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Do staff see access as a long-term career — or just a stepping stone?

Managers see 'growing level of respect'

A 22-year-old emergency department registrar working the night shift at Northern Hospital of Surry County in Mount Airy, NC, was obviously very intelligent. Equally obvious to her managers, though, was her complete disinterest in her job.

"I could see that she had amazing potential, but there was nothing to keep her focused," says **Terry Hancock**, CAM, a patient access manager at the hospital. "She would complete all of her tasks, find short cuts for registering patients, and frustrate her teammates by making it all look too easy."

Hancock decided to make it her mission to work with this staff member, who was at a professional crossroads. "I gave her additional and more challenging responsibilities and expected nothing but her best," she says. "I cut her no slack, showed confidence in her abilities, and praised her to other leaders."

Four years later, this employee is now the hospital's patient access supervisor. "She is extremely knowledgeable, well-respected for her abilities, and a 'go to' person for many other departments within the hospital," says Hancock. "One of the most rewarding tasks you can undertake is to liberate the potential inside an employee who is not challenged or motivated."

A foot in the door

Too often, though, a positive outcome like this one is the exception and not the rule. "Patient access jobs have often been viewed as just a way to get a foot in the hospital door," says Hancock.

All too often, access managers expend time and resources training a staff person who leaves their department soon afterward. Your employee may have decided to work in another hospital department or another field altogether, but regardless of the reason, you've lost a valuable resource.

"Turnover of staff is always difficult to manage in a complex, 24/7 operation. It typically takes at least three months for a new staff member to perform at acceptable levels on their own," says **John Woerly**, RHIA, CHAM, a senior manager at Accenture in Indianapolis. "This costs the organization and its customers in many ways."

These costs include staff productivity for the new staff member, his or her mentor, and the training staff; data integrity; and the department's level of customer service, which may be negatively affected as new hires learn hospital policies and procedures.

Another factor hurting retention is that other areas of the hospital perceive the duties of access as data entry or "a registration clerk" and nothing more. "Other departments may not recognize how central and important this work really is," says Hancock.

She adds that her own perceptions of the access role were similarly short-sighted when she first joined the hospital as registration manager in January 2005. "I soon realized that the role is much more intricate and required a great deal of training and experience to become proficient," says Hancock. "The turnover was very high back then. It seemed as soon as a new rep was trained, they would leave for one reason or another."

What the team really needed, Hancock decided, was "a sense of purpose, that they were making a difference and doing worthwhile work. They also needed to know they had a voice, and that their ideas were valuable."

More advancement possible

A growing number of opportunities in the field are paving the way for access to be viewed as a rewarding, fruitful career by many. "I think that the current recession has impacted staffing, in that staff may be less likely to job hunt," says Woerly. "Additionally, I have recently met staff at the team-lead level, who are truly excited about their position and the field of patient access. They are hoping to make this a long-term career."

By giving staff the opportunity to expand their roles, you're giving them a reason to stay in the field. "As patient access leaders, we can instill a level of excitement and inclusion in our profession," says Woerly. "This is being accomplished through management development training, providing individuals with lead roles in process improvement initiatives, and mentoring our future leaders." This might take the form of allowing staff to assist in the development of a new program, improve an existing process, or, where possible, promoting internally.

On a recent site visit, a relatively new coordinator told Woerly that she planned to make patient access her career because she had discovered a passion for it. "Of course, introducing her to the National Association of Healthcare Access Management, as well as her local patient access association, was a pure delight for me," says Woerly. "As a long-term 'admitter,' it was enlightening to see a staff member seeing the long road

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Editorial Questions

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ahead in this wonderful profession!"

Even within his consulting firm, Woerly has found that new staff members are eager to learn more about management opportunities. "With this in mind, I know that the future of the patient access profession is bright and growing," he says.

Patient access also may be experiencing a growing level of respect within the medical community. "Hardly a week goes by that I am not contacted by recruiters in regards to new and exciting corporate positions. Multi-entity health care organizations are seeing the value of standardization and new thought that a corporate leader might provide," says Woerly. "Additionally, the 'C' team is seeing us in a new light."

