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The Front Door to Success

Preston Hodapp

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- Licensed for 240 beds
- Six County radius
- Serving 200,000 residents
- Employees 2,000 people
- Employees more than 100 providers

Learning Objectives

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- Describe the key requirements of the No Surprise Billing regulations and understand their impact on Patient Access and registration workflows
- Explain how standardized work and Lean principles were used at Phelps Health to successfully implement No Surprise Billing requirements while improving consistency and reducing variation
- Identify how Registration Competencies have strengthened registration accuracy, improved compliance, and enhanced the overall patient experience

No Surprise Billing

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- Effective 1/1/2022
- Helps ensure patients receive accurate cost information before they receive care
- Helps patients make informed financial decisions
- Estimates must be within $400, if actual bill exceeds $400 patient has right to dispute charges

Why does No Surprise Billing Matter?

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- Builds trust with patients
- Improves transparency in healthcare costs
- Supports regulatory compliance
- Reduces billing complaints and patient dissatisfaction
- Helps organizations avoid financial penalties for non compliance

Scripting for Staff

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- “_____ (Insurance) is out of network with Phelps Health. You may still choose to see your provider/ have _____ service preformed. If you choose to do so, at time of check-in you will be asked to sign away your rights and protection against surprise medical bills. You will be considered self-pay. Which means you may have other costs or have to pay the entire bill if you see a provider or have services performed at a health care facility that isn’t in your health plans network. And a down-payment may be required.”

Self Pay Patients

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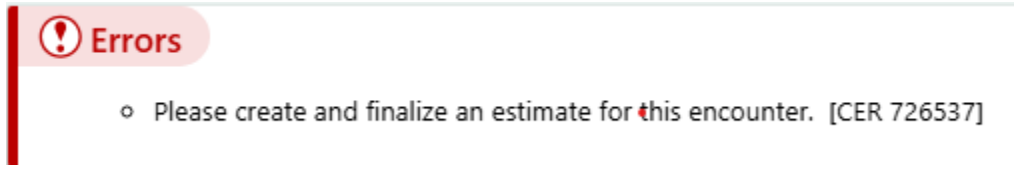
- Scheduled patients are required to get estimate based on scheduled days out
- Walk in patients can request an estimate and we must provide them one within 3 hours of requesting



Self- Pay Patients

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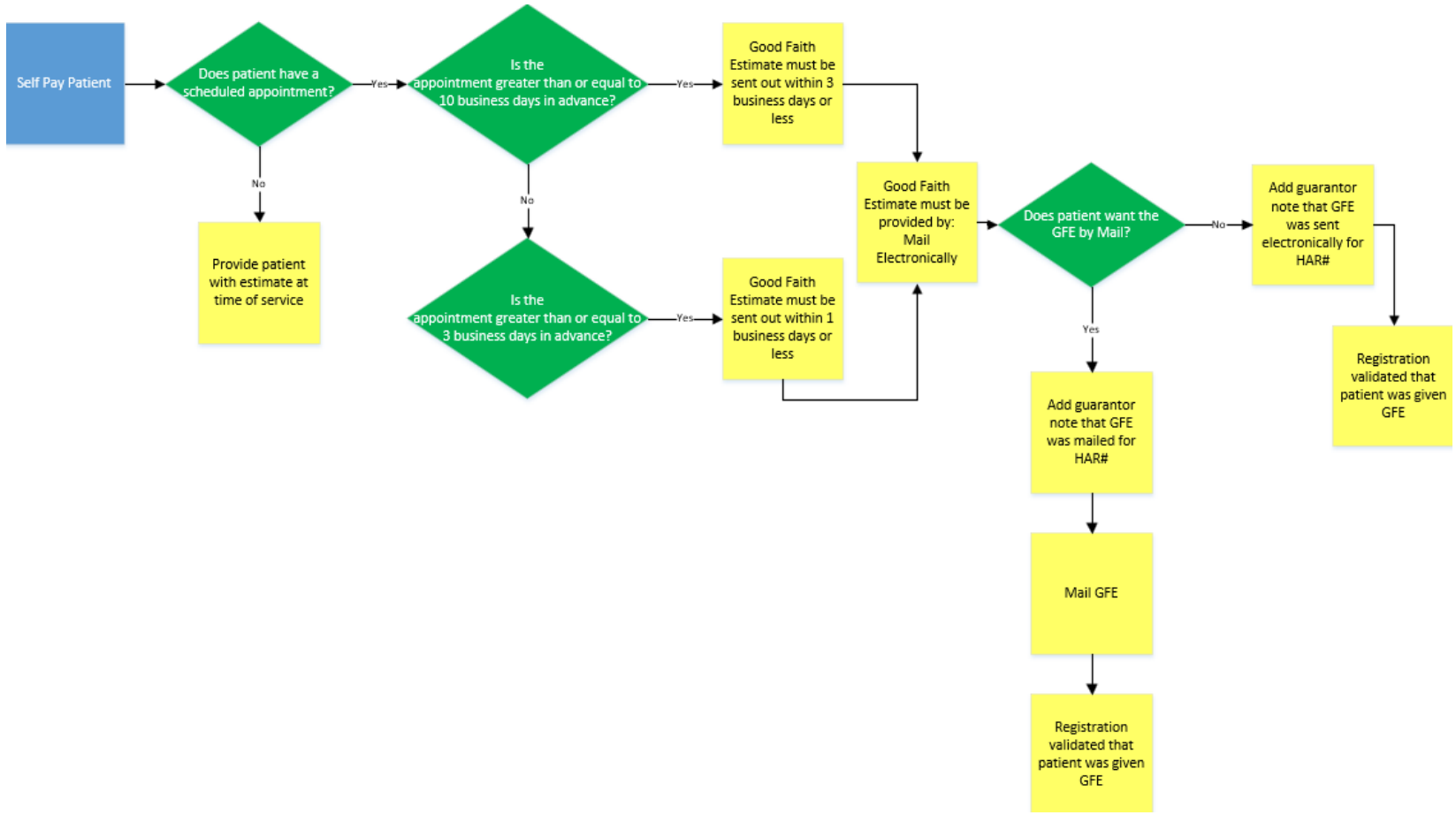

