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Healthcare Advisors

Patient Access
Opening the Front Door to Healthcare
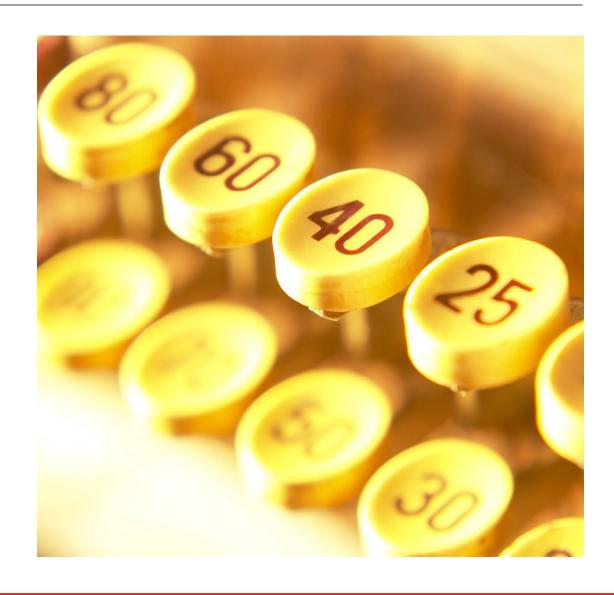
August 2024

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Registrar- Central Cornerstone Focal Point

1) **Reception-Welcoming Committee**

2) **First point of contact for patients**

3) **Contact/Communication to all departments**

4) **Scheduling, Insurance Verification, Demographics, Collect Co-pays**

5) **Copy documents, fax, orders, mail functions, retrieve messages**

6) **Process Inbound and outbound calls, manage internal calls**

7) **Register patients, Band patients, explain all documents**

8) **Point of Service Collections**

9) **Responsible patient handoff to next department**

10) **Repeat this process dozens of times daily**

11) **Smile, smile and smile**

Registrar- Front End of the Revenue Cycle

1) Wait times for patients to register

2) Speed and accuracy of the registration process

3) Quick Registration – Follow-up

4) Communication with the ER Nurse Station, Triage

5) **Demographic accuracy in detail**

6) **Revenue collected before or at the time of service, discharge**

7) **Staff performance and productivity**
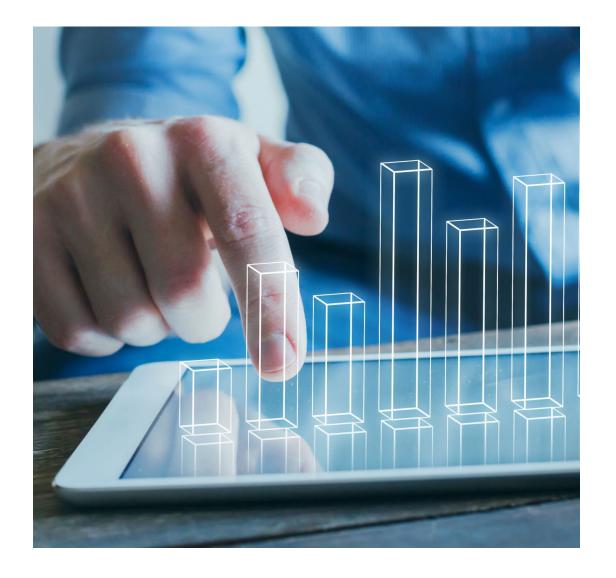
8) **Training as a "Hand-me-down" process**

Registrar- The Proverbial Toolkit

1) **Pricing Cost Estimators- Interoperability and Integration with Organizational Platform, Price Transparency**

2) **Standardization at the Points of Service (** *centralized or not* **) process**

