

Hospital Access Management™

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Access faces unprecedented need for education and fewer resources

You'll need to use creativity, but don't skimp

Are you facing pressure to cut education resources in your patient access department? Reducing resources simply isn't an option, according to Wendy M. Roach, RDMS, manager of patient access and central scheduling at Advocate Good Shepherd Hospital in Barrington, IL.

"If you cut back on training, staff won't have the tools they need," she says. "You can be creative in finding less expensive ways to do things. But you can't skimp on the actual process." Roach uses these methods:

- **Patient access processes are outlined on a single sheet of paper.**

Anybody should be able to pick up the page, follow the step-by-step instructions, and succeed in completing the task, says Roach. *[The department's processes on medical necessity for Medicare patients is included with the online version of this month's Hospital Access Management. Go to <http://www.ahcmedia.com/public/products/Hospital-Access-Management.html>. On the right side of the page, select "Access your newsletters." You will need your subscriber number from your mailing label. For assistance, contact customer service at customerservice@ahcmedia.com or (800) 688-2421.]*

"It's a lot of work to do, but it's worth it," Roach says. "We also get the staff person's signature on the sheet of paper. They can't say, 'You never told me about this.'"

- **An annual "boot camp" is held, with competency testing afterward.**

Staff members receive two days of education on everything they might be

This month: Best practices for education and training

This month's Hospital Access Management is a special issue on education. Inside, we give solutions to provide training at low cost; evaluate registrars' skills; keep staff updated on payer requirements; and educate to dramatically improve collections, customer service, and results from new technology.

Next month is the 30th anniversary of Hospital Access Management. We'll give in-depth coverage on the quickly changing role of patient access, including updates on crucial developments in technology and healthcare reform. Don't miss this special issue!

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tested on, and they complete a competency test afterward, with low scores resulting in retraining or disciplinary action. This year's testing revealed that staff were struggling with Advance Beneficiary Notices and coding, so more training was done in these areas, says Roach.

- **Staff participate in a skills day.**

The approach is similar to what is done in clinical areas, says Roach. She asks eight coordinators to present on various topics and create a display board. "We make it as eye-popping as possible, to keep their interest," she says. "It is set up like a job fair. The person who designed each board is there to talk about it."

The coordinators present on areas they're experts

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EXECUTIVE SUMMARY

Patient access departments are facing dramatic increases in education and training needs, while no additional staffing or resources are available.

- Outline processes on a single sheet of paper.
- Ask experts within the department to present on specific topics.
- Use online surveys to learn where staff members need extra help.

on. An order management specialist discussed coding, while Roach drew on her background in the hospital-ity industry to present on customer service.

Registrars now educators

More patient access education is being provided this year at TriHealth in Cincinnati, OH, but with no additional staffing, reports **Stacey Bodenstein**, general manager of admitting and registration. Bodenstein uses a combination of online learning, e-mails, one-on-one training, classroom training, job shadowing, and cross-training. (See related stories on new technology, p. 135, performing audits, p. 136, and evaluating skills, p. 135.)

"Over the past several years, my staff has become more than just registrars gathering information," says Bodenstein. "Staff are now acting as educators for patients." For this reason, registrars need additional training to give them the ability to answer complex questions on benefits and patient rights and responsibilities, she adds.

Due to this change, employee titles of registrar I, II, III and lead were changed to access associates, access coordinators, access liaisons, and lead access coordinators. "These titles better suit their new role," explains Bodenstein. "They are not simply just gathering registration information. Staff are acting as access to our hospital system."

Online training is trend

If members of your registration team are working 24 hours a day, seven days a week, getting them to attend training sessions as a group might be next to impossible.

Candace Gray, MHSA, CMPE, CPEHR, director of admitting/registration at BayCare Health System in Clearwater, FL, struggles with this when coordinating the health system's annual full day of offsite training, held at the central business office. "Just trying to cover team members to be away for a full day is a challenge," says Gray. "Online training is less of a challenge. It doesn't require the night shift team mem-

bers to switch their internal clock.”

Having a registration pool/float team helps with coverage issues during training, she adds, and it helps reduce the need to pay overtime. “Our training team works hard to provide webinars. We have also tried to offer Saturday classes,” says Gray.

Online training eliminates the problem of getting busy staff together as a group, says Susan Bauer, patient access/central scheduling educator at Edward Hospital in Naperville, IL. “Staffing limitations force us to deliver education through alternate sources when they are available,” says Bauer, adding that online survey tools are used for pre-education assessments and post-education testing. Such surveys allow her to reach out to all employees, without having to physically gather for a meeting.

“This is more interesting to staff, compared to sending the same material by e-mail,” adds Bauer. “It also connects the supervisors with their employees.”

A recent online survey gave staff the opportunity to report confusion about complicated subjects such as Medicare secondary payer, for example, and the results were used to plan future training.

“It has helped to confirm that the staff are competent and doing well in the areas that we have assessed,” says Bauer.

SOURCES

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New software? It's opportunity to train

The implementation of a new health information system at TriHealth in Cincinnati, OH, “has given us an amazing opportunity to look very closely at all of our processes,” says Stacey Bodenstein, general manager of admitting and registration.

Each patient access employee will be given extensive education on the new software (Epic Care EMR, manufactured by Verona, WI-based Epic Systems Corp.) before going live. The education will include classroom instruction and hands-on practice in a test environment, at which point students will be expected to register patients using the new system.

Three “go live” dates will be used for the new system, for physician offices, and for the Good Samaritan and Bethesda North facilities, each a month apart. Four credentialed trainers will provide all in-class training to “super users” and end users.

“Super users will be onsite 24/7 in each area for the first several weeks after go live [dates] at each facility,” Bodenstein says.