Out of Network Patients

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- Working list of common Out Of Network Insurances
- Calling on those uncommon plans and verifying with contracting team

Out of Network Patients

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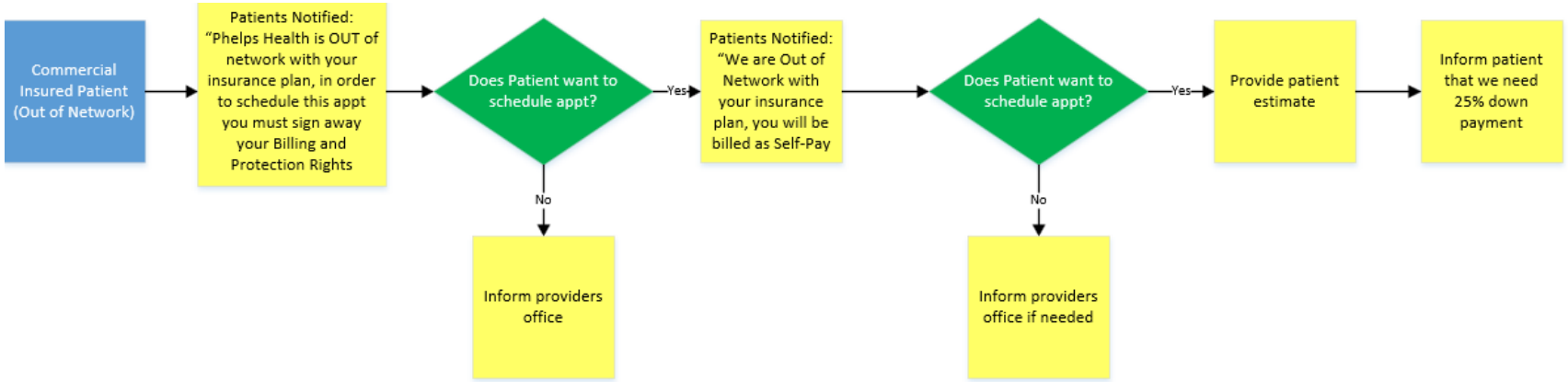

In Network Patients

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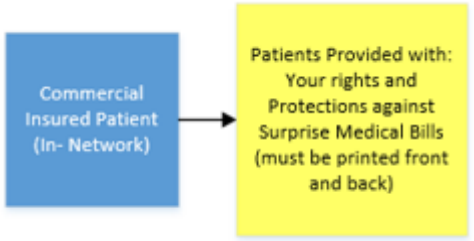

Copy of Rights and Protection?