Woerly says that senior hospital leaders are reasoning that if patient access leaders can successfully manage a highly customer-focused operation, "then surely we can be utilized in more advanced positions." Here are ways to get your employees to make a long-term career of patient access:

• Pinpoint each individual's strengths and talents.

"This can give you ideas of ways to provide opportunities for advancement," says Hancock. When Hancock started in access, the front end was only just beginning to play a significant role in the revenue cycle. "Although we audited work, it was too late to fix it before it billed. It made sense to do it right the first time, or get it fixed before it billed," she says.

Auditing for quality, eliminating billing errors, insurance verification, financial counseling, point-of-service collections, and managing liabilities are all areas in which your staff may have special strengths.

"Stay abreast of changes. Imagine 'what ifs' that lead to ideas for new jobs. These can be options for you to provide a career ladder," says Hancock. "Recognize and reward your best employees with a new role and a higher pay grade."

• Make smart use of technology.

Find innovative technologies that automatically perform tedious and repetitive tasks such as auditing, recommends Hancock, "thus, enabling staff to focus more on taking care of the patient. That is their reason for being here."

• Encourage staff to report problems.

Brad Davenport, director of patient access at The University of Tennessee Medical Center in Knoxville, says that he rarely finds applicants with related experience.

"Most of our new hires have a considerable amount of information to learn," he says. "Health insurance is complicated. Many employees are overwhelmed by the amount of knowledge required to do the job. Our highest turnover is in the emergency department, which is very high paced to begin with, in addition to the stress of learning a new job."

For this reason, Davenport says that he works hard to let all staff, especially the newly hired, know they can come talk to management any time about concerns or problems they may be having with their job. "They need feedback on their performance, and reassurance that we can help them meet our expectations by providing more training or explaining policies," says Davenport. "Other times, it may be that the hours are not a fit. Perhaps we can work with them on schedule changes."

• Use team members to support new employees.

"Co-workers have a tremendous impact on the success of a new employee. We often discuss this in department meetings," says Davenport. "They have an important role in making new employees feel welcome and to help them learn the job. They have the incentive to help new employees, because they realize turnover adds a burden to the entire team."

The hospital once had a formal mentoring program involving extra pay when a new employee met certain criteria, but that ended a few years ago. "Today, we assign a senior employee or team leader to all new employees," says Davenport.

• Offer some new options.

UT Medical Center's access department has created coordinator positions for precertification, coding, and denials. "We offer a few part-time jobs with benefits. We have had some employees who were seeking a nursing degree and wanted to gain hospital experience while attending school," says Davenport.

Job openings are always posted within the access department first for anyone wanting to change shifts or positions. "Of course, the employee must be in good standing and meet our requirements," says Davenport. "In most cases, our employees are wanting the earlier shifts or to move from nights or evenings to day shifts. We have split a full-time position into two part-time positions for an employee who wanted more parent time with her newly adopted child."

• Be a role model yourself.

Several of UT Medical Center's current patient

access managers have been promoted through the ranks. In fact, most of the management team started with entry-level jobs, such as secretarial or cashier positions. Davenport has told his staff that his own first job at the medical center was working the evening shift in the supply room. "My plans at the time were to only work a couple of years to finish my degree and take advantage of the wonderful college fee waiver benefit," says Davenport. "I found plenty of opportunities. Nearly 30 years later, I'm still here."

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Get your new hires 'hooked' on access

At first glance, an applicant may look at an open access position as a "get their foot in the door" opportunity. "They feel should a position become available within their educational background, that they will have 'first picks' as an internal employee," says **Sandra Garr**, admissions supervisor at University of Louisville (KY) Hospital.

However, once that person is actually working in access, it may become apparent that he or she has the unique skills and experience for the job. "They see how their peers enjoy what they do and see their great passion in how they handle our patients, with a true desire to assist. They often find themselves taking on that character and finding a personal fulfillment," says Garr. "This is where I come in."

Garr typically begins this conversation by commenting that the staff person appears to be "a natural" and doesn't sound scripted when communicating with patients. She tells him or her, "This job is not for everyone. You have to be a special person. You seem to have the personal connection, which is what is required to be successful here."