3) **Policies and Procedures**

4) **Implementing Technology Solutions**

5) **Point of Service (POS) Collections across the enterprise**

6) **Payment Options- Manual, Consumer Based, Digital Web access**

7) **Clear Patient Communication – Scripted Dialogue**

8) **Monitoring and Reporting- Medicare MSP, ABN, Medicaid eligibility**

9) **Compliance and Ethics**

10) **Training Documents**

11) **Inclusion into Revenue Cycle meetings**

Registrar- New Trends
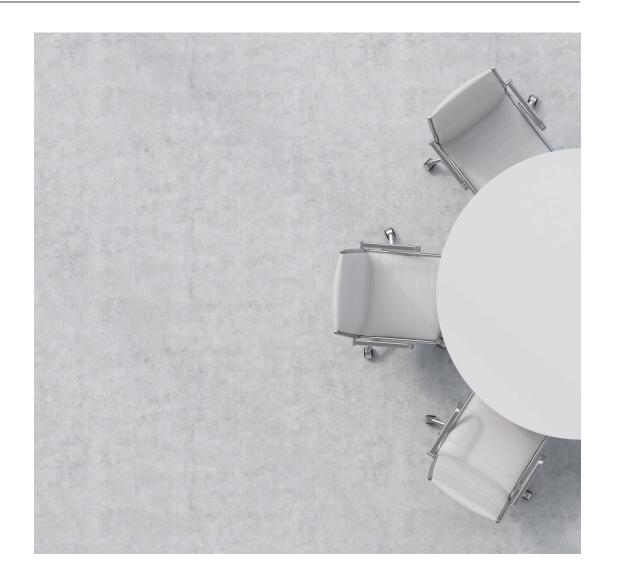
1) **Online Registration & Scheduling**

2) **Wait-Time Tracking**

3) **AI and Automation**

4) **Kiosks**

5) **Call Centers**

Registrar- Interviewing and Hiring

1) **All starts with the hiring process**
   Qualities to look for?

2) **Behavioral Based Interview Questions**

3) **Customer Service Focus**

4) **Wage Disparity**
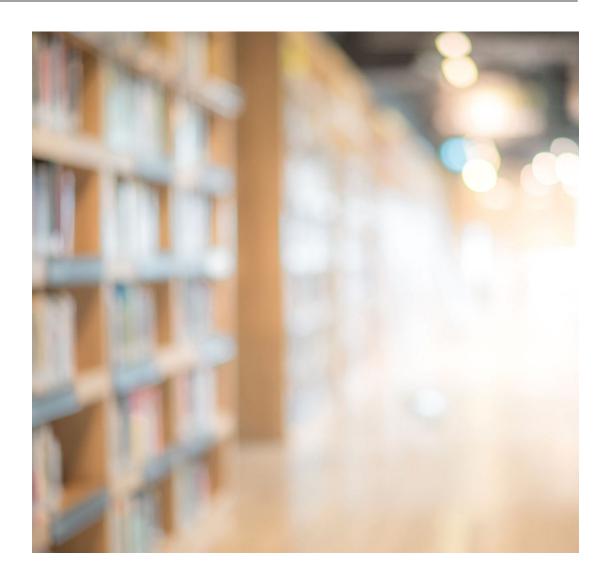
5) **What sets you apart?**

Registrar- Training

Training should be a hybrid approach of classroom time and shadowing

Start with the basics

Have user shadow a high performer for a short time

Back to the classroom to finish and solidify knowledge

After classroom is finished – new registrar should be partnered with one person for at least 2 - 3 weeks before moving on their own

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Registrar- Training

Once training period is complete, does training and check-ins stop?

There needs to be full QA completed on new registrars weekly for two more weeks
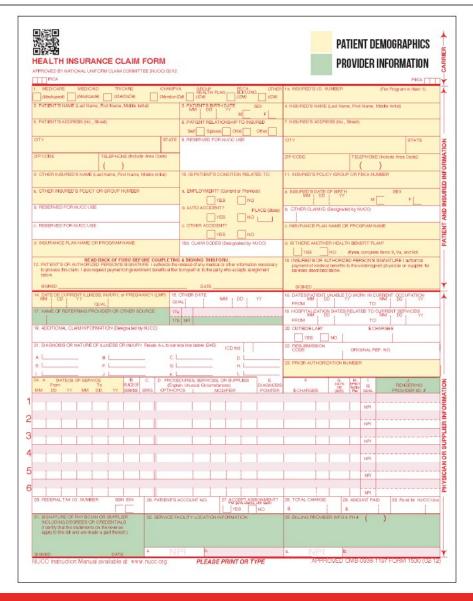
30 – 60 – 90 day check-ins

Set small goals for your new employee

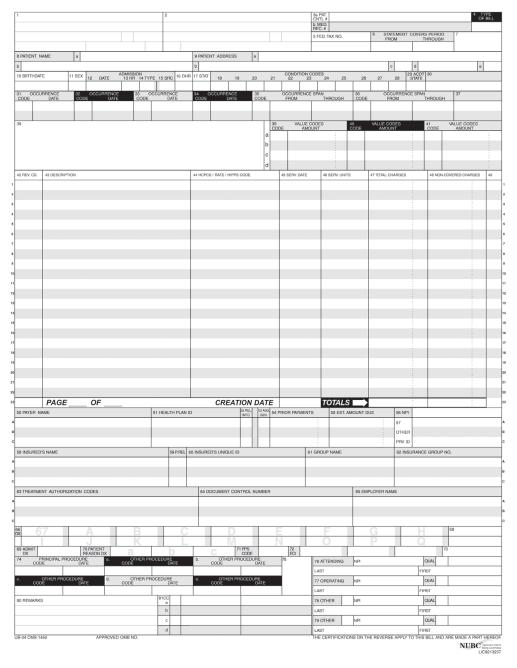Ensure they continue to have a coworker they can go to with questions

