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JANUARY 2010
VOL. 29, NO. 1 • (pages 1-12)

Don't let negativity get a foothold in your patient access department

It can bring down an entire team

Imagine one person complaining nonstop about everything from rude patients to out-of-ink pens. Over time, that individual can manage to undo hours of hard work and morale-boosting initiatives, and send your customer service crumbling.

"If that kind of negativity continues, you can have one person bringing down the entire team," says **Heidi Dunbar**, manager of admitting/emergency department coordinator at Seattle Children's Hospital.

If nothing changes after talking to the employee one on one, providing coaching, and doing re-evaluation, Dunbar says, "you may have to help them to find a job somewhere else. Sometimes people just can't handle the stress of it all. I have done evaluations, and somebody can be great in every other way but still be negative. And what that does is bring down your customer service."

Hollis Scott, a patient access supervisor at The Children's Medical Center of Dayton in Ohio, says that one person's bad attitude has a number of negative repercussions on a department.

"Like a virus, it can spread to others, creating an atmosphere of discontent," says Scott. "Even when scheduling or preregistering by phone, it is important for parents to feel our staff's enthusiasm. This will not happen if the staff member is unhappy or disgruntled."

In many cases, a negative employee needs others to validate his or her discontent. What starts as one individual displeased about the amount of work, discipline, or pay can quickly lead to a disgruntled group. "Often they will wait until a coworker is disciplined or unhappy and yell, 'See, I told you so!'" says Scott. "It is always convenient to vent to coworkers."

By generating friction between colleagues, an employee's negative attitude can make otherwise happy employees dissatisfied because they feel that others are poisoning the work environment. "Ultimately, it will undermine a leader's ability to guide the department," says Scott. Here are three strategies to combat negativity:

• **Listen carefully.**

"This sounds very basic, but I find that if someone is listened to, that person understands that somebody actually cares about them. And a lot of their frustration just goes away," says Dunbar. "Sometimes people just get overworked. There is a lot demanded of them, especially with our hospital being very full. And people need an appropriate way to vent."

• **Ask for a positive comment.**

If an employee is consistently making negative statements, Dunbar stops him or her and says, "Please say something positive."

"It always throws them off," she says. If complaining about a certain individual, the employee is pressed to think of something that person does well, such as filling in for shifts when needed or getting coffee for others. Or if their complaints are more general, they may say, "Well, at least I do have a job," or "This is a great place to work."

• **Switch the focus to the patient.**

Dunbar says that a good way to put staff complaints into perspective is to remind them of the patient and what he or she is going through. "You may not be having a great day, but think of a child coming into the hospital. In the end, no matter how bad it is, what you are doing is for a child who did not choose this particular incident," she says. "And whatever reason they are coming in for, they win just because they walked in the door today."

Get peers involved

When an employee complains about a coworker, the first question Dunbar asks is "What did they say when you talked to them about it?"

"We try to do this peer to peer. It doesn't always work, because some people are stronger with confrontation than others," says Dunbar. "But if a peer says, 'You are awfully negative today. Is there something I can do to help you?' that can have a powerful effect on someone. We do try to encourage them to deal with conflicts themselves."

A the Cleveland Clinic, access staff are invited to join the Employee Advisory Committee, which has been in place for about 18 months. The committee members represent their peers and focus on how to improve employee morale, the work environment, and reward and recognition programs.

After a year, participants are asked whether they would like to leave the committee or stay on. "If they leave, we ask for another volunteer from that area to join. One of the things we are hearing is that a lot more employees want to participate," says **Sue Milheim**, the hospital's senior director of patient access services. "This takes them away from work, but we try to get as many people involved as possible without hurting our front-line staffing."

The committee developed an "EZ Pass" program for employees with perfect attendance. The pass can be turned in to erase points earned for tardiness or leaving early in the past or future. Recently, the program was expanded

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

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for employees with quality scores of 98% or better.

The committee also plans Patient Access Services Week. This year, the department had a pot luck day, an ice cream social day, and a raffle with more than 150 gift cards and baskets distributed. "All of the patient access areas are represented for each hospital. We probably have 12 to 15 employees who help us to understand what the front-line staff need," says Milheim.

To be sure that no staff members feel that they lack a way to be heard about anything they're unhappy about, an anonymous online survey is used. "We do it twice a year to identity their needs for tools or training. We also ask them whether they are getting enough communication from us, and if not, what they are looking for," says Milheim.

If a concern is identified, the committee comes into play. "In areas where we find deficiencies, the committee digs in and asks the staff, 'What does this mean?' If I were to go in and ask, 'How are things?' the staff might just tell me that everything is fine," says Milheim. "It's easier for front-line staff to talk to their peers."

The committee learned, for example, that staff were troubled because the printer often went down on weekends and that the scanner needed to be replaced. "The tools they needed at their fingertips weren't available. Anything we can do to make their jobs easier and less frustrating, we want to do," says Milheim.

Look for warning signs

John E. Kivimaki, director of patient accounts at Mary Rutan Hospital in Bellefontaine, OH, says that he looks for staff who are coming in late for work, calling in sick, having an excessive number of registration errors, are slow in registering patients, and are receiving bad results from customer surveys.

These changes in behavior are clear indications that something is wrong, says Scott:

- A normally talkative employee suddenly becomes quiet or unwilling to communicate with you or other employees.
- An employee is constantly complaining about other staff members.
- An employee fails to either accept responsibility for mistakes or to make corrections once informed of errors. "This usually means the employee has given up and lacks the motivation to properly execute his or her job functions," says Scott.
- The employee displays changes in attendance or excessive tardiness.

A counseling session is one way to initiate dialogue in hopes of uncovering what issues are causing the employee's negativity. "This does not necessarily indicate a disciplinary proceeding," says Scott. "It can be a simple matter of pulling the employee aside and telling them you sense that something is amiss and you are concerned."

Often, if employees do not feel valued, taking a moment to ask how they are doing can make the difference. "If the problem persists, you may need to initiate formal discipline," says Scott. "Many companies offer an Employee Assistance Program that provides counseling for marital, financial, mental, and/or substance abuse issues. If available, those types of services should always be offered."

