Patient Access RESOURCE CENTER

The Patient Access DIRECTOR'S HANDBOOK

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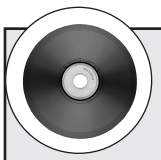
Contents



On the CD-ROM that accompanies this book, you will find this additional material:

- **Sample policies, procedures and work flows**
- **Gap analysis tool**
- **Staffing worksheet**
- **Sample KPI calculations**
- **Incentive plan samples**
- **Job description samples**
- **Anticipating charges and determining liabilities**
- **MSP questionnaire/quiz**

Chapter 2

The Role of the Patient Access Director in the Contemporary Revenue Cycle

For the experienced patient access professional, this material is a review of contemporary theory and practices. For the new patient access professional, this material provides tips, insights, and concepts applicable to all aspects of the pre-service and time of service segments of the revenue cycle.

The following topics will be addressed in this chapter and will create the framework for the concepts covered in this handbook:

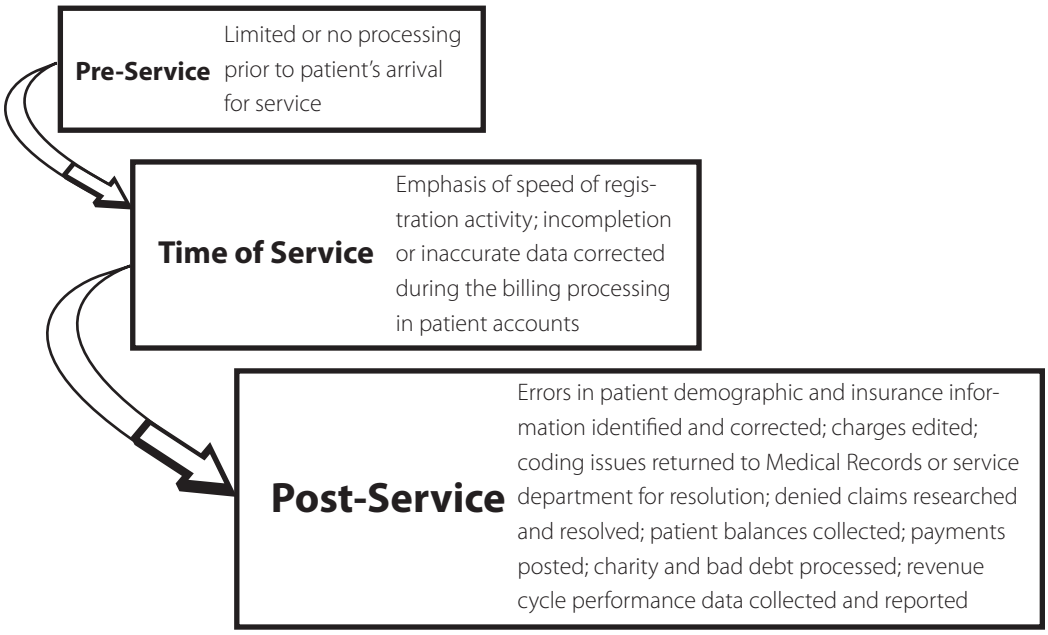
- The building blocks of the contemporary revenue cycle
- Emerging practices and technologies shaping revenue cycle processing
- Methods for developing and maintaining organizational relationships
- Methods for motivating staff and creating effective teams within the access arena

The contemporary revenue cycle

The contemporary revenue cycle model is based on concepts originating from the quality movements of the 1980s. Basically, Dr. W Edwards Deming, Dr. Joseph Moses Juran, and others realized that the traditional approach of identifying and correcting quality failures was not the key to improving overall performance and profitability. In fact, focusing on corrective activities simply perpetuated the error and correction process. Deming is best known for his work on process design to eliminate defects and Juran focused his work on quality initiatives. Both men advocated prevention of errors instead of correction of errors after the fact.