Managers are very specific regarding what's required to complete an accurate registration and why this is necessary. "Most often they don't realize the needs of a hospital facility to maintain certain accreditations and be compliant every time with every patient," says Garr. "Most gain respect for the position quickly, while others you have to show them and reiterate the importance until they clearly understand their role."

Your new hires may respond that they are unsure whether they'll stay in the department, due to the low pay. Or, they may tell you they're waiting for a particular position to open up within the medical field. "They may also express the desire they have to stay on board because of the fulfillment. Often, they are already 'hooked' with the love of the job, not to mention the great experience they are obtaining in the medical field dealing with insurance and medical terminology," says Garr.

Next, Garr reviews the different opportunities that exist in patient access. She covers the beginning stages of an Admission Specialist I, who strictly registers patients; the Admission Specialist II, who both registers and pre-registers patient; and the Admission Specialist III, who handles registration and insurance follow-up in the emergency department. She states that the salaries offered are very competitive.

New hires also are told personal stories by managers about what they did at the hospital before coming to the department and that they have found access to be more fulfilling than some of their previous positions. "Then, you must honestly express their strong ability to be successful not just here in patient access but anywhere in the hospital, because of their character qualities that can't be taught," says Garr. She often tells staff, "Don't aim for success if you want it. Just do what you love and believe in, and it will come naturally." ■

Say these words if staff tell you they're leaving

When your most skilled, compassionate, experienced staff person tells you she's leaving, don't let the first words out of your mouth be, "That will be a disaster for you!" or "You're making a huge mistake!"

Terry Hancock, CAM, a patient access man-

ager at Northern Hospital of Surry County in Mount Airy, NC, says that trying too hard to convince your access employee to stay can backfire. He or she may truly believe a better opportunity is out there. "If you have a good relationship with your employees, they trust that you have their best interests at heart. You want them to do what is right for them," says Hancock. "I'd never want to stand in the way of an employee bettering themselves."

Recently, an employee was about to accept another job in the hospital because she believed it was a step up for her. "I knew she would not be as happy in the new role, and I also hated to lose her," says Hancock. "I had a heart-to-heart conversation with her about my feelings and perceptions, and the pros and cons as I saw them. I let her know that her role in patient access wasn't a dead end, and that I was working to create a new role that she could be promoted to. It had to be her choice. She stayed."

Instead of strong-arming your employee, simply ask him or her to carefully consider the decision to leave the department. The facts may wind up speaking for themselves.

"We have had situations when physician offices have tried to recruit our employees. They usually have an advantage by offering a higher hourly rate," says **Brad Davenport**, director of patient access at The University of Tennessee Medical Center in Knoxville.

It may be that your access employees are only considering their hourly pay rate when comparing jobs. Their net pay may actually be less, when they consider all of the benefits they receive.

UT Medical Center's human resources department has prepared a document called "What to Think About" if an employee is considering other employment. Davenport encourages his employees to talk with the HR representatives if they are considering leaving the hospital system, so they will have a clear understanding about their benefits, retirement, and vesting. "There have been a couple of cases where the difference in insurance premiums alone was more than the increase in the hourly pay they were being offered," he says.

In any case, always try to find out the underlying reasons a person wants to leave. "Most often, we are told for better pay, better hours, or more opportunity for advancement," says Davenport. "I occasionally conduct exit interviews and most always learn there are other reasons. If it's a good employee and I feel they are leaving for the wrong reasons, I ask them to reconsider." ■

Easy ways to educate patients on insurance

They know very little about their coverage

Instead of "sticker shock," which refers to being surprised at the high price tag on an item, many patients these days are experiencing "benefits shock" when they learn how little their insurance actually covers.

If patients are unaware of their benefits, care may be denied because a procedure or service did not have a referral or precertification. "There may also be significant out-of-pocket expense for the patient, who is not prepared for the financial impact of medical care. This is particularly true with high-deductible health plans," says **Connie Longuet**, CHAM, director of patient access services at the University of Texas M.D. Anderson Cancer Center in Houston.

