different ways that help defray the need to continuously expand the number of trainers."

At Baylor, a wide variety of methods to educate staff are used. These include onsite training, live meeting training, and online resources. Here are several approaches:

- **"Super users" are used to supplement formal training**.

These individuals are not involved in curriculum development but can effectively get urgent material covered very quickly. "This is something

that we need to do if something is very time-sensitive," says Best. Since the trainer might not be able to get to every facility in a timely way, the "super users" inform staff.

For example, super users recently updated access staff on the requirements of Senate Bill 1731, newly passed legislation that had a major impact on the department. "It required a significant amount of effort for staff to understand the bill. There were a lot of requisites for what they needed to communicate to the patient," says Best.

The bill requires staff to provide written notification to every patient at the point of registration, or discharge in the emergency department, whether they are in network with their particular insurance coverage, and to provide specific policy information upon request of the patient. "There were half a dozen policies that we needed to educate staff on, as well as the process to provide copies if requested," says Best.

• Material on various topics is posted online.

Whenever staff need information on a certain topic, they can go online to pull up all the training materials that have been developed, including forms and frequently asked questions.

"This is an interactive site that is very easily used," says Best. In addition, employees are encouraged to submit their own individual questions to their manager, who in turn takes the question to the training department. The answer is posted online for all staff to view. "If they are asking a question about something we have put out training material on, we tie it back to that," says Best. "If we have done any updates subsequent to that, these are included in the FAQs section."

Additionally, the lead trainer is certified to develop on-line training courses for all access services staff. "Our focus for using this tool is primarily compliance refresher training at this time," says Best. "Once the course is developed and designed, the trainer is able to assign it to all staff and monitor completion." Refresher training on the Medicare Secondary Payer Questionnaire was recently completed through this method, and will be done annually.

• Contests are held for the best answers to e-mailed questions.

The patient access trainer regularly sends out information about certain topics, called "Baylor Bits" to the nearly 500 patient access staff members at the various facilities. The focus on the initial training "push" was the language, race, and ethnicity data elements.

"The content covered the importance of capturing the correct information, how it is used, who uses it, and how to communicate to the patient," says Best. The information is prepared and sent out by the access services trainers.

As a follow up to the training, an e-mail with a question relating to the material is sent out to all staff. A prize, such as a shirt, pin, or gift card is given to the staff person with the fastest and most in-depth answer, for the day, night and weekend shifts. The group is notified of the winners and the correct answers.

"That was recently introduced and is really picking up speed now. Folks are starting to pay attention," says Best. "A lot of the material is pretty dry, so games and prizes keep people engaged. We will also be using this method to 'test' for educational opportunities by randomly sending out questions and gauging training needs based on the responses."

• Additional staff will attend "train the trainer" courses.

Best says that another planned approach is to provide training for certain staff members beyond what "super users" receive, with the goal of supplementing the formal training given by the two full-time trainers.

While right now, "super users" are used to push material out to people at their facility, Best envisions a "true train-the-trainer course" that will enable the trainers to utilize a number of different techniques for training.

"We are looking at implementing that either later this year or early next year. We would identify individuals at the facilities who would be interested in going through a training course on adult learning and training techniques," says Best.

[For more information, contact:

***Mary Best**, Corporate Director of Access Services, Baylor Health Care System, Dallas, TX. Phone: (214) 820-0947. Fax: (214) 820-3046. E-mail: marybe@bhcs.com.*

***Julie Johnson**, CHAM, BSHA, Director Patient Access and Health Information Management, Mt. Graham Regional Medical Center, Safford, AZ. Phone: (928) 348-4027. Fax: (928) 348-4093. E-mail: juliej@mtgraham.org.*

***Jessica Murphy**, CPAM, Corporate Director for Patient Access Services, Methodist Le Bonheur Healthcare, Memphis, TN. Phone: (901) 516-8162. E-mail: MurphyJ@methodisthealth.org.]* ■

Online resource gives staff instant payer info

Improve registration accuracy

An Intranet application at Christiana Care Health System in Wilmington, DE, was developed specifically for patient access staff to improve registration accuracy.

"In there, we have all the insurances that could possibly come here listed," says **David Charles**, corporate director of patient financial services.