How does this example relate to the healthcare revenue cycle? The traditional revenue cycle model was built upon the patient accounting function, with scheduling, patient access, service, and medical record departments providing the billing information, which patient accounting staff then used to file claims with payers and patients. As illustrated in **Figure 2.1**, there was little emphasis on input, and the patient accounting staff was expected to control and resolve quality errors coming from other areas.

Figure 2.1: The traditional revenue cycle model



Source: Wolfskill and Associates, Inc., 2007

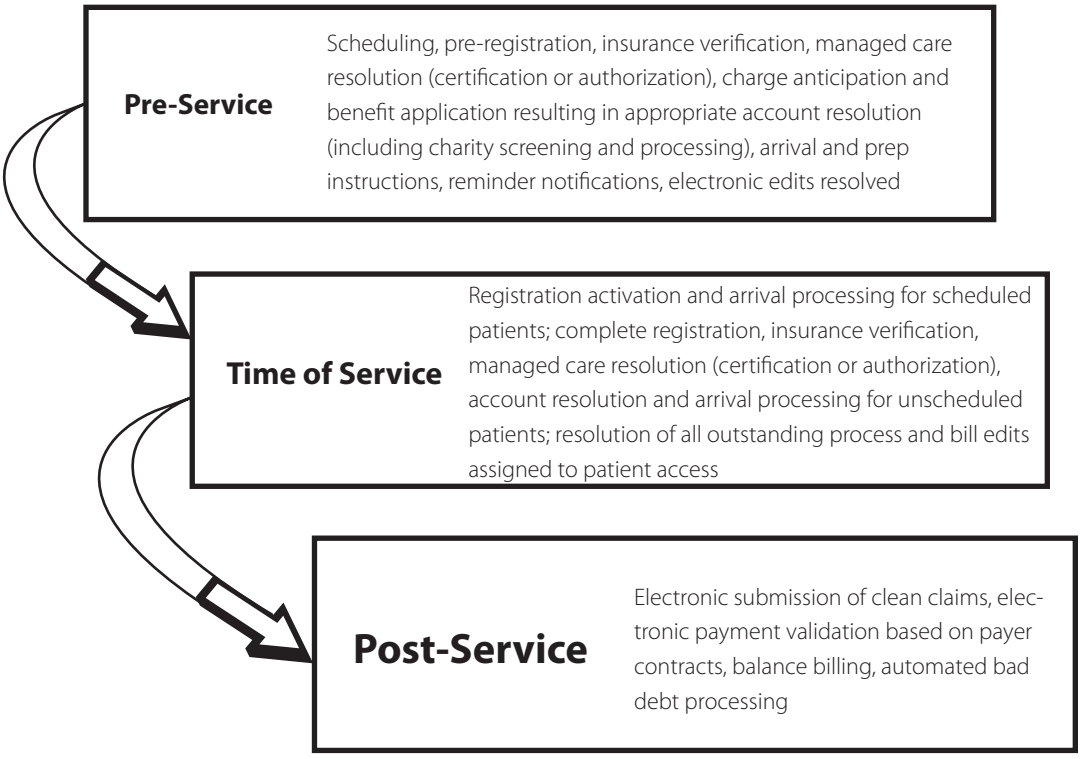
Just as industry began to accept the concept of quality based on prevention of errors instead of simply as control of errors, the healthcare financial and clinical managers embraced error prevention as the contemporary processing model. Thus, the contemporary revenue cycle model is based on completing work accurately, at the earliest appropriate opportunity. The major components of the contemporary model include:

- Viewing the patient population as either scheduled or unscheduled
- Building processing requirements along a timeline initiated when the patient's need for service is identified

- Creating a production–exception-based work flow that allows potential processing failures to be identified and resolved before the patient's account moves into the next processing phase
- Using computerized edits and controls to route accounts dynamically for processing and to control the resolution of missing or erroneous information

As illustrated in **Figure 2.2**, the contemporary model dramatically shifts processing from a retrospective basis to a prospective basis. It does so by significantly shifting the timing of process activities from the post-service time frame to the pre-service and time-of-service time frames. Thus, patient access processing begins the patient's initial encounter with the healthcare provider, and it is not completed until the patient's account is qualified for billing, having cleared all required pre-bill editing.