It's just not realistic to expect patients to become experts at the complexities of payer requirements or the hospital's billing processes. However, a little education can go a long way in avoiding misunderstandings that ultimately lead to lack of payment. Here are three strategies used by patient access departments:

- **Invite patients to free educational forums.**

Susan M. Milheim, senior director of patient financial services at the Cleveland Clinic in Independence, OH, reports that her department is definitely seeing "an increase in confusion for our patients" regarding their insurance coverage.

"As a result, we started patient education programs to help assist patients. These are conducted by our training department, with support from our financial counselors, Medicaid vendors, and Medicare experts," says Milheim. "Financial counselors are another great tool."

The free educational forums cover insurance requirements for surgery, the hospital's billing statements, coverage options for those who have recently lost coverage, how to comparison shop for medical care, insurance terms such as "explanation of benefits," and making the transition from commercial insurance to Medicare.

• **Give information to self-pay patients**.

To help uninsured patients, registrars at Oshkosh, WI-based Mercy Medical Center give them a "private pay" folder, created by the hospital's billing department. These are handed out whenever a patient is identified during the registration process as having no insurance. "It has the particular patient rep to contact if they feel they need assistance on their bill, and information on the Medicaid program and our hospital's charity care program," says **Linda Swanson**, registration coordinator. "It's been well received from patients. They see it as us helping them when they are sick or injured and are now going to face a bill."

During the pre-registration process, if a patient is identified as having insurance that is not covered at the facility, Mercy's registrars immediately alert the patient and the doctor's office. This way, the patient is made aware that he or she is not covered, so they don't face an unexpected bill.

"Many times, we can have the patient switch their Medicaid HMO they are with to one that is covered at our facility, if they prefer to use us for their care," says Swanson. "We can have it done prior to their arrival, so there is no loss of revenue for the system or financial burden for the patient."

If an obstetrics case comes up as a non-contracted HMO for the facility, for example, the case worker is typically able to switch the patient's coverage to a different HMO. "So by the time their delivery came, the patient was able to deliver here and continue to receive prenatal care with one of our OB doctors," says Swanson. "Otherwise, the patient would have to go to another facility or the hospital would not have gotten payment, nor would the patient like getting that large bill."

• **Create a form to review insurance coverage.**

"The sooner the patient is advised of their financial liability, the better," says Milheim. "Communication with the patient at the time of scheduling, not post-service, is ideal."

In order to ensure patients are aware of their insurance coverage beforehand, patient access staff at M.D. Anderson review a patient's insurance at the time of registration. "We find that patients are almost always unaware of all the elements of their coverage," says Longuet. "We designed an insurance coverage summary form that we complete and review with each patient. The form lists copays for physician, emergency center, and inpatient visits. It discusses deductibles, both inpatient and outpatient."

The form also reviews pre-existing limitations, lifetime maximums, and annual maximums. "Because we see patients from all over the world, we may not be contracted with an insurance company. So we also review the in-network and out-of-network status," says Longuet.

If the patient still has questions after the form is reviewed, patient access staff phone the insurance company with the patient present. This ensures that everyone has the same understanding of the insurance coverage.

The form is only used at new patient registration, or as needed when meeting with existing patients. "It would be way too much to keep up with each time every patient's insurance changes," says Longuet. "While this process lengthened our registration times to about 30 minutes per patient, both the institution and the patient benefit greatly in the results of this effort."

As many of the hospital's patients come daily or weekly to receive services, explaining their insurance coverage allows them to prepare financially for the future visits. "Explaining deductibles and copays at the beginning reduces the surprises on subsequent visits," says Longuet.

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Get contact info right the first time to avoid denials

An incorrect address sounds like a very simple matter to correct, but this wrong information can lead to payment for a valid insurance claim being delayed or denied altogether. This is something that no patient access department wants.

University of Pittsburgh Medical Center (UPMC)'s patient access department has made collecting accurate information a priority, including implementing online address confirmation and eligibility tools. With about 4.5 million outpatient visits a year, the department manages

about 50,000 mail returns from the post office annually.