Access staff simply click on the insurance the patient is presenting with. That brings the user to a page with images of the actual cards from that particular payer, including the one the patient is holding. From there, the staff person can launch to another page with all the rules associated with that particular payer, down to the individual card that is selected.

"The registration person knows definitively what the coverage is associated with that payer," says Charles. "After the cafeteria menu, it's the most hit page in our system."

Patient financial services has the current responsibility for updating the Intranet site. "The reason for that is they are seeing the denials and the activities," says Charles, "and they are closer to the contracts than access is — also, because it all reports up through me anyway, it was six of one and half a dozen of the other."

Accounts are cleaner

The site came about as a result of brainstorming for ideas during an outpatient workgroup that was formed several years ago. "We were trying to figure out what the outpatient areas really needed, and one of the glaring things they did need was some kind of source of information," says Charles. "In realizing what electronic capabilities we have, we developed it on our own."

Before the tool was implemented, Charles says "there was a lot of going back and forth — we either had the wrong insurance or the wrong ID. Now, between the Intranet, electronic verification, and our denial tracking systems, our denials are extremely low," he says.

As a direct result of the Intranet tool, Charles says "there was a significant decrease in days receivable and our accounts got a lot cleaner."

Charles says that the biggest educational challenge for patient access is the fact that registration is decentralized. "We do not have a core area to which all departments report. The good news is, every department is handling their own registration for those low-ticket items," says Charles. "But the bad news is that we have to be really diligent about reporting their errors and making sure they are informed about changes."

Patient access pre-registers all elective cases, such as surgical patients who are called at home for coverage verification and registration. For routine diagnostic services, departments do their own registration. "That was one of the key reasons why we did the Intranet. They had confusion about what payers they could accept and were using cheat sheets. In order to keep them informed, we decided to go with that approach," says Charles.

Here are other ways that Christiana Care's access staff members are educated:

• **In-person visits are done after orientation**.

All of Christiana Care's new registrars attend a two-day orientation, which covers the system's functionality and concepts of admitting. Items such as the Medicare as Secondary Payer questionnaire are covered in detail, both how to complete it and why it's important.

However, registrars may not realize their own knowledge gaps until after they're on the job. For this reason, onsite visits are done a couple of days after the orientation.

"We visit the site that the registration person is going to and do a follow up in real time to clarify any questions they may have," says Charles. "We usually do that two or three days after they hit the department."

At that point, new staff may have questions on "some of the finer points of registration," says Charles. "They may ask whether they are on the right screen."

Another purpose of the visit is to observe the registration person firsthand. "We can see how they are dealing with the public and make sure they have the customer service comments down correctly and are utilizing the system in the correct way and making the proper selections."

• **Errors are tracked by individual staff member and appropriate training is given**.

Christiana Care's access department has developed quality reports by registration person, known as "Q Reports." These track the number

of errors they are making as a percentage of their total registrations.

"We target a certain percentage of errors, which is different by topic, and when you cross that threshold we go back and do retraining on you," says Charles. "We put account notes in the system, such as, 'Were all patients selected?' And we tag the error by account notes and go back at the end of the month and accumulate all those by registration person. We share information with department heads about what kind of errors are being made so they are also well informed." ■

Inspire competition with department newsletter

Inexpensive, simple way to engage staff

A newsletter is an inexpensive, simple way to inspire some friendly competition to motivate your patient access staff. At Presbyterian Hospital in Charlotte, NC, the patient access department distributes a monthly newsletter featuring top performers for productivity and accuracy. Productivity is measured either by the number of accounts worked or registrations completed.

"This is done automatically through our system," says **Carlton Smalls**, former director of patient access. "Each staff member receives a report daily, and everyone's productivity is graphed and posted monthly."

Staff celebrate goals

At Stanford (CA) Hospital & Clinics, the monthly newsletter *The Admitting Times* goes out to all admitting staff. "It is a way to celebrate goals that have been achieved," says **Anna Dapelo-Garcia**, director of patient admitting services. The newsletter highlights staff who have been promoted and staff suggestions that have been implemented.

A recent issue featured a staff person's idea to create a document that lists the most common calls received, and a script on how to answer callers' questions. The script she suggested was created, and staff now use this as a reference tool.

