



## **Revenue Cycle Series: Patient Access- Industry Insights to Improve Today and Position Your Revenue Cycle For the Future**

**hfma**<sup>™</sup>

northern new england chapter

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## Upcoming Revenue Cycle Series

Revenue Cycle 101

Middle Revenue Cycle: Revenue Integrity and Chargemaster

Back-end Revenue Cycle: Denials Prevention and Appeals

Capstone Session: Metrics Driven Revenue Cycle, KPIs and Future RCM

## Today's Presenters



**Michael S. Friedberg, FHFMA  
FACHE**

Vice President, Strategic  
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**Brittney Brinker**

Manager  
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## Today's Session

**The presenters will discuss 5 key questions providing attendees with insights regarding current trends, challenges, and the future of Patient Access.**

# Polling question

Is it a challenge for your organization to find and retain Patient Access staff?

1. Yes
2. No
3. Unsure
4. N/A



## Question #1 Potential Solutions

- Selecting the right candidate and putting them in the right chair.
- If you can't find the right person don't just pick a warm body. (easy to say hard to do)
- Not all staff needs to be patient facing in patient access (who can be remote). Pre-reg, scheduling, insurance verification can all now be remote.
- Look to other industries
  - Other service industries (food service workers)



# Polling question

Do you have a formal quality assurance program?

1. Yes
2. No
3. Unsure
4. N/A



# Polling question

If you do, is your quality assurance process automated or manual?

1. Automated
2. Manual
3. Unsure
4. N/A



## Question #2 Potential Solutions

- ▲ This is the “life blood” of a well-managed patient access department.
- ▲ Is your sample statistically valid?
  - 30 second overview of college statistics course. I.E. 4 out of 5 Dentists recommend Trident for their patients that chew gum.
  - 10% is a minimum for new hires should be closer to 100%.
- ▲ Quality also includes enhancing the patient experience and always being “on stage” similar to Disney employees.
- ▲ If you can automated system, is the best way to provide constant and consistent feedback.
- ▲ If manual you can have night shift staff perform QA
- ▲ Collecting patient responsibility should be part of QA
- ▲ Team members should be trained on “crucial conversations”



# Polling question

Are there areas that perform registrations that don't report to Revenue Cycle Patient Access Leadership?

1. Yes
2. No
3. Unsure
4. N/A



## Question #3 Potential Solutions

- ▲ Provide cheat sheets and job aides for SOP's to help provide good help in creating quality registrations
- ▲ Use QA data to show hospital leadership where errors come from. Collate with denial data from back end to support financial impact of errors.
- ▲ Consistent cadence of meetings with these areas and access leadership.
- ▲ Two options
  - Reward
  - Punitive action



# Polling question

Who else is tired of hearing about the patient experience?

1. Yes
2. No
3. Unsure
4. N/A



## Question #4 Potential Solutions

- ▲ Providing good service is not a new concept in the patient access areas. Hospital Leadership has always wanted:
  - Speed
  - Accuracy
  - Friendly service.
- ▲ Financial penalties for HCAP has been around for at least 10 years.
- ▲ Help navigating this maze:
  - Hiring practices
  - Training
  - QA



# Polling question

Are you given regular feedback on denials caused by Patient Access?

1. Yes
2. No
3. Unsure
4. N/A



## Question #5 Potential Solutions

- ▲ Garbage in/Garbage out
- ▲ Need to share the financial impact of the errors with the team
- ▲ QA programs do have a significant impact
- ▲ Registrars make errors for 5 reasons
  - Simple key stroke error
  - Lack of training
  - Lack of consistent feedback (i.e. QA)
  - They don't care about the job
  - They lack the proper skill set



## Question #5 Potential Solutions, con't

- ▲ Overcoming the 5 reasons.
  - Key stroke error (will never go away)
  - Improve training and provide job aides on inter/intra net
  - Formal QA as discussed above
  - Easy fire them!
  - These are the hardest maybe there is another role you can find that fits their skill set better.



# Questions?

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