The system is “completely different”

Employees will be collecting the same information as they do with the hospital's current system, “but the look of the new system is completely different,” says Bodenstein. “As with any major change, fear is the biggest obstacle to overcome.”

As the implementation date gets closer, Bodenstein will send out e-mails and hold contests to get employees excited about the change, by letting them know how much easier some processes will be. Staff will be able to find a prescription in the system, for example, instead of calling the physician's office to get it faxed.

Because central scheduling and pre-registration, which were separate functions, will be more closely tied together, employees are being cross-trained to perform both functions. “There will still be the need to have both departments, but there is now an opportunity to decrease the number of contacts with patients prior to service,” says Bodenstein. “We hope that this will positively impact patient satisfaction.”

In registration areas, posters on the new system depict the benefits to the overall revenue cycle. “Educating my staff on their role in the revenue cycle has always been of great importance to me,” says Bodenstein. “There will definitely be a focus on this during training.” ■

Registrars' skills may not be what you expect

Measure to see if they're below par

Before you attempt to measure how skilled your staff are, you might want to be certain your own skills are up to par.

“In order to evaluate the registrars’ skills, front-end supervisors and managers must first ensure their own competency with the registrar position,” says **Tracy Abdalla**, hospital access services supervisor at University of California — Davis Medical Center Hospital.

Patient access supervisors should work hands-on to keep up their own skills, advises Abdalla. She says to evaluate these areas annually at a minimum:

- **Information about payers.**

To be sure registrars are all receiving the same information about payers, give standardized tests to all your staff on a regular basis, advises Abdalla.

“This knowledge needs to be more than just the basic understanding of what HMO, PPO, or public funding are,” she says. Registrars should understand how benefits are obtained, what eligibility criteria are, and how the payers reimburse for services, Abdalla says.

She uses the coding system for payer details in the hospital’s registration system, along with sample insurance ID cards, to test registrars on their payer knowledge. “They should be able to use a patient’s insurance card to accurately determine the appropriate payer code needed,” Abdalla says.

- **Understanding of the overall revenue cycle.**

“The registrar has to understand not just the steps they take to complete a registration, but also the importance of each of these steps and how it affects the facility’s ability to receive payment for services,” says Abdalla.

Give additional coaching

Susan Bauer, patient access/central scheduling educator at Edward Hospital in Naperville, IL, has learned the most about the skill level of her registrars from randomly auditing 480 accounts a year. Bauer looks for these elements:

- correct insurance mnemonic used;
- accuracy of insurance ID and group number;
- patient’s name matching the insurance card;
- accuracy of non-staff doctor information;
- guarantor accuracy;
- consent present.

“We’ve learned that we have an opportunity for improvement in several areas, based on the results,” says Bauer. “This has helped us design future training.”

If Bauer notices one employee having a difficult time with something, she assumes that others also are struggling. “This has been a good springboard for me on topics that I identify, and then am able to address with everyone,” says Bauer.

The department recently created a patient access

scorecard to help assess the educational needs of the staff, reports Bauer. *[The department’s scorecard is included with the online version of this month’s Hospital Access Management. Go to <http://www.ahcmedia.com/public/products/Hospital-Access-Management.html>. For assistance, contact customer service at customerservice@ahcmedia.com or (800) 688-2421.]*

At TriHealth in Cincinnati, OH, this monitoring is performed in pre-registration, reports **Stacey Bodenstein**, general manager of admitting and registration. Feedback, additional training, or coaching is given as needed.

Scripting is occasionally developed to answer frequently asked questions from patients. “This is especially important after a process change,” she says. ■

Do audits: ID why mistakes were made

Lessen auditors’ workload

Previously, registration errors were sent to individual access employees, who were required to correct the error, says **Stacey Bodenstein**, general manager of admitting and registration at TriHealth in Cincinnati, OH. However, corrections weren’t being made quickly enough due to varying shifts.

“We now have a very intensive auditing system in place,” says Bodenstein. “We use a homegrown auditing system called Redeeming Audit Engine System.”

If the system finds a potential error in a registration, an e-mail is automatically sent to the registrar who entered the information so that necessary corrections can be made before the claim is sent out. This system has lessened the workload of auditors enough to allow for the decrease of FTEs, says Bodenstein. “The auditors now have time to make corrections to the accounts,” she adds. “In the past two years, the global audit score of all registration departments has decreased by nearly 50%.”

Ensure accuracy

“Registrations should be audited on an ongoing and consistent basis to ensure staff are provided feedback on their registration errors,” says **Tracy Abdalla**, hospital access services supervisor at University of California — Davis Medical Center Hospital.

Abdalla performs random audits by day and by time, with each audit including a wide range of payer

mix, taking these steps:

1. A billing folder is assembled containing original documentation related to the registration, insurance verification, and copies of patient identification and insurance cards.

2. The documents are randomly pulled throughout the day on any given day, several times a week, to review the registration quality.

3. Errors are copied and given back to the staff for correction, with a focus on insurance eligibility, subscriber details, and registration data. Auditors check for the following:

- If the patient is listed as disabled, did the registrar check eligibility for Medicare and Medi-Cal, along with any private insurance?

- If the subscriber is listed by the insurance as the spouse of the patient, did the registrar also list the patient as a married person?

- If the patient is part of a county contract, such as a prisoner or child protective services, did they obtain the necessary documents to bill for services?

- Did the registrar accurately reflect the guarantor of the account?

“We discovered that we needed to redirect our registrars to thoroughly review the insurance eligibility responses,” says Abdalla. “These responses will also help to verify some of the necessary demographic details.” For instance, subscriber details such as date of birth might be missing from the registration screen, but available on the insurance response.