Scott says that it is the manager's responsibility to ensure that conditions are conducive for a pleasant working environment. "If the manager is successful in this endeavor, the negative attitude should be the exception as opposed to the rule," he says. "When negative attitudes arise, that person will be conspicuous and may possibly be influenced by the positive culture that permeates the department."

To promote a positive work environment, your first objective should be to ensure that all employees have a clear understanding of what their job functions are, what behavior is acceptable, and the consequences of failing to adhere to hospital standards. Once these objectives are clear, it is also important to set goals for individuals, teams, and the department.

"Individuals should be publically recognized for positive contributions to the organization," says Scott. "A 'thumbs-up' board, where staff members can recognize fellow employees who promote a positive work environment, can work wonders. Staff members complimenting each other can generate positive vibes that the manager may not necessarily produce. Above all, always be open, honest, and fair. Listen to staff members and treat everyone equally and with transparency."

Kivimaki says a big impetus for negative employees changing their attitude is when their job is in jeopardy. "You just have to emphasize the fact that their negativity is not tolerated at all. And if there are any future re-occurrences, then there will be disciplinary action taken as stated in

our hospital employee handbook," he says.

Continually remind your staff that the registrars are the "first impression" of the hospital for many patients. "We emphasize this at our yearly in-services," says Kivimaki. "Everyone here knows that a patient complaint from an employee's bad attitude situation will be reviewed with them to address the problem. It will not be tolerated."

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Get the 'quiet ones' to speak their mind

Heidi Dunbar, manager of admitting/emergency department coordinator at Seattle Children's Hospital, says that although it's often very hard to find time for them, monthly staff meetings are always worth the time they take. "About 90% of staff come to meetings, which means they are getting something out of them," she says. "We have a very open environment, and people always have interesting things to say that you would never imagine."

However, at times, the same people talked constantly while others remained silent. "You have bashful people and ones who never stop talking," says Dunbar. "Somebody may be a fabulous worker but will never complain. They are the ones who one day will just quit and you don't know why. And when that happens, you just want to ask them, 'Why didn't you ever say something?'"

To give everybody equal time, Dunbar came up with the idea of a "talking stick" with a carved face, which is passed around. When someone is holding the stick, they get to talk and no one can interrupt them.

Given the chance, someone may blurt out that something is driving them crazy. Many times, the problem has a very simple fix. "It is amazing what your tipping point can be. It may be a very small thing, such as not having enough pens," says Dunbar. "It's unbelievable how, at times, a simple, tiny thing can solve a problem."

Dunbar also makes a point of walking around the department to be sure she interacts, even if briefly, with every single staff person from time to time. "You need to go around to each employee because the squeaky wheel gets the oil," she says. "You need to hit *every* person at least every five or six weeks. Otherwise you just get the vocal ones coming at you all the time."

One complaint that Dunbar learned about using this method involved chairs. Staff were sitting in high director's chairs with a slippery surface. They had to position their feet so they didn't slide off the seat, which was uncomfortable. So Dunbar went around the hospital searching for more comfortable chairs and finally found some in the clinical registration area with a different fabric. Since staff in that department went home at 5 p.m., Dunbar would carry the chairs to the ED registration staff so they could sit in them for the night. Since staff really liked these particular chairs, Dunbar ordered enough for everyone. "After several staff tried the borrowed chair, they loved it," she says. "Also, the complaints about the chairs and about an uncomfortable work space stopped." ■

Turn a frustrated patient into a satisfied customer

It's OK to get personal

More than ever, patient access staff are coping with angry and frustrated patients. This may be because they lack insurance, are worried about their coverage, or just don't have the money to pay. "We do see many more patients

that have financial problems today than a couple of years ago," says **John E. Kivimaki**, director of patient accounts at Mary Rutan Hospital in Bellefontaine, OH. "Our charity write-offs have increased from $880,000 in 2008 to $1.5 million through November 2009. This is almost a 60% increase."

For this reason, all self-pay patients and those with limited health care coverage are handed information on charity and financial assistance programs. A brochure is included that states, "We are here to help," and "Your ability to pay for services should not prevent you from receiving the medically necessary care you need."

"We have seen tremendous increases in our charity applications and approved accounts over the last couple of years," reports Kivimaki. "This is because there are more patients that have no or limited health care coverage. Our registration staff are making our patients aware of what we can do to help them. Many of our repeat patients that qualified for charity previously know they can qualify again for their current services. This eases their mind and makes them a much better satisfied patient."

These words calm patients

Andrea Chang, director of patient access for Conifer Health Solutions in Frisco, TX, says patients are frustrated because their household income has decreased, because they or their spouse have lost a job, or their insurance plan has changed and requires higher deductible, co-pay, or out-of-pocket expenses. "Many people do not understand the changes and how it impacts them," says Chang. "Or, other expenses may have increased, and they do not have the funds available to pay for an unexpected illness or procedure."

In this case, several things can be done to calm the patient. "We assure them we understand their position and we are here to help," says Chang. "Understand that the patient is already sick, hurting, or scared, and that is the reason for the emotion. This will give the registrar the right frame of mind when dealing with difficult situations."

Chang gives these examples of scripting, which can "hardwire the phrases that can turn the situation around":

- Use phrases that show empathy, such as "I'd be angry, too, if I did not know that my out-of-pocket expense of $5,000 had to be met before my insurance company would pick up 100% of the bill."
- Use phrases that show you will take responsibility to assist them, such as "There is something we can do to ease your frustration today. We have several payment options to choose from."

It also doesn't hurt to get a little personal at times. "Using some self-disclosure often helps the patient realize that the registrar accepts them as a person," says Chang. For example, staff might say, "I understand how you feel. I work here and we have a co-pay, as well as being responsible for 20% of our bill as well," or "I can sympathize with your situation because I recently had an unexpected illness. I had to use the same payment options I am offering you."

"Letting them know you understand their viewpoint makes them feel more comfortable and that you care," says Chang. "Stay calm and show respect. And show you are listening by allowing the person to speak without interruptions."