"We take pride in our ability to keep our patient information as updated as possible. But even a very small percentage of error can require manpower and re-work that can negatively impact clinical care, as well as timely access to and reimbursement for services," says **Karen Shaffer-Platt**, executive director of access/information services.

Customer service is an issue

It's important for access departments to make patients feel "recognized," wherever and whenever they seek services in the health system, and this includes having the correct demographic information.

Regarding scheduled outpatient care, Shaffer-Platt says that it's access' responsibility to ensure that the day of service focuses on the clinical care the patient is receiving. "We do everything possible to verify and re-confirm, through any means possible, that the information that we have on file for the patient is current, meaningful, and reflects accurate information prior to the date of service," says Shaffer-Platt.

Accurate contact information helps with compliance with the Health Insurance Portability and Accountability Act (HIPAA), since violations are possible if information is sent to an incorrect address or phone number. Inaccurate information "also leads to overall dissatisfaction in our patient population," says **Diane Zilko**, senior director of the physician services division access development/central call centers. "They may feel that we don't care enough to find out where they are, or to ensure that we do everything correctly."

Real-time verification

Ensuring a patient's contact information is correct in "real time" improves billing and statement delivery, thus increasing your cash flow, says **Ron Camejo**, director of revenue cycle practice at Chadds Ford, PA-based IMA Consulting. "Multiple identities or possible fraud may be detected, including the identification of Social Security numbers for deceased persons," he adds.

Traditionally, access departments focused on address verification only, with batch address checking done after the fact. Newer systems give alerts if address and phone number discrepancies are noted, so these can be immediately corrected.

Camejo says to look for systems that also verify non-traditional phone numbers such as unlisted numbers or wireless, and integration with your ADT/practice management system. Ideally, he says, your system will highlight real-time discrepancies and allow the user to accept or reject changes after real-time discussion with the patient.

AT UPMC, outside vendors are used to review patient accounts to make sure that information on file is accurate. "And if we get a statement returned, we have an interface so it comes right back into our system," says Zilko. "At the point it's flagged as a bad address, we send it back out through the system to look for a good address."

If a good address can't be found, this means that some manual work is needed. "There is a little bit of manual intervention right now. So we're doing a little of both, but we are definitely looking at moving toward all electronic automated solutions for bad addresses," says Zilko.

The department also uses an automated process to check insurance eligibility. "We do that in a couple of different formats. We do that as batch for all our scheduled appointments, starting a few days prior to the appointment date, and we go all the way to the date of the appointment trying to get the most up-to-date insurance information," says Zilko.

Staff also check verification of insurance eligibility online. "This is also integrated back into our system. So when I'm on the phone with you making the appointment, if you have your insurance information available, I can go ahead and launch that right away to make sure you are eligible," says Zilko. "We also go straight to payers' web sites, using internal technology to bring that back into our patient management system." For all of these processes, timing is key. "We try to handle all of our insurance eligibility needs before the patient enters the building," says Zilko.

'Clean' registrations

To avoid denied claims, a "clean" patient registration without missing or inaccurate information is essential. "Our registration department works very closely with our 'back end' and billing partners. We find out the reasons for claims getting denied and how we can help on the front end," says Zilko.

Automation of collection efforts has contributed

a great deal to this process. "Due to the fact that we have been able to clean up so much on our front end, we know we are dialing the right numbers. We know we are sending the statements to the right address. So that becomes a much better process," says Zilko.

Real-time edits were added to the patient management system to avoid incorrect or missing information that causes claims denials. "We have learned a lot about what type of denials we were getting, enough that we have been able to add in real-time edits. Now, if you format something incorrectly, it will stop you," says Zilko. "If there is a piece of information missing on a health coverage claim that is needed — a formatting or group number, for example — it will stop and ask you for that."

The department also has shifted its approach from asking individuals the same questions multiple times to simply verifying that information. "If we have done our homework prior to the appointment, especially for our returning patients, arrival should be a brief re-affirmation of the data that we have confirmed on file, and then immediate access to care," says Zilko.

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Get on a drive to obtain 'non-traditional' info

Obtaining "non-traditional" contact information, such as cell phone numbers and e-mail addresses, has become a major priority for University of Pittsburg Medical Center (UPMC)'s patient access department. Both of these are now required fields in the system.