“We have to show the registrar how to be a detective, when faced with trauma or medical situations,” says Abdalla. “The patient may not be able to provide the necessary registration information for themselves.” ■

Use training to stop costly payer pitfalls

Payer requirements are the single most challenging area in training of patient access staff, according to **Colette Lasack**, MBA, executive director of revenue cycle at Gundersen Lutheran Health System in La Crosse, WI.

“As this industry gets more complex, rules are changing daily,” Lasack says. “You go on vacation for a week and everything changes.” Here are some approaches used by the department:

- **An internal web site is made available to front- and back-end staff, and it is updated continually.**

“This becomes one source of truth and keeps people connected across the revenue cycle,” says Lasack. “We have committed to this as a team. If we are

going to distribute something, we use that web site.”

Likewise, says Lasack, staff members commit to checking it every day for updates. “It is definitely our expectation that if you work in this department, you go to this web site routinely,” she says.

- **Staff meetings are taped and streamed online so all staff members can attend virtually.**

Penny Schubert, a manager in patient business services at Gundersen Lutheran, says, “This is a huge cost-saving tool. You are not having to pay them extra hours to come in and attend those meetings.” This process saves about \$7220 annually, Schubert says.

At Augusta Health in Fishersville, VA, members of the registration staff are instructed to perform daily checks of the patient access page on the hospital’s web portal, which includes all policies and procedures, updates, and announcements, says **Beth Hall Wiseman**, CHAM, director of patient access.

Wiseman says her biggest training challenges are insurance plan contracts and their medical management policies, and which insurance mnemonic to choose. “We are currently overhauling our insurance dictionary, to make it more user-friendly,” she adds. “We are building rules to help the registrar choose the correct mnemonic.”

At BayCare Health System in Clearwater, FL, when automation isn’t an option, payer updates are communicated via e-mails, the Intranet, and team meetings, says **Kandy Swanson**, CHAM, manager of patient access services.

Patient access managers have worked hard to develop a relationship with the hospital managed care department, with monthly meetings. “Our suggestions to managed care have been put to good use,” says Swanson. For example, letters from payers are obtained with information regarding the patient’s estimated financial responsibility. “If a patient has questions relating to their responsibility, we can provide them with a copy of the letter from their insurance company,” Swanson says.

Also, new denial codes were added to the database for local and national coverage determination and line-item denials for when an insurance company pays for an ED visit, but denies other services pro-

EXECUTIVE SUMMARY

With payer rules changing constantly, members of the patient access staff need to be updated electronically and given timely feedback on their errors.

- Require staff to check updates on internal web sites.
- Make staff meetings available online.
- Base education on frequently denied claims.

vided during the ED visit. “We also added a denial code for no authorization when the insurance company was closed, on a holiday, for example,” says Swanson. (See related story, below, on registration errors.)

SOURCES

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Registration errors used for training

Identify reasons quickly

Mistakes in registration, such as missing information, are discovered by frequent audits done by managers at Gundersen Lutheran Health System in La Crosse, WI. These become part of the employee’s annual evaluation.

“We work really hard to try to get that information back to that end user right away, so the mistakes are fresh in their mind,” says Penny Schubert, a manager in patient business services. “We’ve had pretty good success with that.”

Accuracy rates average 96.8%, according to the department’s weekly audits.

Recently, the audits revealed a problem with denials for high-dollar radiology procedures because required authorizations weren’t obtained. **Colette Lasack**, MBA, executive director of revenue cycle, says, “We have better aligned process and technology, so our staff and the radiology scheduling department will both recognize when a prior authorization is needed. That has had a big dollar impact.”

Based on the audits, additional training was given involving type of coverage. When claims involving Medicaid coverage are denied, “we are almost out of luck,” says Lasack. “This became another area of focus for staff education.”

There are a significant number of Medicaid programs, all with varying levels of coverage, she explains. “We have had to beef up our education on how to accurately read the electronic insurance eligibility,” says

Lasack.

If a Medicaid patient comes for an urgent care visit for a broken toe, for example, staff might find out he or she has coverage only for wellness examinations. “Mental health coverage is a different coverage than medical,” says Lasack. “Staff need to understand the nuances of the different services that are offered.” ■

Access staff may lack excellent service skills

Much more is expected upfront

When **Michelle M. Mohrbach**, CHAM, became manager of patient access and central scheduling at Blanchard Valley Health System in Findlay, OH, new hires typically “shadowed” another registrar for a short time before going out on their own. This approach has changed dramatically.

Now, new patient access hires receive 250 to 300 hours of department-specific training. “It is extremely valuable to invest in that. I’m of the belief that you get that back,” says Mohrbach. “There is a lot more that we are expecting upfront now.”

The training puts a heavy emphasis on service, regardless of whether the employee is working in inpatient admissions, point-of-service collections, or the ED discharge office, says Mohrbach.

“People have really started paying attention to service in the last few years,” says Mohrbach. Part of the reason is that service is included in Hospital Consumer Assessment of Healthcare Providers survey scores.

The department relies strongly on the Acknowledge/Introduce/Duration/Explanation/Thank (AIDET) approach for customer service, though Mohrbach says that when it was first rolled out, it didn’t come naturally to many of her staff.

“After they heard themselves saying it a number of times, staff began choosing their own words to convey it,” she says. “It can give some staff who just don’t have the words a way to start a conversation with the patient.” (See related story, p. 139, on how scripting is used for ED copay collection.)

Scripting can help

The more patient access employees do, the more challenging providing excellent service becomes, says Mohrbach. “If you run medical necessity and you see that the diagnosis doesn’t support the testing that was ordered, how do you put the patient sitting in front of you at ease?” she asks.

EXECUTIVE SUMMARY

Training of patient access staff should address customer service issues specific to their area.

- Use scripting to highlight the service aspect of copay collection.
- Instruct staff to avoid blaming others.
- Use negative comments as a learning tool.