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Get other departments to sing the praises of access

Other areas may lack understanding

Registration staff were too careless to get accurate insurance information. A patient access employee was mean to a patient. Wait times at registration were ridiculously long because staff are incompetent. The list goes on and on. Too often, patient access bears the brunt of negative feedback from other areas of the hospital.

"It is difficult at times when the clinical staff really don't understand the registration process and the complexities with regard to regulations, policies, and procedures that we need to follow," says **Lauree Miller**, director of patient access at Saint Elizabeth Hospital in Lincoln, NE.

Others don't realize that access staff must comply with regulations on patient rights, patient privacy, point-of-service cash collections,

medical necessity, and advance directives, to name a few.

In Saint Elizabeth's case, the main complaint about access involved wait times for patients being registered. Other areas of the hospital felt that staff weren't getting the patient into the system soon enough for nursing to begin their process of entering orders. They also said that the registration interview with the patient was too long, causing the departments to run behind on their schedule for the day.

"What we found was that some registrars were not as productive as others," says Miller. One registrar would register 40 patients in eight hours, while another registered only 25. To address this, the department is setting productivity targets, holding access staff accountable for completing a certain number of registrations per hour.

Work with departments

Miller says she often has worked with other departments to come up with solutions to their problems when patient access was involved.

"I am currently working with the radiology department, as they want to be competitive with freestanding outpatient radiology centers. Being part of a hospital, they fall into the regulations of a hospital, so we need to be creative in how we stay competitive with these types of services," says Miller. An express registration process is being piloted, where staff have patients who are pre-registered sign papers, place armbands, and get them to the department as soon as possible.

"At the beginning of last year, we were asked to reduce our expenses in patient access. We decided to close one of our registration areas," says Miller. "Since that time, we have been struggling with wait times, but not because the staff weren't being productive. We struggled because we didn't have any registration desks to add additional staff."

The radiology department director provided data to patient access on wait times for all radiology patients. "We tried different things to help. Nothing seemed to make a big difference. We were at a crossroads to decide if we were OK with the wait times, or was there something else we could do to decrease our wait times and increase our patient satisfaction," says Miller.

That is how the express registration process got started. Three full-time registrars now use the process for all pre-registered patients. "If the patient was called over the phone to verify demographics and insurance, there was no reason why we would have needed to go over all this information again at the time of registration," says Miller. "We also had to listen to our patients say, 'I just went over all of this last time I was here,' or 'I just went over this with someone over the phone. Why do you have to go over this again?'"

Currently, pre-registration is completed for patients for surgeries, magnetic resonance imaging, computerized tomography, positron emission tomography scan, endoscopy, and the sleep lab. At the time of registration, staff review only the basics of the patient's name, date of birth, physicians, advance directives, and consents, and initiate the patient belongings sheets.

"Because we responded to the concerns with radiology in a collaborative fashion, they were supportive in helping us to identify solutions," says Miller.

Duplication of work minimized

Another area of opportunity for Saint Elizabeth's access department was the hospital's outpatient surgery center. "Here again, we need to stay competitive with our surgery centers in the community. When you go to an outpatient surgery center, you pretty much check in and don't have to go to a patient access department to get registered," says Miller. "So we are piloting a process where the patients go directly to their room, instead of waiting in the patient access department."

A team was created with the goal of improving patient satisfaction and reducing wait times. patient access leaders worked with the short-stay center leaders to work out the details.

"The clinical staff needed to understand the importance of the work that patient access was doing," says Miller. "We also needed to balance that with getting the patient in the information system timely for the clinical staff to do their work," she says.

By having the registrar in the room with clinical staff, the patient no longer has to be asked the same questions multiple times. "The clinical staff can physically see the patient in their room, so they are not wondering where the patient is, if they are waiting in patient access or if they are late," says Miller. "The clinical staff can expedite their process sooner with the patient, thus caus-

ing our OR times to be on time for our physicians."

Since the pilot program just started, the process is used for only a few patients each day. "Our goal is to expand the number of patients going through this process," says Miller. "By working together with the short-stay leaders and nurses, we were able to collectively figure out how to work as a team to improve the process for our patients and also the clinical staff. By explaining the details of the registration process to this group, they were able to have a better understanding of the complexity of registering a patient."

Compromise is needed

Previously, nursing was responsible for keeping track of patient belongings, but there was no formal process for this. Patient access worked with clinical staff to create a form initiated at the time of registration, so that the patient's name and account number are documented. The patient access team was having the patient complete the form, but this was causing an increase in the registration wait times.

"So we compromised, in that patient access would initiate the form, and the clinical staff would review and sign off on the form. This has worked well," says Miller. "Our goal was to have a patient belongings form on all inpatient, observation, and surgical day care accounts. This then becomes part of the patient's legal record."

A two-call process was recently implemented with the nursing staff. When a direct admit presents to be registered, access staff call the floor to let the nursing staff know that the patient has arrived so that they can start to prepare. Then prior to taking the patient to the floor, staff call again and let them know that they are on their way.

Another recent initiative involved a two-call process, so the nurse could verify a patient's room was ready on the first call and be ready to welcome the patient in his or her room once the second call is received.

"This was in response to our hospital being so full that our rooms were not always ready for the patient," says Miller. "We were discharging patients and admitting patients so quickly that the rooms were not cleaned. We definitely did not want to take a patient to a room to find that it wasn't clean."

Miller says there is no question that helpful, collaborative actions spread goodwill for patient access. "In my opinion, patient access is a very important part of the experience for the patient," she says. "Our staff do set the stage for the patient's entire experience. If the patient's perception is that we are working together as a team, which we strive to do, then our collaborative efforts have meaning. I think our team approach to include clinical and nonclinical representation is key to the success."

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Gauge your next access candidate's service skills

Actions speak louder than words

Does an individual have flawless references and impressive skills? That doesn't matter much if his or her service skills are lacking.

"With the changes in patient access, having the skill set for the job is just a piece of what we are looking for now," says **Pam Carlisle**, CHAM, corporate director of patient access services and revenue cycle administration at Columbus-based Ohio Health. "During the interview, our directors are analyzing how the candidate deals with conflict, critical situations, and how they think, by giving them pointed scenarios to test their critical thinking skills."