Figure 2.2: The contemporary revenue cycle model



Source: Wolfskill and Associates, Inc., 2007

Pre-service

The foundation of the contemporary revenue cycle model is the pre-service processing of all scheduled patients. Elaborate electronic scheduling systems are not a necessity, although they certainly are more efficient than manual paper-based systems. What is necessary is for the pre-service staff to have immediate access to scheduling information in order to initiate the pre-registration and patient contact activities.

Pre-registration allows staff to continue with the critical steps of insurance verification, managed care resolution, charge and benefit application, and, ultimately, patient account resolution. By completing these activities prior to service, you gain the opportunity to educate the patient in advance about the financial component of the healthcare service. The account resolution activity allows the patient to select the most appropriate option, which may be a single payment at time of service, a short-term payment plan, or even financial assistance through your financial assistance/charity programs. Remember that as more consumers move into consumer-directed health plans, the number of patients seeking pricing and cost information will increase.

Time of service

The pre-service foundation of the revenue cycle allows expedited patient arrival processing, either at a centralized location or at the point of service. By using a "fast track" or "express arrival" concept, pre-processed patients are quickly checked in and routed for service. The pre-service processes also provide the workflows for processing unscheduled patients, including the walk-in patients, emergency department patients, and clinic patients. By using the tools developed for the pre-service processes, unscheduled patients are registered promptly, their insurance verified, managed care issues identified and resolved prior to service, and charge and benefit application completed, often based on a threshold level of charges. Thus, most patients are financially cleared, and point-of-service collections are obtained no later than the time of service.

Emergency department patients must be processed in accordance with Emergency Medical Treatment and Active Labor Act (EMTALA) guidelines; however, handled within the guidelines, all activities listed for the unscheduled patient can be completed for the emergency department patient. In this area, you need the direct support of the physicians working in the emergency department in order to achieve success.

Post-service

Once all data and process edits have been resolved, the claims are submitted and tracked electronically. Contractual adjustments are posted at the time of billing. Follow-up within the patient accounting area occurs based on the clean claim payment cycles for the individual payers. This cycle is defined as the average number of days from bill submission to receipt of payment for claims that are not pended or otherwise held at the payer.

How does your current operation compare to the ideal? Ask your staff! Use a portion of each staff meeting to present a piece of the ideal process, and ask staff to present the current process in your organization. Then ask staff what changes are needed within your department and outside your department. This results in immediate opportunities for improvement identified at the staff level.

Automation is integral to the smooth progression of the payment cycle. Once payments are received and posted electronically, payment validation is performed electronically to monitor the contractual adjustments taken by payers. Balance billing is automated for both secondary payers and patients. Bad debt accounts are also identified automatically and electronically transferred to the assigned agencies on a weekly basis. Zero balance accounts are archived, and all payer logs are produced electronically.

Thus, the contemporary model moves work forward in the cycle, and it relies on automation to complete processing activities whenever possible.

New practices and technology

One of the major challenges facing patient access directors today is keeping up with the constant changes from payers and vendors. What appears to be a simple adjustment based on a change from Medicare, for example, actually may require a deliberate redesign of the patient arrival

process. Vendors develop new technology and new bolt-on applications, but which ones really work as advertised?

Emerging practices

Payer contracts and rules profoundly influence patient access workflows, policies, and procedures. To keep abreast of payer rules and changes, you must receive a copy of all payer contract provisions. Ideally, the contracts are provided electronically and system-recorded to edit accounts for deficiencies, but even manual contract files may be used to update processing requirements on a payer-specific basis.

The government payers, such as Medicare, Medicaid, ChampVA, and Tricare, present their own unique set of challenges. Bulletins and updates may or may not be routinely routed through the patient access area. To obtain the most recent regulatory changes, review these payer Web sites routinely.