How important is Patient Access to the Clean Claims Process -- UB 04

Patient's Full Name
Discharge Hour
Medical Record Number
Patient's Complete Mailing Address
Patient's Birthdate
Patient's Sex
Admission Date
Admission Hour
Admission Type
Admission Source
Discharge Status
Guarantor/Responsibility
Primary Payer Name
Secondary Payer
Tertiary Payer
Health Plan ID
Consent to Release Information
Assignment of Benefits
Insured's Name
Treatment Authorization Codes
Insured's Unique ID
Insurance Group Name
Insurance Group Number
Admitting Diagnosis Code
Patient's Relationship to the Insured
Employer Name

Registrar- Quality Assurance

1) **Quality Assurance is a key to ensuring you have strong Registrars**

2) **QA should be based on all points of registration with special emphasis on anything that impacts the bill**

3) **A goal should be for 95% - 98% accuracy**

4) **Automated QA Shortfalls**

5) **Manual QA is still the best way to ensure registrars are doing it correctly**

6) **Set up regular reviews and consequences for poor QA**

Registrar- Quality Assurance

GUARANTOR INFORMATION
Correct Guarantors attached to patient
Correct Guarantor attached to HAR
Correct Guarantor Demographics
PATIENT COVERAGES
Correct Coverage(s) attached to HAR
Self-Pay or Do Not Bill Insurance checked, *if necessary*
Duplicate or inactive insurances, *remove*
PRIMARY COVERAGE
Subscriber Demographics/Employment
Subscriber ID/Member ID
Customer Service Phone
Covered Through table
Employer Size
Member Relationship
Effective From date, *if applicable*
RTE referenced
Insurance verified during month of service
Manual Verification Notes, *SmartPhrase*
SECONDARY COVERAGE
Subscriber Demographics/Employment
Subscriber ID/Member ID

ADMISSION INFO
Admission Source
Confidential/Religious/Hearing Visual Need
Accident Related
Attending Provider
CLAIM INFORMATION
Correct Claim Info attached/created
Claim Info, *claim named correctly*
Accident Form fields
Claim Form fields
Continuum SmartPhrase used
DEMOGRAPHICS
Name matches photo ID, *full legal name*
Maiden name, *in Alias field if applicable*
Patient DOB, *matches ID*
Patient Address
SSN
Email Address
MyChart Status
Marital Status
Ethnicity/Race
Religious Preference

Member Relationship
Effective From date, *if applicable*
RTE referenced
Insurance verified during month of service
Manual Verification Notes, *SmartPhrase*
AUTH/CERT
Passport/Authorization/Referral Shell Completed, *if applicable*
PT FINANCIAL RESPONSIBILITY
Co-pay Due, *list accurate amount*
Co-pay Reason, *selected reason is valid*
Note if reason 'Other' is selected
ClearIQ or POS Documentation, *when applicable*
MSPQ/ABN
All MSPQ fields completed
ABN Noted in Epic, *SmartPhrase utilized*
ABN Complete by Time of Service
If ABN Fails, code 32 is completed in claim information
ABN Required, *completed if Medicare on outpatient HAR*
ABN Waiver, *completed and signed if fails*
DOCUMENTS TABLE
Consents/Living Will/HIPAA *statuses updated*
Consents/HIPAA signed, *in Media Manager*

Registrar - Feedback and Review

Set up regular (monthly) team meetings where trends, goals and education are discussed

Meet with staff at least monthly (delegate to supervisors or leads) – but every associate should have a touch base

Standard template for reviews

Ensure each associate has their own goals with achievable metrics associated

Registrar - Feedback and Review

Roll out new and updated methodology in phases with positive outlook for staff buy-in

Review effectiveness with staff and patient feedback. Every hospital is different

Utilize a flexibility component in discussions with staff

Communicate how the cash collection process can provide valuable improvements for the organization and patients

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Questions?

Contact Information

Marci Mollman

mmollman@pinnaclehca.com

406.853.2145 Cell