Scripting is used in this type of situation, to make patients aware of their out-of-pocket responsibility before testing occurs so there are no surprises when they receive a bill. “It’s all in how you deliver the information,” says Mohrbach.

Similarly, if missing orders or extended waiting occurs, staff use scripting to put a positive spin on the situation. “We don’t blame the physician office for not faxing the orders,” says Mohrbach. “Instead, we turn it around.”

Registrars might state, “I’m sorry we don’t have the order. This is very unusual for Dr. Jones. Let me call the office and get it faxed over for you,” “Susie is working today and she’s our very best phlebotomist. The short wait will be worth it,” or “There was an emergency, and they are running a little behind. There are just two people ahead of you, so it should be just about five minutes.”

Any negative comments are used as a learning tool for customer service training, such as a patient’s recent complaint that no one was available when she came to the registration desk. When Mohrbach investigated, she learned that a certain employee had left the area for a moment to take an order to the lab.

“We told staff, ‘This is what it looked like for a patient. Next time, ask someone to cover for you, even if it’s only for a minute,’” she says. “Because the reality is, the minute you walk away, someone is going to come by.”

SOURCE

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New ED copay process means service is key

Service became a pressing issue when registrars at Blanchard Valley Health System in Findlay, OH, started ED and high-dollar outpatient copay collec-

tion.

“We were somewhat nervous about it,” says **Michelle M. Mohrbach**, CHAM, manager of patient access and central scheduling “This is a small community, and we had never asked anyone for money.”

Scripting was used to explain that copay collection was a new service being provided to the patient, and patients were offered a 5% prompt pay discount. For outpatient collections, registrars say, “I’ve checked your insurance benefits for your upcoming testing, so that you won’t have any surprises. I want to let you know that we determined your out-of-pocket expense will be \$. You have a \$ deductible of which \$ has been met. The approximate cost of your procedure will be \$. If you’d like to take care of that now, we can accept payment over the phone, or you could bring in a check on the date of service if you prefer.”

Mohrbach says, “Depending on the response, we also offer payment arrangements or the opportunity to talk to a financial counselor for screening for assistance programs.” ED registrars tell patients, “I’ve checked your insurance, and your ED benefits include a \$ copay. Would you like to take care of that now?”

Mohrbach says, “We probably got a few crazy looks in the beginning, but the funny thing is that now people are stopping without being asked. They want to make those payments.” ■

Post-training: Increase in collections is 319%

Give staff a new level of confidence

In August 2011, emergency department (ED) registrars at University of Mississippi Health Care in Jackson were trained on patient estimator software, which increased collections by 124% compared to the previous year, while admissions areas saw a 319% increase.

Although an honest effort was being made by every patient access specialist to collect at the point of service (POS), hospital administrators weren’t happy with the results.

“Our POS collection numbers still seemed low, according to hospital executive leaders,” recalls **Rachel Craig**, MST, project manager of integrated access. “This was the incentive to peeling back the layers of our current process, procedures, and tools.”

In January 2011, the Patient Obligation Education Team (POET) was formed to meet the department’s mission of providing patients with payment

options, financial counseling, payment estimations, and information on benefits. POET team members include directors, managers, supervisors, training coordinators, financial counselors, and patient access specialists. [The POET themes for 2011 and a POS collection tool are included with the online version of this month's Hospital Access Management. Go to <http://www.ahcmedia.com/public/products/Hospital-Access-Management.html>. For assistance, contact customer service at customerservice@ahcmedia.com or (800) 688-2421.]

The POET team worked to obtain buy-in, not only from front end revenue cycle management, but also physician leaders, back end revenue cycle management, service line leadership, and patient care advocates, says Craig. By working collaboratively with all of these areas, POET created training sessions on co-pays, coinsurance, deductibles, and out-of-pocket responsibilities. Staff members also were trained on how to educate patients on estimated charges for services, and what were acceptable payment methods and arrangements.

Many emergency department (ED) staff members didn't ask for payment because they were afraid of how patients would respond, says Craig, but scripting gave them a new level of confidence. "Being that the ED has proven to be one of the most difficult areas to successfully conduct POS collection, we honestly did not know what to expect," says Craig. After staff members were trained in the use of scripting, the ED reported an 87% increase in POS collection in April 2011, compared to a year earlier.

Brad Davis, MEd, University of Mississippi Health Care's education coordinator, says POS collections "are more about patient education than money. Training is extremely important for getting results."

Technical knowledge of deductibles, co-payments, and co-insurance is easier to teach staff than customer service and communication, says Davis. "These skills require constant and long-term cultivation," says Davis. "They do not come naturally, and there is always room for improvement. Training is the only way to get positive results." These steps are taken by the department's patient access managers:

1. First, classroom training is used to make sure staff members fully understand key health care billing terms such as deductibles, co-payments, and co-insurance.

2. Once that foundation is laid, script training is provided. This training gives employees a framework of how to ask for payment and how to handle common patient objections.

3. Role playing is used, so staff can practice these skills as a group.

EXECUTIVE SUMMARY

To increase point of service collections, patient access staff will need training on service and communication. Collections increased 87% after ED registrars at University of Mississippi Health Care in Jackson were trained using scripting. Training on patient estimation software resulted in another 124% increase in the emergency department (ED) and a 319% increase in admissions areas. Take these steps:

- Give scripting to increase confidence.
- Train registrars on patient estimation software.
- Use classroom training, role playing, and first-hand observation.

4. High and low performers are paired together during patient encounters. "First-hand observation of successful collectors in action often closes any remaining performance gaps," says Davis.

For example, a few registrars hesitated to ask financially struggling patients to make payments. "This understandable concern must be thoughtfully addressed, to provide staff with the confidence they need to successfully carry out this task," says Davis.