Beyond payer-mandated changes, emerging practices are often developed and reported through peer-based organizations and publications. The National Association of Healthcare Access Managers (NAHAM) provides a variety of publications and educational opportunities for members and non-members alike. Their annual conference provides unique opportunities for directors and managers to learn firsthand what has worked in other facilities.

Internet lists and subscription services, such as HCPro's Patient Access Resource Center (PARC), provide immediate feedback from list participants and can be a valuable source of ideas and concepts. Internet searches also can reveal sources of presentations and white papers dealing with leading or emerging practices in patient access management.

New technology

At one time, the only technology allocated to patient access was a registration system—and perhaps a machine called an Addressograph interfaced with that registration system to automate the production of chips or stamper plates. In the past five to seven years, there has been an explosion of technology products, generally bolt-on applications, which provide essential functionality not found in core registration systems.

How do you recognize where technology may provide essential support to the contemporary revenue cycle processes? The list of bolt-on technology solutions in **Figure 2.3** is a starting point. Compare these solutions to what you currently have deployed throughout the patient access

areas, and target those areas where technology can supplement manual operations effectively to improve efficiency without adding employees.

Figure 2.3: Bolt-on technology applications

Application description	Purpose
Medical necessity: Distributed automated medical necessity checking and electronic ABN production at point of ordering	Assist physicians in their offices to meet medical necessity criteria prior to sending the patient to the hospital for service, or to create the required ABN for processing electronically to the provider
Scheduling: Physician office electronic access to scheduling of services	Eliminate delays in scheduling services by allowing physician offices direct access to hospital's scheduling system
Patient self-scheduling for services	Eliminate delays in scheduling services by allowing patients direct access to hospital's scheduling system to request timeslots and to provide pre-registration information electronically
Automated distribution of patient instructions, special clinical instructions, and directions to the facility	Automate the distribution of required information either to the physician offices or directly to the patient via e-mail or automated fax server
Pre-registration and registration: System of process requirements and individual data edits coupled with automated work distribution	Ensure that all required work is completed prior to the patient's arrival for service; scrub registrations to ensure compliance with payer requirements prior to billing
Pre-registration and registration system integrated with scheduling system	Eliminates any manual transfer of data; one database concept for ease and accuracy of processing
Financial processing: Automated address verification, credit scoring, and charity application processing as integrated module	Electronically link self-pay processing using Internet and intranet-based resources to achieve efficiencies in self-pay management
Automated insurance verification of eligibility and benefits for all payers	Using multiple electronic platforms, as necessary, to validate insurance issues in a real-time environment to allow financial counseling to occur at the earliest appropriate opportunity
Electronic managed care processing for certifications and authorizations	Real-time approvals and linking approval information to patient data used by service departments and/or case management

Figure 2.3: Bolt-on technology applications (cont.)	
Online charge estimation and benefit application at the individual payer and contract level	Allows facility to provide accurate statement of patient's deductible and coinsurance responsibilities based on the facility's specific contract with the payer
Automated charge and benefit monitoring	Electronically identify when additional managed care processing and/or financial counseling is needed
Patient arrival processing: Patient self-check-in kiosks	Reduce arrival processing time and manpower requirements; increase patient satisfaction with arrival processing
Electronic signature pads	Eliminate paper documents and signatures, which may be lost or misplaced; incorporate electronic signatures for all patients into the electronic medical record
Point of service patient arrival processing	Desktop management to allow patients to present at service area instead of at a centralized patient access area; reduces delays
Desktop cashiering and deposit tool	Enable safe and efficient point of service cash processing, including credit card transactions, posting and receipting of payments, generating treasury and deposit slip documents, and cash control
In-house patient management: Electronic bed board with hand-held devices	Enables real-time updating of bed status by clinical and support personnel
Automated census reconciliation tool	Daily balancing and control of inpatient and observation charges
Other: Automated patient satisfaction surveys	Allows patient access to target meaningful questions to identify opportunities for process improvement based on patient wants, needs, and perceptions
Staff training intranet portal	Allows in-house development of interactive training modules and automated tracking of completion of educational activities by all staff throughout the year
Source: Wolfskill and Associates, Inc., 2007	