Carlisle says that her department offers testing during the interview to see how a candidate might formulate a presentation, analyze a chart, or deal with a role-playing scenario.

Applicants are asked questions about how they have handled conflict management, how they have dealt with different personalities in their current work environment, and how they deal with life in general.

"Talking about other things than just a skill set has become a priority," says Carlisle. Because the front line is the first point of contact, they have to be friendly, with a good personality, multi-task oriented, and have an overall positive attitude in

the line of fire. We search for customer service skills."

Considerations include the candidates' tone of voice, their ability to communicate clearly, and whether they smile when meeting others, including the receptionist and the panel of interviewees.

"Many times, you can tell the minute a person walks into the room if they have that positive, outgoing style," says Carlisle. "The single attribute we look for is enthusiasm and a positive nature. We can teach and develop individuals with the will to learn. But one of the worst mistakes we can make when hiring the front line is focusing strictly on past experience and skill set."

Instead, look outside the box and evaluate the thought process of your candidate. "On the front line, they have to be able to analyze situations, make quick and accurate decisions, and be a forward thinker," says Carlisle. "We challenge those attributes during the interview to really get to know the personality and nature of the candidate."

Do behavioral interviews

According to Grand Rapids, MI-based Spectrum Health's talent acquisition specialist **Angela Groom**, behavioral-based interviewing is the best way to gauge an applicant's ability to effectively handle customer service situations. "The ability to relate well to others is largely an intangible characteristic," says Groom. "Recruiters have found that asking situational questions allows the applicant to demonstrate their line of thinking."

Behavioral interviews include questions such as, "Tell me about a time when you exceeded your customer's expectations," or "Describe a difficult customer service situation and how you handled it." The goal is to assess from the applicant's answers if he or she relates to the customers and genuinely seeks to exceed their expectations.

Carole Helmandollar, executive director of ambulatory services at Children's National Medical Center in Washington, DC, says that she asks these behavior-based interview questions:

- What types of customer service experiences have you had?
- How do you define excellent customer service? What does excellent customer service mean to you? "Look for whether they focus on the people or the process in their response," says Helmandollar.
- What was your last experience at a doctor's office? How did they make you feel? Did they keep you informed about delays?
- When was the last time you handled a difficult customer service interaction, and how did you resolve it?

"The answers we get then drive the follow-up questions," says Helmandollar. "We also look for basics, like eye contact and body language, that indicates that the candidate would try to make the patient feel comfortable rather than defensive."

Helmandollar says that she had lunch with a new hire recently who stopped after they were done eating to pick up some trash off the floor. "I thought about what a wonderful sign that was. Maybe I need to strategically place trash somewhere between my office and receptionist desk to see if candidates will stop to pick it up," she says.

Team up with HR

At Children's National Medical Center, the human relations department does a pre-screening of candidates before the interview process can begin with the patient access managers. "This tries to get at the candidate's perceptions about what gaining customer loyalty means, and how they can affect it by their behaviors," says Helmandollar.

Since Spectrum Health's managers and recruiters possess different strengths, the two have sometimes teamed up to conduct certain interviews in some areas, including patient access. "The applicant may answer in a certain way, so that the manager and recruiter detect specific tendencies," says Groom.

To be successful in patient access, employees need to possess the ability to relate to customers' situations. "Applicants working in a customer-centered atmosphere need to possess a good problem-solving mentality, a willingness to go the extra mile in helping people, and be able to remain calm in difficult situations," says Groom. "The willingness to solve the problem and not pass the buck is also paramount."

Jen Nichols, Spectrum Health's director of patient access, notes that the role of the patient access professional has changed significantly over the past several years, as more functions have been advanced in the revenue cycle and added to the workflow. Processes and activities formerly completed by the "back office" are now

handled by access.

"Entirely new competencies, such as cost estimation, have emerged in our industry," says Nichols. "Correspondingly, the expectations of corresponding skills required of a patient access professional have dramatically increased."

Historically, some organizations may have hired someone primarily for customer service skills, with moderate computer or data entry requirements. "Today, we seek a sophisticated professional that demonstrates advanced customer service but is also highly skilled in technology, capable of managing multiple electronic tools and systems, able to conduct financial conversations and collections, deeply knowledgeable in a variety of payer plans and requirements, and able to perform a range of other duties that are part of access," says Nichols.

For this reason, involving the patient access professional in the interviewing process makes sense, preferably someone from the team in which there is an opening. "They are close to the everyday workflow and are often able to provide unique perspectives to the hiring manager," says Nichols. "The staff members are also able to assist the hiring manager in evaluating team needs. In addition, they offer a peer perspective of a candidate's team fit."

Spectrum Health's HR team recruits and assesses applicants for organizational fit and alignment, with a strong partnership between the hiring manager and HR "These processes, if done effectively, can be very helpful to the hiring manager in terms of screening and qualifying applicants," says Nichols. "An upfront investment of time in establishing position requirements, a discussion of organizational needs, and success criteria allows HR to confidently and accurately act on behalf of the hiring manager."

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These strategies can pave the way to a clean claim

Prevent unnecessary claims denials

The Medicare Secondary Payer questionnaire is not complete. The Medicare number is missing from a replacement plan. The subscriber name or date of birth is a mismatch. An account has incorrect insurance coded for third-party liability.

These are some of the challenges patient access staff face on a daily basis. At Hennepin County Medical Center, access staff now use a new electronic health record with enhanced eligibility technology enablers, as well as more robust work queue functionality.

"When we have a claim on the back end that has hit a claim edit, we have multiple work queues that are worked, prior to the claim going out the door," says **Michele Young**, manager of the hospital's emergency admissions and registration zones.

One particularly difficult challenge involves ambulance billing. "We have a large ambulance service here. For 60% of those ambulance runs, the patient is not transported to our facility, but we do the billing for those ambulance runs," says Young.

The hospital's practice improvement team looked at the problem and found that for 50% of these patients, the paramedic was unable to obtain a Social Security number although the patient was over 64 and likely to have Medicare coverage. "So we may find a Medicare supplemental and will code it. Of course, when it goes out to that supplemental payer, they will deny it, saying there is other coverage," says Young. "But without the Social Security number, we cannot check for eligibility with Medicare. Our plan for the future is to utilize a product called Search America, which may return a Social Security number."