Results are hard to gauge in a training atmosphere, however, says Davis. "Successful execution while role playing in a classroom doesn't always translate to success in front of patients," he says. "The best evidence that they 'get it' lies in their daily, weekly, and monthly totals."

SOURCES

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Get new hires 'up and running' with training

Pair inexperienced registrars, mentors

Training of new hires has become much more comprehensive, due to the expanded patient access role, according to **Betsy Keating**, interim patient access director at Northwest Community Hospital in Arlington Heights, IL. Keating is a senior consulting manager at Chadds Ford, PA-based IMA

Consulting, which provides revenue cycle services for the healthcare industry.

New hire orientation for Northwest Community's registrars now covers multiple systems, insurance, department-specific compliance principles, customer service, and cash collections. "Factored into the training are the variables associated with the area in which the registrar is assigned, which can be inpatient, outpatient, or emergency department registration," says Keating.

Keating uses a blended approach of computer-based training, instructor-led sessions, and practical application in a test environment to prep trainees for patient interactions. In addition, new hires are provided with tip sheets, system edits, and scripts to improve their accuracy and help with complex tasks, says Keating. "Once the trainee is able to navigate through the systems, they team up with a preceptor to mentor them through their transition to independence," she adds.

Mentors serve to reinforce

At Children's National Medical Center in Silver Spring, MD, a mentor program aligns new employees with senior employees in the ambulatory services department. *[The department's mentor selection criteria are included with the online version of this month's Hospital Access Management. Go to <http://www.ahcmedia.com/public/products/Hospital-Access-Management.html>. On the right side of the page, select "Access your newsletters." You will need your subscriber number, which is included on your mailing label. For assistance, contact customer service at customerservice@ahcmedia.com or (800) 688-2421.]*

"Mentors reinforce system functions and soft skills learned during formal training," reports **Keisha Byam**, MPH, training manager and safety coach.

Employees have a consistent "go-to" person, and can turn to the mentors as they transition into their new roles, says Byam. At times, even experienced registrars might need to rely on another lead person, other than the department manager, she adds.

EXECUTIVE SUMMARY

Training of newly hired patient access staff should cover insurance, department-specific compliance principles, customer service, and cash collections.

- Provide tips sheets and scripting.
- Link new employees with senior employees.
- Give employees a "go-to" person.

"We have found many employees prefer to be 'peer checked' by the mentor before taking the issue to the manager," says Byam.

Here are some questions that new hires had for their mentors:

- How do you enter insurance information in the registration system?
- What are the steps to correct a duplicate patient in the registration system?
- When is the best time to ask family for payment?
- If I am uncomfortable because a patient or family member is shouting, who can I reach out to?

Leaders cultivated

Mentors benefit as well, says Byam, because they develop leadership skills, such as the ability to lead a training session and communicate with a diverse employee population.

"Employees take extra steps to display professionalism and 'shine' in their area of expertise, such as customer service, time-of-service collection, registration, or scheduling, so they can be nominated for the mentor program," reports Byam.

Peer-to-peer education is particularly effective for scheduling, registration and payment collections, says Byam, and "soft skills" such as customer service.

While formal training covers the principles of making an individual comfortable during their hospital visit, a mentor can "take this discussion to the next level" by providing their own experiences with comforting a family after a child's diagnosis with a serious health condition, says Byam. "Effective mentors lead to reduction of errors and increased payment collections. They are a morale booster for employees," she says.

Formal education is necessary for the mentors and new employees, however, adds Byam. "Mentor burnout can occur if new and existing employees are not provided with an opportunity to practice and comprehend principles learned prior to working with a mentor," she explains.

SOURCES

For more information on training newly hired patient access staff, contact:

- **Keisha Byam**, MPH, Training Manager and Safety Coach, Ambulatory Services, Children's National Medical Center, Silver Spring, MD. Phone: (301) 572-8730. Fax: (301) 572-8712. E-mail: kabyam@ChildrensNational.org.
- **Betsy Keating**, Interim Patient Access Director, Patient Access Services, Northwest Community Hospital. Phone: (847) 618-4595. E-mail: bkeating@nch.org. ■

Software got results, only after training

Collections soared to \$40,000

After a new price estimator system was implemented at St. Joseph East in Lexington, KY, results weren't seen immediately. These results came only after a significant amount of hands-on training, reports **Stephanie Stamper**, patient access coordinator.

Before the tool was implemented, registrars only collected known copays and/or deductibles after obtaining benefits. "Even after the tool was implemented, our pre-admission team would obtain benefits, then call the patients to go over those details as well as their demographic information," says Stamper. "But no collections were taking place."

For the first few months, staff members went as far as to run estimates and give them to patients, but they stopped short of actually collecting the entire estimated amounts due. "Then we had a wake-up call during a meeting," says Stamper. "We said, 'We are going over this on the phone and giving patients these estimate letters. Why aren't we actually collecting over the phone as well?'"

Staff discovered that many patients were willing to pay over the phone to avoid the hassle of doing so the day of their procedure, she reports. Collections steadily increased, as more in-depth conversations regarding the amounts due began to take place in pre-admissions, says Stamper. "Even for patients that did not wish to pay over the phone, it increased their awareness," she says. "As a result, other departments began to see an increase in their collections as well, once the patients arrived."

Skill increased

It wasn't until registrars learned how the different benefit plans actually applied that any significant change was seen in overall collections, says Stamper.

"At first, our registrars weren't sure how each piece of the puzzle worked together," she explains.