Organizational relationships

Patient access operates in the foreground of the revenue cycle. From scheduling through patient discharge, staff members in this area constantly interact not only with patients and their families but also with most service departments within the healthcare organization. Recognizing the importance of these interactions and relationships, and continually building bridges throughout the facility, is an important part of the access director's role.

Relationship development

We often assume that other departments have a strong understanding of the work performed within our departments and how that work affects their ability to receive and process patients in a timely manner. Clinicians are, however, more likely focused on their departments and responsibilities and, historically, have seen patient access as an impediment to patient flow. To change this perception requires a deliberate approach to communicating with and educating the clinical leadership on a routine basis.

Getting started is usually the most difficult part. When developing your approach, remember that everyone within your organization is busy, so make sure that every meeting has a clear purpose and an expected outcome. Be prepared to start and end the meetings on time. Never assume that another manager understands the challenges facing your department or recognizes the value your department adds to the revenue cycle operations.

At department meetings, take advantage of every opportunity to talk about what's new in patient access or to highlight a contribution that your department is making to the overall success of the revenue cycle. Remember to keep the focus on positives, not negatives. In addition, seek out other department leaders for one-on-one conversations to gain insight into how they perceive your department's performance and what you may do to help them achieve patient satisfaction goals.

Relationship maintenance

Revenue cycle operations flourish when there is an ongoing, routine dialog among the key players. Do not hesitate to volunteer to chair this ongoing endeavor. Someone needs to step up and lead—who better than the patient access director who manages the initial components of the revenue cycle?

Revenue cycle team meetings should be held on a routine basis, with set agendas and meeting goals. Without them, meetings are counter-productive. Team members will quickly tire of meetings where nothing is accomplished. Set a goal of accomplishing one task at each meeting. Keep minutes and attendance, and if a team member fails to attend, make it your responsibility to find out why. Bringing together the revenue cycle team is a big challenge, but it is a critical component of success.

Building a successful team

Every manager is faced with the tasks of motivating staff and building effective teams. Above all else, consistency in approach and behavior are keys to building a world-class patient access team.

Staff motivation

In the article, "Employee Motivation: Theory and Practice" (*www.accel-team.com/motivation/index.html*) the authors identify seven strategies for motivating employees:

1. Positive reinforcement
2. Effective discipline and punishment
3. Treating people fairly
4. Satisfying employee needs
5. Setting work-related goals
6. Restructuring jobs
7. Basing rewards on job performance

Let's examine how this theoretical approach translates into management of patient access services.

Positive feedback

First, employees respond to sincere, positive reinforcement related to job performance. Who doesn't want to know when an assignment has been completed correctly? Far too often, managers forget that praise and recognition are critical parts of management.

Second, nothing destroys employee motivation and morale faster than the management team's failure to deal with discipline issues. The perpetually late employee who never meets any consequences sets a poor example for fellow employees. Failure to deal with disciplinary issues also

suggests to employees that you play favorites or are afraid to enforce the employer's rules fairly and evenly.

Fairness and consistency

In patient access, management must treat employees fairly in terms of scheduling issues, shift issues, and assignment of additional work, among other areas. A simple but fair call system, for example, is essential for areas staffed 24 hours/day. Always asking the same employees to go the extra mile and not spreading the extra work around equitably always raises the favoritism issue—and is, of course, inequitable.

Employee communication

In order to satisfy employee needs, management must understand what employees need. Survey after survey suggests that job security in a safe environment is at the top of the list. Do your employees understand what they need to do to keep their jobs? Do they understand how they may move up in your organization? Are there other needs that the management team has not identified and, therefore, not addressed? Do not hesitate to survey your employees at least annually to confirm their perceptions, for as we know, perception is reality.