"We are finding that a lot of patients are now using cell phones as their main contact number. We have adapted our registration screens to request both cell phone and e-mail information, so we can always accommodate the patient preference of communication," states **Karen Shaffer-Platt**, executive director of access/information services.

Patients may be easier to reach on cell phone, which means that patient access staff can avoid playing phone tag with home answering machines. "We do automated calling to patients if there are any pieces of information missing that we need prior to the patients arriving. That can be any piece of any demographic information or information on insurance coverage," says **Diane Zilko**, senior director of the physician services division access development/central call centers. Patients can either stay on the phone and speak to someone right away, or are given contact information to return the call at a convenient time.

The goal is to gather all of this information ahead of time, so everything is ready to go when the patient arrives for his or her scheduled appointment. At that time, the patient is handed a sheet of paper and asked to confirm that everything on it is correct.

"We do that prior to checking the patient in and moving forward, so they get one more look at their information prior to their appointment," says Zilko. "If all goes well in the entire process, we check them in and they get the premier service they deserve. The patient feels as though we know who they are, and they are recognized and remembered by UPMC. That is the best possible scenario."

The department is on a drive to collect e-mail addresses. "We have seen a very big increase in patients willing to give us their e-mail addresses, as long as we are explaining to them our purpose. Those that use e-mail frequently prefer to communicate through our secured patient portal," says Zilko. For instance, patients can receive appointment reminders electronically or be informed about online services available to them if they have signed up to use the online business tools provided through UPMC.

Using text messaging to remind patients about appointments is another possibility on the horizon. "It's a little more complicated because anytime you are pushing out data to patients, you have to be careful with HIPAA," says Zilko. "But just six months ago, we wouldn't have even been able to think about that, because we didn't have that collection of cell phone information in our database. So that

is the first step to moving toward better use of technology." ■

Was that a compliment you just heard? Take action

Did you just overhear a patient's wife say that one of your access employees is always friendly? This simple statement gives you a big opportunity.

"Patient access employees do many great things that go simply unnoticed, which is very unfortunate," says **Sandy Small**, CAM, an ED registration supervisor at Moses Cone Health System-Wesley Long Campus in Greensboro, NC. "Staff, especially ED registration staff, often go unrecognized for their customer service skills."

"We have all worked in environments where the employees were not recognized regularly for accomplishments, and compliments were stingy," says **Jen White,** patient access supervisor at Cottage Hospital in Woodsville, NH. "The negative impact it has on the overall department functionality is counter-productive. Staff become disillusioned, morale diminishes rapidly, and turnover becomes high."

Here are some strategies to "spread the good news" about a compliment:

• **Actively solicit praise.**

At Rex Healthcare in Raleigh, NC, patient access staff have a "Customer Service Comment" card that they place at their desk, in the hopes that a patient or family member will give them immediate feedback on how well they did during the registration process. The patient drops his or her comment card in a designated box. Comments are then tracked on a spreadsheet, which ties to the employee's annual performance review.

"A few of our intake specialists have averaged about 100 compliments a week!" reports **Joe Palumbo**, CAM, CHAA, manager of patient access site administration. "Rather than wait for our monthly patient satisfaction reports, we can share the patients' comments with them as quickly as we receive them. Some patients will take the opportunity to write a letter to our senior leadership team, who in turn, recognize the co-worker."

• **Spread the word.**

When White is notified of any compliment directed toward her department or an individual registrar, she shares this immediately with the employee. It's also announced at the next team meeting, in front of the entire staff. "It is important to let staff know when a compliment from patients, visitors, or other staff members comes to our department," she says. "We also share this information at our monthly staff meeting for recognition of superior customer service provided among our peers."

The hospital's flyer, "The Cottage Chat," which is published for employees, includes compliments from patients, visitors, and community members. "This is a very public expression of recognition for excellent customer service or patient care. Employees read the compliments, engage with fellow co-workers, and add positive praise on a peer-to-peer level," says White. "Written compliments are also shared at the senior staff meeting, which is held weekly."