Many billing challenges

Karen Condon, acting manager of the hospital's financial clearance center, says that the new electronic health record system has helped the department to identify patients who may require referral or authorization before treatment starts. "We can identify specific payers, and this alerts

us to check for a referral," she says.

One challenge involves outpatient visits for radiology. "A few years ago, insurance companies started requiring authorization numbers," says Condon. "With our electronic system, we can easily identify those appointments, but we struggle sometimes if the insurance company asks for a lot of medical information."

Staff often play phone tag, going back and forth between physicians who ordered the treatment plan and the insurance company, trying to get it authorized. Otherwise, services provided could be denied.

Many of the department's current claims denials involve Coordination of Benefits. "There are some system constraints," says Young. "Depending on what the patient's coverage is, there are a couple of things we have a real big challenge with. One of those involves our cost plans. For our facility fees and our paraprofessional fees, we are billing Medicare. But for our professional fees billed out of HFA [Hennepin Faculty Associates], our counterpart, their clinics don't bill Medicare. So we have had to manually intervene for those cost plans." For HFA to bill correctly, the system always puts the health plan as the primary. Hospital staff have to remember to go in and manually change this.

Another billing challenge involves the dental clinic, which is billed by HFA. "Hospital staff have to remember to remove the dental plan as the primary plan from non-dental accounts," says Young.

Another challenge involves untimely filing, which is often related to coding and documentation. It also may be due to lack of authorizations. "We may not have received an authorization number or may not have the correct insurance information," says Condon. The patient may arrive unconscious or may not have his or her information with them. At times, access staff may not have been able to obtain it until after the patient has been discharged or after he or she has been in the hospital for three or four days, but the payer may require notification within 24 hours. This claim may be denied.

"The number of appointments that we schedule without the patient, historically, has been an issue here," says Young. "Other clinics may be calling, or it may be a friend of the patient who doesn't have the information that we need. Of course, our batches checking for eligibility are going out to our biggest payers. If the patient has no insurance, we are only checking Minnesota Medicaid."

Also, an insurance company may change its requirements, such as requiring prior authorization for radiology. "If we don't know about that change, that information doesn't get distributed to everybody in the organization," says Condon.

A state statute requires standard information to be returned from payers, yet several payers still do not return the subscriber date of birth. "Another challenge is that if a payer such as Minnesota Medicaid makes any changes at all in how the display of their response is returned through our eligibility vendor — if they add so much as a semicolon or additional numbers — all of the sudden, our mapping is off," says Young. "And that is how we figured out they made a change. There isn't any requirement for a payer to tell us about the change."

Young says if you don't have the patient in front of you, all of these problems become much more difficult to resolve. For example, hundreds of claims edits involve a patient's name and date of birth failing to match the information from their insurance company.

"That is a huge challenge for us," says Young. "We probably get a minimum of 50 accounts per day every single day of the year. It may be something as simple as a hyphenated name and the payer does not have a hyphen and that creates a mismatch, or the patient tells us her name is Kathleen but the payer lists her as Kathy," she says. "This is a ongoing problem because we cannot change our electronic health records based on what the payer has."

Accurate info is key

Young says that the department does whatever it can to ensure that accurate demographic and insurance information is collected.

"We use a third-party vendor for insurance eligibility, so we have access electronically to the majority of our most common payers," she says. "We also have links to additional payers that all the front-end staff have access to. We also have a batch process sending all appointments electronically every night, so that exceptions are caught."

For example, if a patient is coded as having Metropolitan Health Plan but actually has a different plan, this will be caught by staff who work the exception work queues prior to the patient's appointment or admission. For same-day or next-

day appointments, there is a look-back batch for those exceptions.

"We have also set up a lot of auto processing within the system," says Young. "If we have a patient on a fee-for-service Medicaid plan, the system will automatically add or terminate coverages based on responses. If a response from a payer in that batch returns that the coverage is terminated, and includes a termination date, then the system will autoterminate that for us."

Likewise, if a coverage change is made, the system will search for any other accounts within that eligibility period that are affected and will place those accounts in a work queue to be corrected.

Errors won't re-occur

Dorothy Gunlock, admitting and central scheduling manager at Covenant HealthCare in Saginaw, MI, says that implementing an electronic system has helped her to research the "how and why" of registration accuracy issues.

"If someone says, 'This information is missing,' or 'This was entered wrong,' we can run an audit and let them know how it got there. If it wasn't anything we did wrong, I let them know that. And if by chance there *is* something that I find, I tell them what we will do to prevent it from happening in the future," she says.

If a mistake happens once, the system is tweaked so it does not occur again, by adding a work queue to catch it. For example, if the issue involves missing information, the system is changed so that the staff person can't finish registering a patient without completing that portion.

"A bill won't go out if certain criteria aren't met," says Gunlock. "We tried to build as much of that as possible into the front end, so it won't get to that point."

This ability has contributed to good working relationships. "We hope other departments see we are taking a proactive approach, and that we really don't want to make mistakes," says Gunlock.

Sometimes a complaint involves a misunderstanding, because people are thinking about a previous system when admitting did things differently. "The real picture may be that the information is entered by another area now and isn't something that we would have keyed in. The way information gets there is different now from two years ago," says Gunlock.

"I think people know when they bring something to our attention, if we can do something with our computer system or workflow to prevent future problems, we will," says Gunlock. "That helps departments know that you are not just giving them an excuse or ignoring their concerns."

Checks and balances have helped accuracy so mistakes don't recur. "Now that we are on an electronic system, we can use it to assure that the data are accurate at the point of registration so they flow cleanly through the system," says Gunlock. "Not having multiple data entries from multiple systems really helps to minimize errors."

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Be sure you're complying with patient rights regs

Is your patient access staff familiar with federal requirements for giving patients information on how to file complaints or grievances?