Goal identification

By setting work-related goals, you empower your employees to be successful. It is critical to understand how the goals were established, the consequences for achieving them, and the consequences for failure to achieve them. Report progress weekly, monthly, and quarterly, and have action plans to make sure that the goals are met. Without management taking the lead and showing that goals are important and meaningful, goal achievement suffers.

Skill recognition

Job restructuring is a useful tool to gain recognition for different skill requirements; it is also a way to create career paths within the department. Flat organization structures with little to no opportunity for advancement quickly become training grounds for other hospital departments. As processes and technology change within the revenue cycle, do not forget to reassess the tasks and skills needed throughout the patient access areas. Creating higher-level skilled positions reflects the increasingly complex role that patient access staff members play in the revenue cycle.

Performance incentives

Every position description should include performance expectations and incentives. Incentives

may be as simple as free lunches or as complex as monthly pay bonuses, but either way they must be based on performance. Standards must be easily understood, openly calculated, and applied evenly across the group of employees in the same job category. Management team rewards must be based on the entire team's success and not on individual performance; this approach ensures that managers put the welfare and success of the team ahead of individual goals.

Building the team

Managers who build effective teams understand that without a clear purpose, the team will falter and fail. Purpose guides the team's work and keeps the team focused. For example, the purpose may be limited to resolving the workflow for bed management in the oncology area, or it may be large in scope, such as redesigning the revenue cycle scheduling work flows to achieve a series of goals.

Structure

Teams function best when they have an underlying structure. This structure includes, but is not limited to, the assignment of roles and responsibilities, chairing the meetings, taking the minutes, posting tasks to an intranet site, obtaining a meeting room, and sending out reminders. Using a checklist helps your staff members know what is expected and who is responsible for each task. By sharing the tasks, all team members become involved and, ultimately, invested in the team's success.

Diversity

Team member diversity offers multiple viewpoints and often brings a greater variety of skills to the team. Including the naysayers in the process from the very beginning gives you a unique opportunity to change attitudes and behaviors. Try to avoid relying on the same small group of employees to staff every team. Rather, use employees assigned to second or third shifts on your teams, and schedule team meetings to help accommodate their schedules. Encourage employees to volunteer for teams, and make teamwork a part of job performance standards.

Leadership

Leadership is critical to the team's success, and the wise leader constantly prepares others to assume the leadership position. Leaders need facilitation skills and the ability to delegate. Good leaders also recognize how to motivate their teams. The following list may help you motivate your team to be successful:

- Provide approval, praise, and recognition for a job well done—the team needs to know that it is on the right track.
- Instill trust and respect and set high expectations for performance within the team; your behavior as the leader speaks volumes to these issues.
- Provide loyalty so that loyalty may be received in return. Support the team publicly, even if the team is not moving forward as quickly as you might like.
- Remove organizational barriers to performance; to help the team succeed, use your organizational standing and position to open doors that would otherwise be closed to it.
- Provide job enrichment through participation in team activities, allowing others to grow into leadership roles.
- Recognize that good communication within the team and within the revenue cycle are important and should not be short changed. Nothing fuels distrust and fear as well as a team working on "something" that everyone "knows" will affect "everyone's job"! Be open and share information to keep the rumor mill out of business.
- Consider attaching financial incentives to team success. These incentives should come into effect only if the whole team exceeds its goals and purpose. Rewarding individuals at the expense of the team is usually counterproductive to good team building.

Source: www.accel-team.com/motivation/practice_00.html

Summary

Patient access plays a pivotal role in the contemporary revenue cycle. The contemporary patient access director recognizes the critical nature of patient access processes and continually looks to support and enhance those processes through technology and teambuilding.

Sources

"Employee Motivation: Theory and Practice" *www.accel-team.com/motivation/index.html.* Accessed January 3, 2008.

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