The story also gave credit to the same staff person for a second idea that was implemented, for redirecting patients when they come to the admitting lobby. One entrance into the lobby was closed off, and patients were redirected to enter the other end of the lobby. This facilitated a more streamlined, less confusing approach at the triage desk. A sign on a post now identifies the entrance area to the lobby.

Along with the newsletter, a four-week average of the department's key performance indicators is distributed. "Staff can see if their unit is achieving its goal. If a goal is not met, the reason for not meeting the goal is explained," says Dapelo-Garcia. "Thus, staff can understand how the key performance indicators are determined and how what they do has an impact."

The newsletter also posts the monthly scores for courtesy and organization of the admitting and ED registration staffs. "Staff have become engaged to ensure that our scores remain high," says Dapelo-Garcia.

Every issue of the newsletter features an employee of the month, selected by the management team of patient admitting. "The awardee gets an employee of the month certificate, a $50 gift certificate, a pin, and is pictured on our Hall of Fame," says Dapelo-Garcia. ■

This new role can revamp the way your ED collects

ED registrar position created

A lead emergency department registrar position was created at Swedish Covenant Hospital, in order to improve collections in this challenging patient population, says **Rose Jeanfreau**, director of patient access Services at Swedish Covenant Hospital in Chicago. **(See summary of the new Team Lead Position, pg. 93.)**

Here are the responsibilities of this new role:

- serves as department advocate, second in command to the ED registration manager;
- coordinates operational workflows and staffing to ensure the timely and efficient processing of patients;
- promptly resolves any staff, patient, physician or interdepartmental concerns;
- assists staff and surrounding departments, including public safety, laboratory, and central transport, in crisis-oriented situations and offers alternatives in problematic situations;

Patient Access Services — Team Lead Job Summary

Supervise and coordinate a variety of functions within patient access services relating to hospital admissions and discharge including, but not limited to, inpatient and outpatient registration, co-pay/financial collection, insurance verification, bed control, preadmission certification, and patient information.

Responsible for the supervision of patient access staff and communication of daily operations status to manager. Responsible for ensuring staff compliance with hospital and department policies and procedures. Ability to solve problems, assess unusual staffing and scheduling situations, and ensure adequate departmental coverage. Maintains functional knowledge of operational areas and is able to step into staffing as needed. Provides leadership and mentoring and oversees staff orientation, training, education, and development. Identifies on-going continuing education needs of existing staff.

Works with existing tools and assists manager with developing new reports, methods, and measurements for the purposes of improving cash flow and revenue cycle metrics, and for quality assurance and improvement. Makes recommendations to manager for improving service, increasing customer satisfaction, and ensuring appropriate reimbursement and collections. Assists manager with screening and interviewing potential employees. Responsible for generating requested weekly, monthly, and/or annual reports regarding staff productivity, statistics, and quality assurance. ■

Source: Swedish Covenant Hospital, Chicago.

• provides assistance to the ED management team during periods of escalation, including bed alert and bypass;
• provides cross-coverage needs;
• performs quality assurance checks for accuracy and integrity of account data, and provides feedback to the ED manager and employees;
• strengthens current processes involving the collection of patient co-pays, outstanding balances, and high deductibles;
• supports patient financial counseling functions in the ED.

The team lead position originally was created for ED registration, but this position will be added to other areas. "There is a need for team lead positions in other access service areas," says Jeanfreau. "I have 50 employees in access services with two 24-hour operating departments. My intention is to eventually have staff team lead positions in our outpatient registration/insurance verification area and call center."

Jeanfreau says that her new ED team lead position is still too new to demonstrate specific metrics for how much collections have increased. "However, our co-pay and self-pay collections process at discharge has improved," she reports.

Other initiatives to improve ED collections at Swedish Covenant include a 60-day ED financial counseling pilot, which is underway, involving the use of patient financial counselors in the ED upon discharge. Also, to identify out-of-network patients coming to the ED, a flow sheet was put together collaboratively by access services, the ED management team, bed board, and case management.

Already, the ED team lead has been able to satisfactorily resolve concerns and issues with patients and surrounding departments. "This results in less finger-pointing and less frequent after-hours calls to the ED registration manager or director," says Jeanfreau.