By using the estimator tool, they could see how the copay, deductible, co-insurance, and out-of-pocket amounts were figured, which gave them the confidence to ask for the money upfront, says Stamper. For example, a patient might need to meet a \$500 deductible and a \$1,000 out-of-pocket maximum, in addition to a coinsurance of 10%, which

EXECUTIVE SUMMARY

A price estimator system achieved dramatic results for the patient access department at Lexington, KY-based St. Joseph East. Collections increased from \$1,300 to a range of \$25,000 to \$35,000 monthly, but only after registrars were thoroughly trained. To increase collections:

- Explain how copays, deductibles, and coinsurance amounts are figured.
- Be clear about what amounts need to be collected upfront.
- Instruct staff on how to enter the correct procedure.

means that after the patient meets their deductible, their insurance pays 90%, she says. In this case, the patients would be responsible for a 10% payment throughout the year until they have reached the out-of-pocket maximum of \$1,000, at which point, most insurances pay 100% of covered services.

"Prior to seeing how these amounts were calculated, some registrars were intimidated," notes Stamper. "They thought the out-of-pocket amount was something they needed to ask for as well. This often seemed overwhelming, as many range from \$1,000 to \$5,000 or higher." (*See related story on individualized training, below.*)

Collections totaled \$1,300 in the first month of staff collecting over the phone in the pre-admission area and have continued to rise. "As their skill level increased, so did collections," says Stamper. "Collections topped \$40,000 in one month, and now average from \$25,000 to \$35,000 monthly."

SOURCE

For more information on training registrars on price estimator systems, contact:

• **Stephanie Stamper**, Patient Access Coordinator, St. Joseph East, Lexington, KY. Phone: (859) 967-5527. E-mail: stamper@sjhlex.org. ■

One-on-one training equaled dramatic results

After a price estimator system was implemented at St. Joseph East in Lexington, KY, the need for one-on-one training quickly became apparent, says **Stephanie Stamper**, patient access coordinator.

Registrars were shown how to use the new system, she explains, but they weren't really comfortable. They didn't become comfortable until they ran several estimates themselves, which gave them the

opportunity to see how the final amount due was calculated.

“It’s not as black-and-white as you would think, because insurance policies vary so much,” says Stamper. “You have to get a feel for the different benefit plans.”

With hands-on training, staff members soon realized that for some plans, deductibles are applied to the patient’s out-of-pocket expenses, but this system didn’t always work correctly, says Stamper. If staff members didn’t enter the correct procedure, she adds, this process resulted in incorrect estimates. “We have to determine exactly what procedure to list, and tell the tool what the patient is coming in for,” says Stamper. “That can be one of the trickiest parts.”

Registrars depend heavily on the scheduling teams to enter the data that tells them what the patient is coming in for, she explains, and sometimes it is not entirely clear. “It may be abbreviated or a procedure that we are not familiar with,” says Stamper. “Therefore, doing the research to find the correct CPT code or codes can be a challenge.”

The estimator tool itself doesn’t always have procedures listed using the terminology that is expected or familiar to the registrars, adds Stamper. For this reason, she says, registrars are encouraged to contact the physician’s office to obtain the exact CPT code(s). “We want to provide the most accurate estimates possible,” she says. “Some of our registrars actually make the effort to follow accounts which they have provided estimates for, in order to see how accurate the estimate was.”

In the event that an estimate given by a registrar is significantly different than the final amount due, Stamper investigates further to learn the reason why.

“If it was something we did, such as entering an inaccurate procedure, we can avoid the same error in the future,” says Stamper. “We can rest assured that we are providing the most accurate estimate available.” ■

Educate registrars on reason to collect data

You need patient’s race, ethnicity

Patients expect to be asked questions about their address and insurance coverage in registration areas, but they might be startled or annoyed to be asked questions about their race, ethnicity, and

EXECUTIVE SUMMARY

Patient access staff will need to respond to patient reactions when asking questions about race, ethnicity, and language.

- Inform registrars of the reason the data is necessary.
- Instruct staff to ask the patient instead of guessing.
- Do role playing exercises using real-life examples.

language.

Last year Cincinnati (OH) Children’s Hospital Medical Center retrained over 400 registrars on how to collect race, ethnicity, and language information.

“Our work here is linked to the Greater Cincinnati Health Council,” explains **Michelle Gray**, MHA, director of patient access and outpatient registration. The council is leading the work of Cincinnati Expecting Success as part of Cincinnati Aligning Forces for Quality, an initiative of the Health Collaborative and the Robert Wood Johnson Foundation.

“We, along with 32 other hospitals in the tri-state area, have been working to use the same categories in collecting race, ethnicity, and language data,” says Gray. “This is a vital first step in analyzing indicators of care for specific patient populations.”

The training of registrars focused on the reason for obtaining the information and how to ask for it appropriately. “We also trained the registrars on why it’s important to ask the patient their race and ethnicity, instead of ‘eyeballing’ them and trying to guess,” says Gray.

To illustrate this point, a role-playing exercise was used, based on a real-life example of a family with multi-racial children. Registrars viewed a picture of the siblings during a slide presentation and were asked to identify their race and ethnicity. “After the exercise, there was a group discussion. A direct quote from the children’s father was

COMING IN FUTURE MONTHS

- Prepare for major changes in access role
- Correct outdated beliefs about patient access
- Technology your department can’t do without
- How healthcare reform will change access

shared with the group,” says Gray. The father stated, “When given the option, we select all the races that the kids are. My wife’s father is African-American, and her mother is from Mexico. I’m Caucasian.”

He further explained, “When we are not given choices, and must select one race, and “other” is not an option, we select Caucasian, as the kids are 50% Caucasian, 25% African-American and 25% Hispanic.”

Gretta Heath, a patient access trainer at the hospital, said that with this example, “registrars learned the importance of allowing families to self-identify.”

Staff were informed that some diseases and conditions are race-specific, so the race data can be matched with clinical data to address any disparities in the quality of care patients are receiving, says Gray.