The Joint Commission's complaint resolution standard, effective July 2009, now more closely

COMING IN FUTURE MONTHS

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- Play a key role in preventing problems with long ED waits
- When an immediate consult with an employee is called for
- What to do if your department is unfairly criticized

resembles the Centers for Medicare & Medicaid's Patient Grievance Condition of Participation. Both organizations require the patient and his or her family to be informed about the complaint and grievance resolution process, and to be provided with the phone number and address needed to file a complaint or grievance with the relevant state authority.

Vicki Lyons, patient access manager at Baptist Hospital East in Louisville, KY, says that patients are given a packet during registration including a Notice of Privacy Practices, an informational sheet on patient safety, information on requests for private rooms, a letter to the patient from patient relations explaining how to file a grievance and who to call, a patient rights paper, a pain control guide, information on smoking cessation programs, what to do if they need help during the hospital stay, and a phone card so staff can tell them the phone number in their room to give to their families.

"We do not verbally tell the patients how to file a grievance. When they are handed the information, we tell them it is information they need to know while in the hospital," says Lyons.

When patients sign the conditions of admissions form, it is marked that they have received a copy of the patients rights and responsibilities. In addition, patients are given a statement acknowledging being offered a brochure on their rights to make decisions about their medical care and advance directives.

"We have a statement stating that they did receive a copy of the notice of privacy, or that they did not receive a copy because they had received one previously," says Lyons. "A lot of our patients are repeat patients and choose not to take the information again, but we do always offer it."

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2009 SALARY SURVEY RESULTS

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Downturn, reform are the two big challenges for access

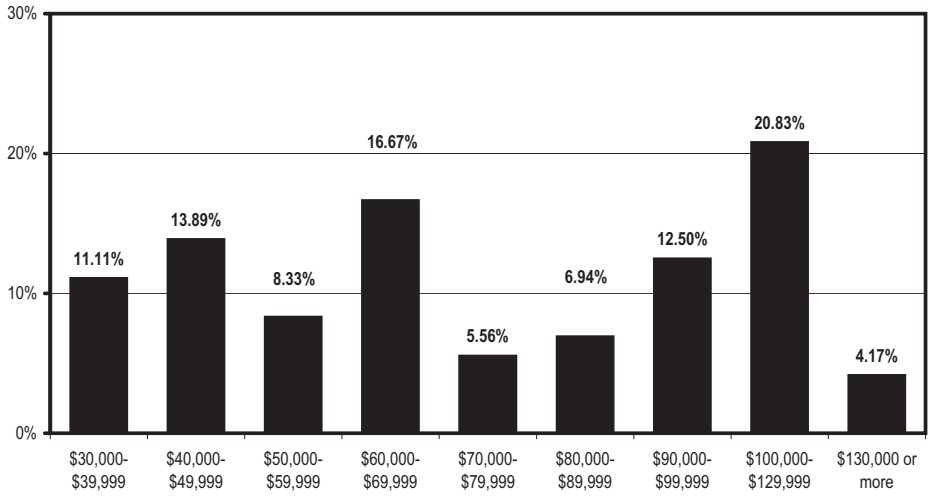
But lots of opportunities are out there

It's unlikely that many patient access professionals are seeing huge raises these days. "With the economy as it's been, I would imagine increases are minimal and folks are scrambling to hold on to their jobs," says **Peter Kraus**, CHAM, CPAR, a business analyst with patient financial services at Emory University Hospital in Atlanta.

This is probably the case for most hospital departments, says Kraus, except perhaps in facilities where there is a nursing shortage.

At the same time, patient access departments are being challenged to do more with less. "Hospitals are delaying hiring and trying to develop ways to reduce FTEs," says **Cheri S. Kane**, MSA, FHFMA, CHFP, FACMPE, division president of The Outsource Group in St. Louis and former vice president of revenue cycle at Grady Memorial Hospital in Atlanta. "Some hospitals have moved to four 12-hour shifts, similar to nursing. Some hospitals froze wages in 2009."

What is Your Annual Gross Income from Your Primary Health Care Position?



However, there is a big bright spot: The role patient access plays is more acknowledged and appreciated by the health care industry than it was even 10 years ago. "I suspect that going forward, patient access's role will continue to gain respect. Salary increases will at least match industry standards as the economy improves," says Kraus.

According to the 2009 *Hospital Access Management* Salary Survey, 14% of respondents fell into the $40,000 to $49,000 range, with 11% earning less than that amount. Another 8% earn between $50,000 and $59,000, and 25% make more than $100,000. About a third (36%) of respondents reported a 1% to 3% increase in salary in the last year, and 21% received a 4% to 6% increase. Notably, 29% reported no change and 4% said their salary decreased. **(See chart below.)**

The survey, which was administered in July and tallied, analyzed, and reported by AHC Media, publisher of *Hospital Access Management*, identifies some of the factors impacting salaries and benefits in patient access.

Other key findings of the survey:

• Thirty-two percent of respondents work between 41 and 45 hours, and 28% work between 46 and 50 hours. A third (35%) put in over 50 hours. **(See chart on pg. 3.)**

• Eight percent of respondents have worked in patient access for only one to three years, and 11% for between four and six years. Twenty-one percent have worked in patient access for 25 or more years. **(See chart on pg. 4.)**

• Twenty-two percent of respondents were over age 55. **(See chart on pg 3.)**

Kraus says that access leaders need to be as knowledgeable as possible about hospital finance and administration, with a comprehensive understanding of how a hospital is managed.