Small recognizes verbal compliments by sending out a congratulatory notice to the other staff members. "I usually go immediately to the staff member and tell them exactly what was said, but if the employee is not here, I document what was said, so that the meaning will not be lost," says Small.

She also gives the employee a "Caught Caring" card, which they can use in the gift shop, cafeteria, or cash in for movie tickets. "Our director is notified, and she sends the notice up the ladder, usually to the VP," says Small. "Both the director and the VP send a note to the employee."

When an employee receives a formal written compliment, Small adds her own comment about the employee and sends it off to human resources. These are reviewed by a committee every month, with an employee chosen to receive a certificate, a small gift, and a gift card. "The employee is placed in nomination for the employee of the month award and employee of the year award," says Small. "As supervisor, I once again send a congratulatory notice to all other members of our team and present them with a 'Caught Caring' card. Co-workers can also nominate staff for these awards."

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Don't fail to collect on challenging accounts

Collection of high-dollar accounts is important to patient access for more reasons than the obvious. In addition to having a direct impact on the hospital's bottom line, it boosts staff morale and gives everyone a reason to celebrate. It's a golden opportunity to broadcast success to other areas of the hospital.

At Affinity Health System in Menasha, WI, patient access staff try "their best to get their copays up front, or even collect cash up front," says **Jackie Mitchler**, revenue cycle analyst in the patient business services department. "Having an experienced cashier up front is very helpful in your collection process. Let's face it, in order to survive, we need to collect the cash up front as much as we possibly can."

Some of the most challenging high-dollar collection accounts seen recently involve patients who do not have any insurance. "With economic times as they are, this is becoming more prevalent with time," says Mitchler.

Rex Healthcare's frontline intake specialists use formatted scripting "when having that crucial conversation with patients," says **Joe Palumbo**, CAM, CHAA, manager of patient access site administration for Rex Healthcare in Raleigh, NC.

"Upfront collections is one of our key performance indicators," says Palumbo. "I meet with the staff quarterly to review their monthly averages and remind them of this important part of their job. If they meet the criteria of our pay-for-performance process, they are rewarded with a bonus based on the previous month's outcomes."

Helen Contreraz, manager of patient access services at University of California-Los Angeles Medical Center, says that with clinically complex, high-dollar accounts such as an obstetrics or transplant patient, early identification of payer information and any potential "non-covered" amounts are key.

Armed with this information, staff can then research other possible payer sources. This may mean applying for state or federal programs, or there may be some flexibility within the payer itself. "For instance, for a catastrophic case, a care manager may be able to get them to make an exception. If it's a self-funded group, there may be some flexibility to manipulate some funding to take from this and give to that," says Contreraz. "We are also very aware of when the open enrollment period happens. With a transplant patient, for example, the patient might be able to switch to an HMO that has transplant benefits. You just need to get to that open enrollment period."

UCLA's access staff have had a great deal of success collecting on high-dollar trauma accounts by ensuring that the payer is concurrently notified. "This reduces our exposure for the notification not being timely and allows for the patient to be transferred when he or she is stable," says Contreraz. "We also work closely with the clinicians, so that a clinical discussion can occur with the appropriate clinician on the payer side."

Palumbo says there are various bariatric and surgical procedures that tend to result in patient liability "in the thousands," especially since they're considered non-covered services by most health plans. Here are some strategies to collect on these and other challenging, high-dollar accounts:

- **Give accurate estimates to patients.**

Rex Healthcare's insurance processing team uses price estimator software, along with information from the payer's web sites, to determine out-of-pocket costs. "Our goal in the near future is to call all patients with an amount over $999, to forewarn them of what will be due at time of service," says Palumbo. "We hope to offer online services as a method of collecting those high amounts from our patients later this year."

- **Give staff monthly updates.**

Palumbo says that this information helps his staff to see the immediate impact their collections have on the health system as a whole. "They also receive timely education on any related changes to insurance contracts or plan codes that will affect the price estimator software," he says.