There also has been a decrease in the number of incomplete or inaccurate registrations and duplicate medical record numbers at time of patient admission, and a decrease in staff tardiness. "With the recent H1N1 outbreak, our ED team lead was able to provide assistance to patients, the ED management team, and bed coordinator during escalation periods," says Jeanfreau. ■

Hospital starts a new POS program for ED collections

Teaching staff to ask for money challenging

According to **Richard J. Suszek**, director of patient financial services at Barnes-Jewish Hospital in St. Louis, the ED has been challenged to improve upfront collections in order to reduce bad debt and, also, to improve screening for Medicaid eligibility and financial assistance/charity care.

In starting an ED point-of-service (POS) collection program, Suszek says that his two biggest challenges are training staff to ask for money and

patients not having the ability to pay.

"Our training has been done with scripting, especially for the insured population, and to request financial counseling for the uninsured population," says Suszek. "I am considering hiring a consulting firm to provide patient access customer training for my front-end staff." POS collections will also be part of that training.

Currently, the ED is the only location where POS collection is performed. "Talking with patients is a new role for staff. We have provided training, including scripting. Additional training is planned for new staff and existing staff."

The ED's new POS collection program began on July 1, 2008. "We have not 'pushed' the collection effort," says Suszek. "Our primary target is the insured patient with their typical $100 co-pay. We try and obtain Medicaid or financial assistance benefits for the uninsured patients."

The process for eligibility screening is based on the Medicaid benefit guidelines and the hospital's internal financial assistance policy. The policy basically follows Medicaid guidelines, but with a higher allowable for income and earnings.

Tools have been developed to assist managers with identifying the opportunity to collect, such as patients with private insurance, and give detailed collection results by both registrar and payer.

Previously, the department averaged about $15,000 per month. "This is very low for a facility our size. We see about 250 patients in our ED per day, although we do not ask our high-acuity patients, especially if they are to be admitted," says Suszek.

After the ED POS collection program was implemented, financial assistance increased by more than 30% and Medicaid enrollment increased by a similar margin. "Bad debt has gone down almost 7% in this period," says Suszek.

However, Suszek says that these results weren't solely due to POS collection in the ED, but also to other initiatives in the hospital's Medicaid eligibility department. "It is difficult to quantify the ED impact only, but clearly some of these improvements are due to ED POS collections," he says.

[For more information, contact:
***Richard J. Suszek**, Director, Patient Financial Services, Barnes-Jewish Hospital, 4353 Clayton Avenue, St. Louis, MO 63110. Phone: (314) 362-5131. E-mail: rjs5021@bjc.org.]* ■

Do your staff have trouble asking patients for money?

Teach them to 'collect with compassion'

Increasingly often, patient access staff are put in a difficult position — talking about money with patients. "In today's economy, many people have lost their jobs and their health insurance," says **Debby Cornett**, RHIA, corporate director of patient access, transcription, and health information management at Jewish Hospital and St. Mary's HealthCare in Louisville, KY.

"As this continues to evolve, we have to see not only our role of the registrar changing, but also the role of our financial counselors," says Cornett. "Initially, it was extremely difficult for team members to take on this new role. Some team members adapted very quickly, with the right tools, while others continue to struggle."

Even organizations that have done this for years face challenges. **Kym Clift**, director of patient accounts for PeaceHealth's Whatcom Region in Bellingham, WA, says that at her organization, "This is not a new role. We have always had financial conversations with patients. But this is always an area that requires continual training and retraining."

Katrina Reynolds, health care system administrative director for UNC Health Care System's office of revenue cycle management, says that "the counselors sit in a precarious position, as being stewards of the health care systems finances, in an environment where we are first and foremost here to care for patients and collectors of finances second."

At Orlando Health, staff are challenged to practice "collecting with compassion." "In our collections class, that is reiterated over and over again," says **Craig Pergrem**, MBA, CHAM, corporate director of patient business.

The organization's "Collecting with Compassion" class covers scripting tools to be used, as well as how to properly explain to the patient what his or her benefit information is really all about.

"If you look at all the different plans available out there, we get confused, and we work with it every day," says Pergrem. "To be able to explain to the patient why the collection amount is what it is can be a huge hurdle to jump for the patients."

Collecting with Compassion is a new class developed by Orlando Health's revenue manage-

ment training team in collaboration with access management and patient accounting. "It is just being rolled out to the areas and has not been deemed mandatory yet, as we are also trying to coordinate our pricing transparency programming into the same process," says Pergrem.