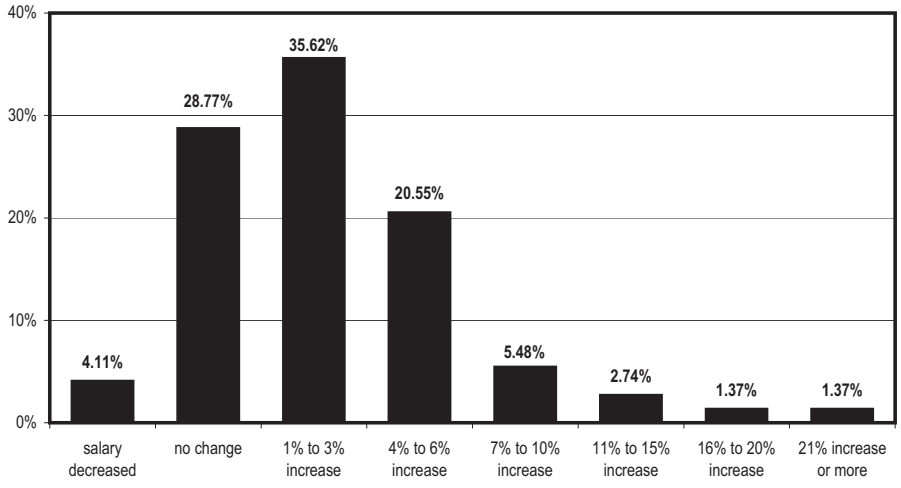
"It is also helpful to have knowledge of how the departments access interfaces with are run," says Kraus. "Access leaders aiming for the top should look for, or at least never say no to, opportunities to assume management of other areas. The more comfortable an access leader is with how other departments are run, the less fear and risk there will be of accepting added responsibility, and the greater likelihood the leader will be tapped for the job."

Kraus advises access professionals to stay attuned to trends that develop from health care reform. "This can be both tricky and time-consuming, because many proposals will turn out to be dead-ends," he acknowledges. "Perhaps a high-level approach is appropriate at this stage. But if and when changes begin to be felt, top-flight access leaders will know what's driving them."

You'll want to respond proactively rather than reactively to those changes that affect your department. "Although one never knows what Congress will come up with in the end, it is safe to assume that health care reform will impact health care reimbursement," says Kraus.

In addition, the public may have more opportunity than ever to judge hospitals on successful outcomes and attentive service to their patients. "Running lean and mean and constantly looking for ways to do more with less while maintaining

In the Past Year, How Has Your Salary Changed?



quality are old adages that never go out of style," says Kraus.

Technology use will increase

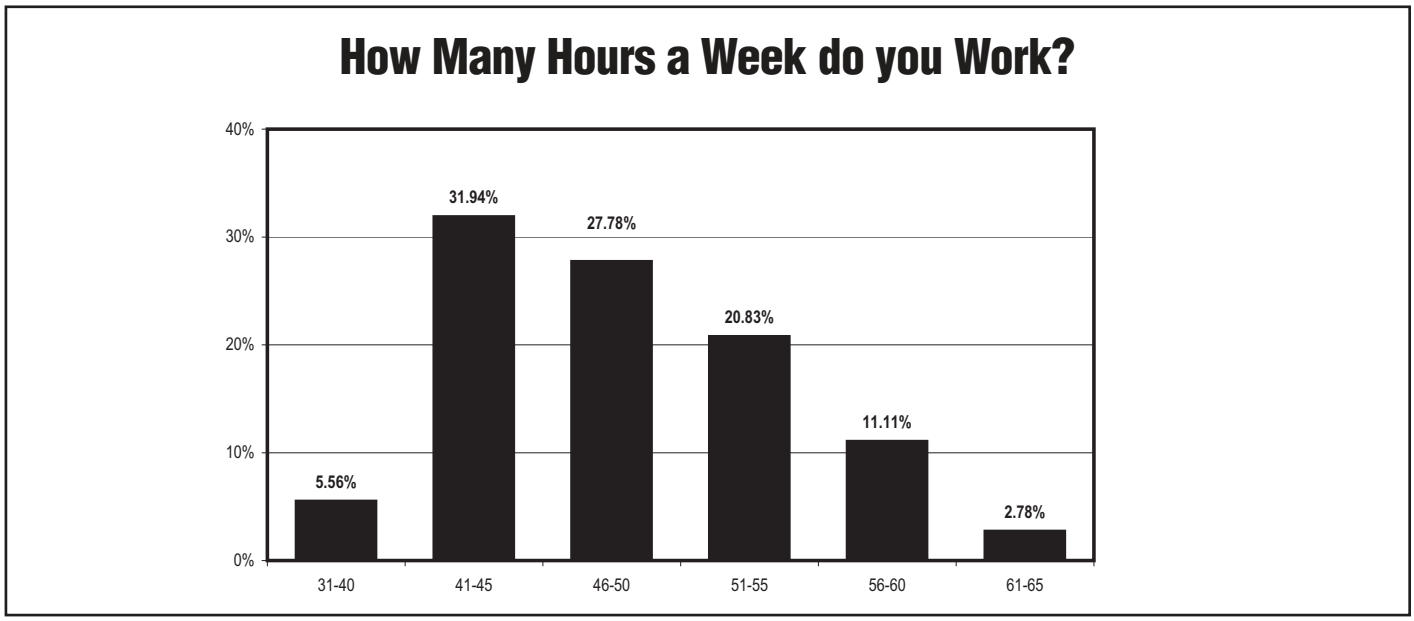
Kane says that she expects to see a continued increase in automation and a decrease in decision making in the field of patient access. "As these positions become more automated, they will require staff that are more educated in providing excellent customer service with less knowledge of the patient access function," she says.