“The order in which we ask the questions is important,” adds Heath. Experience has shown that better quality information is recorded when the ethnicity question is asked first, she says. For example, asking the ethnicity question first helps decrease the confusion about how a Hispanic person would identify themselves. “Sometimes Hispanics do not identify themselves with any of the race categories,” she says. “When the race question is asked first, they will reply with terms actually used to describe their ethnicity.”

Registrars use a laminated card with responses for common questions or reactions from patients, which has helped to increase their comfort in asking for the information, reports Gray. *[The card used by the patient access department is included with the online version of this month’s Hospital Access Management. Go to <http://www.ahcmedia.com/public/products/Hospital-Access-Management.html>. For assistance, contact customer service at customerservice@ahcmedia.com or (800) 688-2421.]*

“We had been collecting this information for years. What was new was the importance of why we collected it,” says Gray.

SOURCE

For more information about training registrars to collect data on race, ethnicity, and language, contact:

• **Michelle C. Gray**, MHA, Director, Patient Access/Outpatient Registration, Cincinnati (OH) Children’s Hospital Medical Center. Phone: (513) 636-1414. Fax: (513) 636-7531. E-mail: michelle.gray@cchmc.org. ■

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MENTOR SELECTION CRITERIA

Selecting the right individual to be a mentor is an important aspect of a successful on the job training. The following process helps identify potential mentor candidates.

STEP ONE:

Determine the number of mentors you need.

STEP TWO:

Develop a list of potential mentor candidates based on the criteria listed below or from volunteer requests.

Criteria for selecting mentor candidates

Several competencies important for mentor success:

> **Initiative** –Establishing courses of action for self and others to ensure that work is completed efficiently.

> **Communication**–Clearly conveying information and ideas to individuals or groups in a manner that engages them and helps them understand and retain the message.

> **Continuous Learning**– Regularly creating and taking advantage of learning opportunities; using newly gained knowledge and skill in the workplace and learning through their application.

> **Teamwork**–Developing and using Inter and intra - departmental relationships to facilitate the accomplishment of work goals.

> **Adaptability**–Maintaining effectiveness when experiencing major changes in work tasks or the work environment; adjusting effectively to

work within new structures, processes, requirements, or cultures.

STEP THREE:

Rate every candidate on each competency listed above using the following categories:

1 = Not proficient at all

2 = Some what proficient

3 = Very proficient

STEP FOUR:

Once you finalize your list of mentors, email your list to your respective Director.

STEP FIVE:

Discuss & finalize mentor selection with Director.

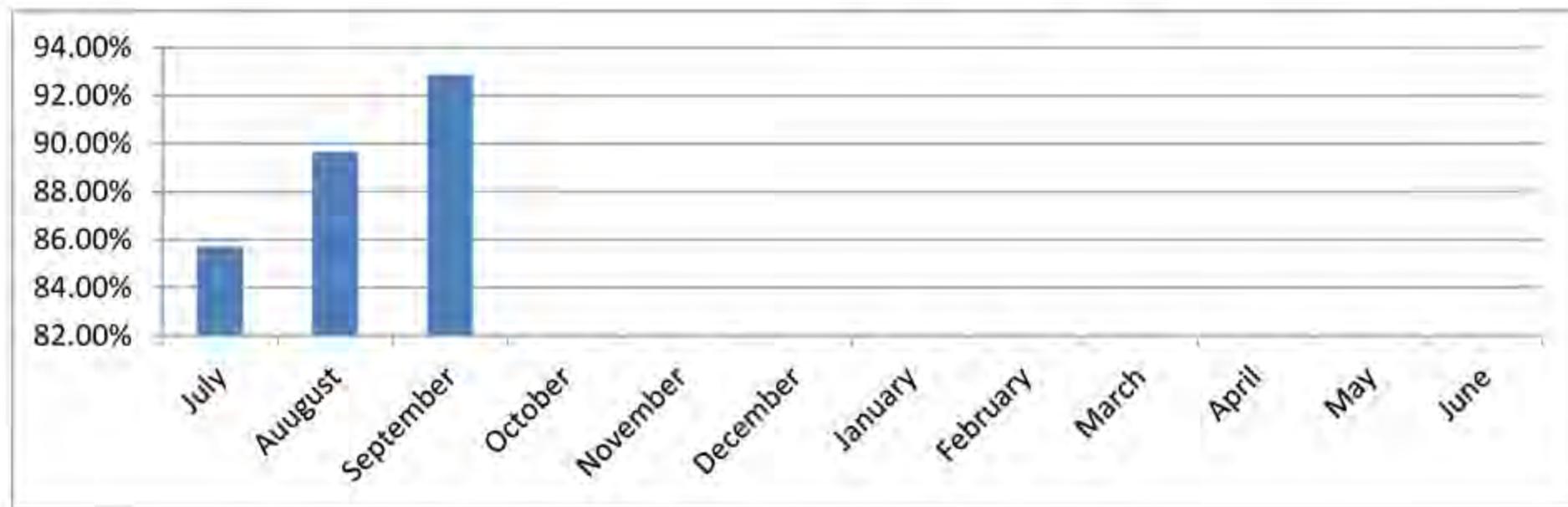
STEP SIX:

Notify employee of selection, mentor responsibility, and course dates, times.

STEP SEVEN:

Complete registration for Mentor/Training Others course on CHEX.