EHR Alerts

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⚠ PATIENT HAS COVERAGE THAT IS OUT OF NETWORK AT PHELPS HEALTH - Please Provide Patient a Good Faith Estimate - Please complete and have patient sign the Surprise Billing Protection Form and scan under Patient Rights

- AMBETTER/AMBETTER has not been verified. Please verify this coverage. [CER 100076]

Training Staff

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- Email/Tip Sheets
- Standard of Work
- Leadership Rounding/ In person Training
- Annual Competencies
- Lead Team Rounding/ Re-Training
- Quarterly Registration Team meetings

Follow-up With Staff

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- Emails with specific encounter
- Additional 1:1 training
- Notification to leadership

Follow-up with Leaders

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- Monthly report of encounters missed
- Ongoing report of staff accuracy
- Expected education from them to staff

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Registration Competencies

Background

- Began in Spring 2023
- Entry Level processes
- Taught by peers
- Required for all of Registration

Flow

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- Large Room
- 1 large AIDET Session
- 15 min sessions
  - Able to customize sessions needed by role

Determining Sessions

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- Industry Needs
  - 2024- Health Equity
- Processes/Areas needing improvement
- Staff request
- Ability to change year after year

Teaching Sessions

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- Taught by Lead Patient Access Reps
- PowerPoint/ Epic Playground (hands on)
- Practice session with leadership

2026 Sessions

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2026 Registration Competencies			
Name:			
Emp #:			
Manager:			
Date:			
Subject:	Test (Pass/Fail)	Trainer:	Notes:
AIDET	pass/fail		
Estimates	pass/fail		
Emergency Room (hospital only)	pass/fail		
Clinic Scheduling (clinic only)	pass/fail		
Consent Forms	pass/fail		
Advance Directives	pass/fail		
Foster Children/ Adult Dependents	pass/fail		
RTE/MSPQ Responses	pass/fail		
Work Comp and Liability	pass/fail		

Sample Questions

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1. What should you do if a patient states they already have an advanced directive on file?
   A. Ignore it
   B. Document the patient's response and verify if it is in the system; if its not in the system let the patient know they need to bring it in ASAP
   C. Ask them to complete another one
   D. Remove the old one
2. If a patient says they do not have an advanced directive but want information, what should you do?
   A. Give medical advice
   B. Ignore the request
   C. Provider approved resources or notify appropriate staff
   D. Tell them its not important

Sample Questions

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- When creating a new patient what are the main items to input into a patient's chart?

- Most providers have certain time slots for certain appointments. T/F

Sample Questions

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- Who can legally sign a consent form?

- Grandma brings in Ally for shots she has a Temporary Delegation form on file. Can she sign for consent?

Sample Questions

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- What is the filing order of VA and Medicare on an ED encounter?

- What insurance do you use for SANE encounters in the ED?

Sample Questions

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1. What are THREE instances that an estimate is created?
    - 1.
    - 2.

2. How often is the No Surprise Billing Form filled out?

Sample Questions

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- Who is the subscriber of the state insurance?

- If a facility transport driver brings in an adult ward of state or foster child, can they sign consent to treat?

Sample Questions

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- Can you have Medicare A/B and UHC AARP Medicare Replacement on the same encounter?

- Name at least 3 things we need to look for in the response history / other entities?

Sample Questions

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1. What Employment information do we need in the patient's chart?
    a. Employer name
    b. Employment Status
    c. Employer name and Employment status

2. You must mark the patient as Self Pay if you do not have all the claim information.
    a. True
    b. False

Passing Sessions

- Paper test to ensure knowledge
- Multiple attempts allowed

Follow-Up

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- Additional 1:1 education provided for those who did not pass
  - <5%
- Staff survey
  - Wanted more time
  - Enjoyed small sessions
  - Liked that everyone was on the same page

Closing Remarks

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- Review areas of opportunities
- Track highest Out of Network Payers Compliance
- Patient Access is NOT Administrative overhead, it’s a PRIMARY financial control point

Questions

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