The class is taught by dedicated trainers for revenue management and includes scripting and role playing, and some calculation formulas for major payers. The trainer also stresses the fact that benefit information retrieved is only as good as the information that has been provided by the insurance companies, and if files are not updated, there could be some dated history involved. "One of the keys to this information is to listen to the customer as you are explaining their benefits," says Pergrem. "If they understand their plan, they are going to be able to interact and feed you valuable information."

Orlando Health's access staff are told to remember that it is a customer service enhancement to inform the patient of his or her responsibilities as well as collecting prior to or at time of service. "This usually means there will be very little for them to do after the procedure except to recover at home," says Pergrem. "And probably the most important and simplest rule to use: The answer is always *no* if you don't ask!"

At Dallas-based Baylor Health Care System, point-of-service (POS) collections training is done both on site and covered during orientation. "Obviously, someone has the potential to be uncomfortable with this if they have not had a previous position with similar expectations," says **Mary Best**, corporate director of access services. "Depending on the individual patient and the environment it is taking place in, it can be a difficult conversation to have.

"People have a variety of reasons why they think this conversation is not appropriate," says Best. "So if the individual doesn't have the knowledge or confidence to respond appropriately, that might cause them to back off."

Best says that some improvement in POS collections has been seen through creation of an incentive program, and continuous training and reinforcement. "We also post goals and successes of individuals, so even if they don't make the incentives, they can see where they *are* having success," says Best. "We have done a lot of things to try to improve that, but it will be always be a challenging situation."

Cornett says that one challenge of upfront cash collections is that it requires staff to spend more time with the patient. "However, we implemented without additional staff. The other challenge is when patients are resistant," says Cornett. "If team members understand why we implemented upfront cash collections, they are more confident when dealing with the difficult situation. This understanding requires constant support and feedback."

Cornett says that staff need to first comprehend their role in the big picture and then be given detailed scripting. She recommends having team members discuss both positive and negative interactions, and sending daily e-mails to inform the team how they are doing throughout the day.

Let staff use their own style

At UNC Health Care, the top collectors and performers among the financial counselors were identified, and asked to role play with their team members in staff meetings to demonstrate their skills.

"We have documented the best practices and have encouraged team members to adopt those strategies in talking with patients," says Reynolds. "We encourage our financial counselors to network with one another and partner with counselors that have similar styles."

Although the department developed official scripts for collections, individuals are allowed to develop their own approach and adopt their own words, as long as it is technically accurate. "We have found that this gives them ownership of their conversation with patients and gives them comfort in the subject matter instead of memorizing our words," says Reynolds.

One counselor in particular has crafted her style in dealing with patients such that the patients feel like she is their personal assistant to their financial issues. She writes her patients thank you notes for making payment to her and

working with her on alternative funding sources paperwork.

"Her patients feel comfortable working with her because her respect for them is palpable," says Reynolds. "It is no surprise that her collections are the top of the team!"

During a recent staff meeting, two seasoned and top-performing financial counselors paired up in front of the team. One assumed the role of a financial counselor and the other a patient. They engaged in a dialogue about prior balances, charity care, and Medicaid screening.

Then, the counselors switched roles, varying the feedback patients commonly give. "They showed alternative approaches designed to diffuse the situation using strategic, calming language, and presented the patient with options," says Reynolds. "After the simulations were over, staff offered up their toughest examples to the duo and asked the entire team what they would do in given scenarios."

Reynolds says that the No. 1 best practice is to present the patient with options.

"That doesn't mean the patient likes any of the options, but it feels better to the patient and the financial counselor when there are things the patient can choose from in any situation," she says. She gives these additional best practices for collecting:

• Work with patients as if you are their personal financial advocate. "Encourage the patient to reach out to you any time they have questions about any of their services," says Reynolds.

• Send your patients thank you notes when they make payments to you.

• Contact patients in advance of their appointment and make agreements on what they will bring on the day of their appointment.

• Make an appointment with your patients so that they know when you will be available for them. "Likewise, they know that they are expected to meet with you," says Reynolds.

• Collect something. "If the patient can't pay in full, collect whatever they can give you and educate on the need to pay the remainder," says Reynolds. ■