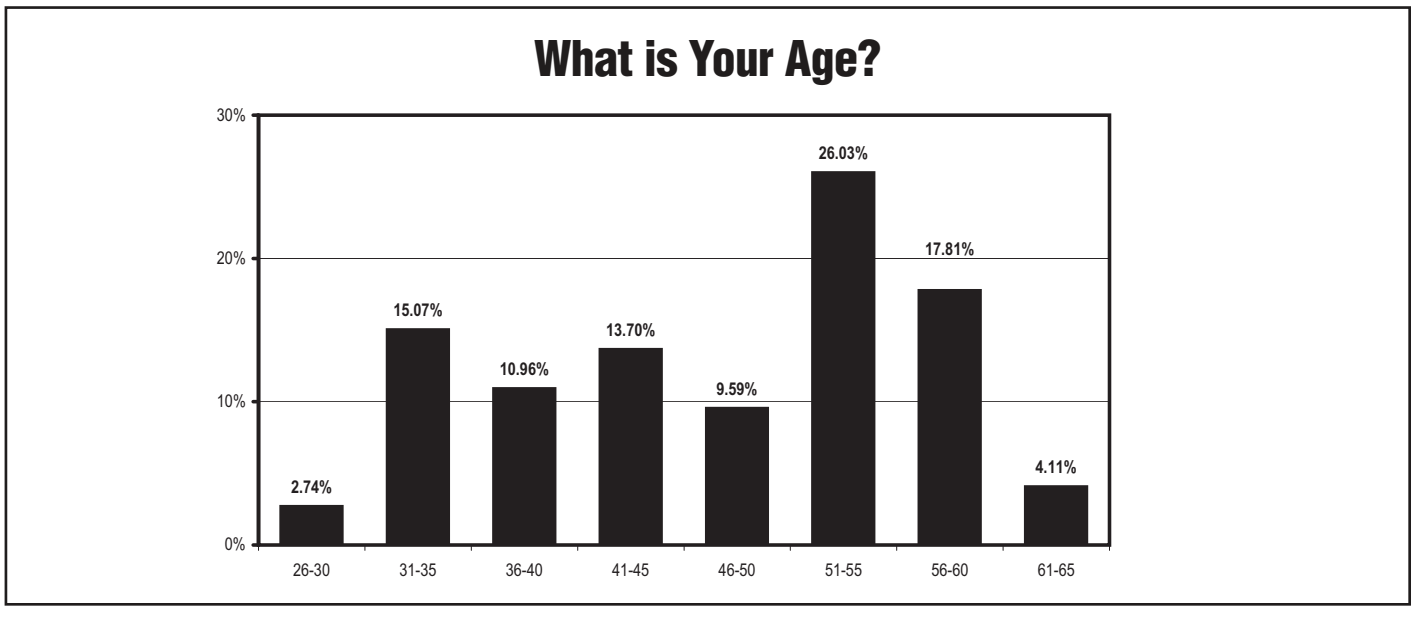
There is no question that the economic downturn has put some technology investments on hold, even those that ultimately would result in cost savings.

"Budget cuts have definitely impacted patient access, in that money for some of these purchases has been cut as well as staffing. This has created a double whammy for patient access," says **Beth Keith**, manager of ACS Health Care Solutions. "However, some organizations have moved forward with automation to support staffing cuts. It is a mixed bag."

Keith says that one technology trend she sees involves an ongoing focus on quality data collection. This can support accurate insurance identification, upfront collections, demographics, and ultimately streamlined reimbursement.

"If everything is done properly in the beginning, the back-end follow-up and rework is eliminated except as related to poor payer procedures," says Keith. Scheduling, pre-registration, medical necessity, address verification, insurance verifica-





tion, income verification, charity review, and charge estimate software tools are some examples.

"These provide significant benefit to the access professional in carrying out their vast array of responsibilities in a programmed, consistent manner," says Keith. "This limits human error and omission of important steps in the process. The more automated the process, the better potential for streamlining the outcome."

It is also critical that patient access leaders be involved in the denials management process, to understand where the pain points in their process contribute to financial loss. "Because access professionals understand so many pieces of the puzzle, progression to the overall revenue cycle management roles is a natural career growth move, in my opinion," says Keith.

With today's economy, most hospitals are experiencing a substantial increase in bad debt. To battle this phenomenon, companies are offering increased automation to the patient access staff to estimate the patient's amount due after insurance. "Many companies have created payment estimators that provide custom scripts and use insurance and patient-specific information as tools," says Kane.

Here's how to advance

To advance in the patient access field, it's necessary to become more educated about the revenue cycle in total. Understanding the charge capture process, assisting the hospital in finding the root cause, decreasing denials, and assisting in developing ways to increase point-of-service collections are key goals. "These are the changes that will help you be noticed and open that next opportunity," says Kane.

Completing a formal undergraduate program or obtaining a master's degree always helps you differentiate yourself from other candidates. "But, it is not always the key to achieving the next promotion," says Kane. "I am seeing new positions for managers in quality and productivity and training to drive quality excellence in the department. Getting yourself noticed, communicating, and delivering solutions is a surefire way to achieve the next management promotion!"

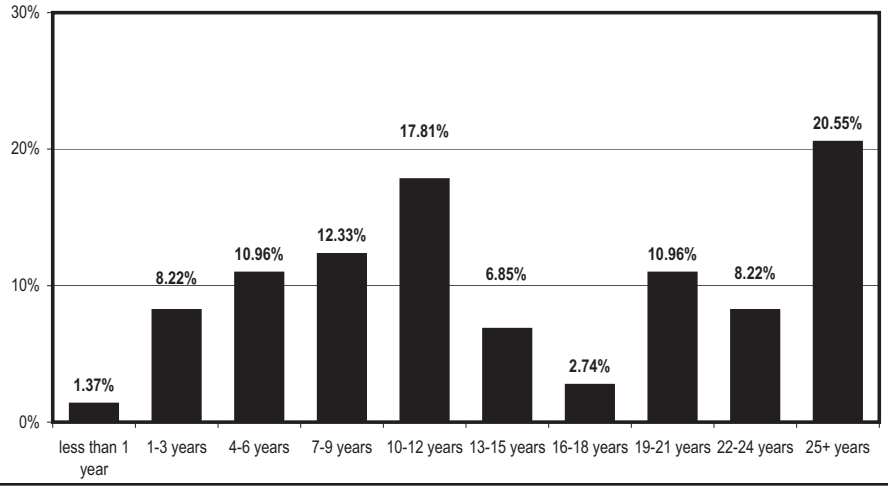
Kane recommends obtaining certifications offered by patient access organizations and attending hospital training programs in Excel, Word, PowerPoint, and other tools to help you improve how you communicate to senior leadership.

"If your hospital doesn't have an electronic quality tool, develop a manual one. Use these employee results to drive departmental, as well as one-on-one training programs," says Kane. "In addition, place employees on personal improvement plans."

Another area is tracking and trending point-of-service collections to increase cash. "This is key for CFOs," says Kane. "Develop a method to track weekly and monthly cash collected by employees, and then reward the employees."

These don't have to be monetary rewards that increase employee compensation. "Often, recognizing employees may be as easy as an employee of the month or sending handwritten notes with a small gift card," says Kane. "That will make employees achieve better collections and quality registrations." ■

How Long Have You Worked in Your Present Field?



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