- **Offer additional payment options.**

Mitchler recommends looking at ways to expand your discount programs. "This will allow a greater volume of patients to pay their obligations," she says. "Provide a cash discount by giving 10% off the bill if the patient pays the full amount. Or, augment your point-of-service collections at patient access points." Here are some

of the changes Affinity's patient access services department has made to improve its collections:

• **A Quality Assurance Policy & Procedure with a template specific to the hospital's registration health care information system was developed, as a way to hold staff accountable for their errors.**

"Currently, this is being piloted in sample areas within the hospital and clinic setting," Mitchler says.

• **The patient business services department's system trainer and revenue cycle analyst installed a web-based product for credit card payments.**

"The patient business services department plays a huge part in the patient access department's success," says Mitchler. "Hook up a $50 USB swiper on your current PCs, and set up your merchant ID numbers with the company you selected, and you are well on your way. There is no software to purchase." Monthly standard fees and transactional fees are incurred, which vary depending on the vendor you choose. With this in place, Affinity's department collected more than $7 million from July 2008 to December 2009.

• **The hospital's business office tracks denials through a software product and downloads the denials specific to registration every month.**

These data indicated that terminated coverage and wrong payers were two of the most common reasons for denials. "We are paying closer attention to insurance eligibility patient information and trying to be more conscientious of selecting the right insurance," says Mitchler. "We are providing ongoing training on insurance information for our registrars."

• **Insurance eligibility software is used to validate the patient and subscriber's insurance benefits.**

"This is a useful tool to provide the necessary copay, and validation of the patient's insurance plans," Mitchler says. "We can also build rules to pop up for additional information to 'push' out to staff regarding a certain insurance."

The department is currently looking at investing in software that identifies errors to the registration staff immediately. "Registrars would have to correct the errors on their workflow sheet prior to leaving at the end of the day," says Mitchler. "We have taken the first step in creating our ROI, should we want to purchase this software at a later date."

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Team up with clinical areas to help patients

For a small number of extremely challenging cases, patient access staff at University of California-Los Angeles Medical Center work closely with a multidisciplinary team, including clinical areas.

Using this approach, staff have succeeded in obtaining resources to assist with many patients' complex discharge needs. "Otherwise, these difficult cases may not hit anyone's radar until they've been in for a very long time," says **Helen Contreraz**, manager of patient access services. "We get involved from the very beginning vs. waiting until the point of discharge. At that point, the patient needs a lot of equipment and support right away. We may need several months to work on it."

In one case, a trauma patient from China who was in the country visiting his daughter arrived through the emergency department and required amputation. The patient was hospitalized for about six months, but patient access started work on the case right away. "We were able to get the hospital bill covered, and in working in partnership with social workers, we were also able to find housing for the patient," says Contreraz. "We worked with our discharge planners to obtain some internal funding to be able to return

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him home with his family." In addition, vendors were able to donate some necessary durable medical equipment and a wheelchair.

"Vendors may have some indigent funding available, and you can determine if a patient qualifies for that. We've done that for wheelchairs, special beds, and various other things," says Contreraz. "Of course, you don't want to abuse it. We use that only for our most difficult patients, when we have exhausted all other means. As for proving that someone is indigent, usually the patient gets certified through state or federal plans. Some of the vendors will accept that as proof."

Usually, these complex patients are identified either based on their length of stay or because they have complex discharge needs. "We look at things like what payer do they have, what are their benefits, do they have case management available, can some benefits be negotiated, and whether there is state or federal funding that might be available. We file those applications ourselves," says Contreraz. "And if we hear that the patient may be in for a long time and doesn't have insurance benefits, we start working on long-term care applications through the state, or federal funding if applicable."

Social services may inform access staff that a patient just lost his or her job, which is important to know because the patients may qualify for COBRA benefits. If a patient's length of stay exceeds the average for his or her condition, Contreraz says, "I'm going to look into whether the patient has enough benefits or enough pharmacy coverage. If not, there might be something available through some of the pharmaceutical companies."

The department has gotten increasingly involved in discharge planning "both because we want to keep patients healthy and because obviously a readmission is costly," says Contreraz. "We are a support area for our clinical care partners. Obviously we want to make sure that at the end of the day we get paid, but we also want to make sure that the patient's needs are met." ■