Standard	Dept Score	Dept Score	Dept Score	Dept Score
	July	August	September	October
Correct Insurance Mnemonic Used	85.00%	97.50%	92.50%	
Accuracy of Insurance ID and Group	92.50%	97.50%	95.00%	
Accuracy Patient Name Matches Card	72.50%	72.50%	82.50%	
Accuracy of Non-staff Doctor Information	75.00%	72.50%	85.00%	
Guarantor Accuracy	97.50%	95.00%	100.00%	
Consent Present	97.50%	100.00%	100.00%	
NEBO Field Indicates Verified	80.00%	92.50%	95.00%	
Average	85.71%	89.64%	92.86%	



SOURCE: Edward Hospital, Naperville, IL

Zone / Area/ Flow Cell Standard Work

Advocate Good Shepherd,

Activefax Indexing

Expected Outcome	To properly index faxes coming in by running Medical Necessity for Medicare aged patients and ensuring that all script criteria is met prior to patient presenting for service.
Date Modified	12/6/10

Time Std	Work Sequence	Issues / Abnormalities
	Open the following programs: Activedashboard - Activefax, Allegra and Thin Online.	
	To Index a fax, Double click on a fax and review it for compliance. The following items need to be present Patient Name, Date the order was written, Test, Diagnosis and a valid Signature. Pre-Admission orders with the Doctors Signature and the Admission checklist are to be released to the DAS/SGP account. DO NOT INDEX Endo Sheets, Pet Scans or Pain Clinic Documents	If the fax does not meet the criteria for a complete order; reject the fax. To reject click on the paper with the red box inclosing an x. Enter a note or reason for the rejection. The most common rejections are listed in the message drop down list.
	If the fax is valid; check out the fax by clicking on the manila folder with the green arrow facing out. The following information will be needed to be entered: Office, Office Contact, Patient First Name, Patient Last Name, Initials of the person indexing the fax, Document type and Access List.	If the Doctor is not listed, the Office and Office contact will be listed as Doctor not on staff. The document type is usually physician order which is the default. To change the document type, right click on the document and choose the appropriate document type. The access list should be checked based on the services listed on the script
	Enter the patient's name in Allegra to determine if the patient has Medicare or not.	If no Medicare, save the fax by clicking on the floppy Disc icon (far left); indexing is complete.
	If patient has Medicare, Run the ABN check for all tests on the order/script with the provided diagnoses. Enter the Patients name and physician name in the patient ID field. <ul style="list-style-type: none"> • If the ABN fails, enter FAIL in the LMRP Pass/Fail 	Medical Necessity does NOT need to be ran if the appointment is for Therapies(Physical, Occupational, Speech, or Wound Clinic), PET,

SOURCE: Advocate Good Shepherd Hospital, Barrington, IL

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December 2011

	<p>section of the fax. Reject the fax by clicking on the paper with a red box inclosing an x and using the Does not pass Medicare option. The access list should be to LMRP Pending to allow for follow up. Print the ABN check which you will fax into Activefax (264825)</p> <ul style="list-style-type: none"> • If the ABN passes, enter PASS in the LMRP Pass/Fail section of the fax. Save the fax by clicking on the floppy disc icon in the far left corner. Print the ABN check, which you will fax into Activefax (264825) 	<p>Pain Clinic, GI Lab, or Coumadin</p>
	<p>Open the ABN check that you faxed into Activefax and enter in the Office, Office Contact, Patient First and Last Name, and the initials of the person indexing the fax. Merge the ABN check fax with the script. To do so you will need to:</p> <ul style="list-style-type: none"> • Check out the fax • Click on Link fax (two links) • Click on the little empty square box • Click on the merge button 	
	<p>Go into the merged fax and check it out. Double click on the document, change document type to ABN check (from Activefax). Click on drop down for assign type to uncheck the full document. Check only the page with the ABN check. Click Save to save the fax and close the search window.</p>	

Training Acknowledgement

Associate Name _____ Date _____

Trainer Name _____

"The Lion Tamer"
Largest of a Single Account



Under The Big Top !!

POET POS Collections Bi-Weekly "Lion Tamer"



Date: ____/____/____ to ____/____/____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Shift Bi-Weekly Winner
Supervisor's Name & Shift	<input type="checkbox"/>							
	\$	\$	\$	\$	\$	\$	\$	
Supervisor's Name & Shift	<input type="checkbox"/>							
	\$	\$	\$	\$	\$	\$	\$	
Supervisor's Name & Shift	<input type="checkbox"/>							
	\$	\$	\$	\$	\$	\$	\$	
Supervisor's Name & Shift	<input type="checkbox"/>							
	\$	\$	\$	\$	\$	\$	\$	
Daily Leader								And the BI-WEEKLY WINNER IS...
	\$	\$	\$	\$	\$	\$	\$	

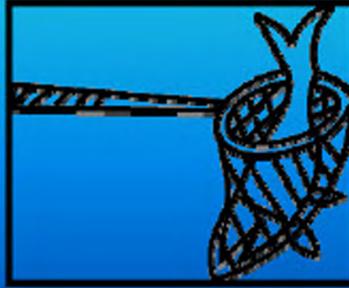
"Go Fish"

PayNav POS Collection Theme
Spring 2011 - April, May, & June

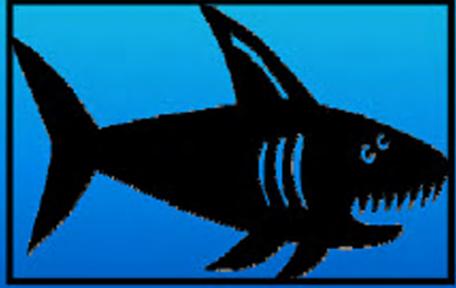
"The Whale Award"
Largest \$ on a Single Account



"The Fishnet Award"
Highest Total POS Collections



"The Shark Award"
Most Accounts Collected



"Under the Big Top"

PayNav POS Collection Theme
Summer 2011 - July, August, & September

"The Ringleader"
Highest Total POS Collections



"The Lion Tamer"
Largest \$ on a Single Account



"The Juggler"
Most Accounts Collected



"Friday Night Lights"

PayNav POS Collection Theme
Fall/Winter 2011 - October, November, & December

"The Heisman Award"



"Super Bowl MVP"



"The Walter Payton Award"



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