

Pinnacle

Healthcare Advisors

Patient Access
Opening the Front Door to Healthcare

August 2024



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Healthcare Advisors

hfmaTM
louisiana chapter



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



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



Registrar- Impact on the Claim



HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PATIENT DEMOGRAPHICS

PROVIDER INFORMATION

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

| | | | |
|---|--|---|--|
| <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BENEFITS <input type="checkbox"/> OTHER | | 18. INSURED'S ID. NUMBER (For Program in Item 1) | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | | 3. PATIENT'S BIRTH DATE (MM DD YY) SEX: <input type="checkbox"/> M <input type="checkbox"/> F | |
| 5. PATIENT'S ADDRESS (No. & Apt) | | 6. PATIENT RELATIONSHIP TO INSURED: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | 10. IS PATIENT'S CONDITION RELATED TO: | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits a third party or to the party who accepts assignment below.) | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) | |
| 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL | | 15. OTHER DATE (MM DD YY) QUAL | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to services line below) (ICD-9CM) | | 22. RESUBMISSION CODE ORIGINAL REF. NO. | |
| 24. A. DATE(S) OF SERVICE (FROM TO) B. ICD-9-CM CODE C. PROCEDURE, SERVICE, OR SUPPLY (Specify Medical or Contradictory) D. MODIFIER E. DIAGNOSIS (POINTER) F. \$ CHARGES G. HCP OR INT. H. PAYOR I. Q. QUAL J. RENDERING PROVIDER ID. # | | 23. PRIOR AUTHORIZATION NUMBER | |
| 25. FEDERAL TAX ID. NUMBER SIGN. EIN | | 26. PATIENT'S ACCOUNT NO. 27. ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 28. TOTAL CHARGE \$ | | 29. AMOUNT PAID \$ | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including Degrees or Credentials & state that this statement on the reverse applies to the DR and are made a part thereof.) | | 32. SERVICE FACILITY LOCATION INFORMATION | |
| 33. BILLING PROVIDER INFO & PH # | | 30. Paid for NUCC Use | |

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED: OMB-0335-1197 FORM 1500 (02-12)

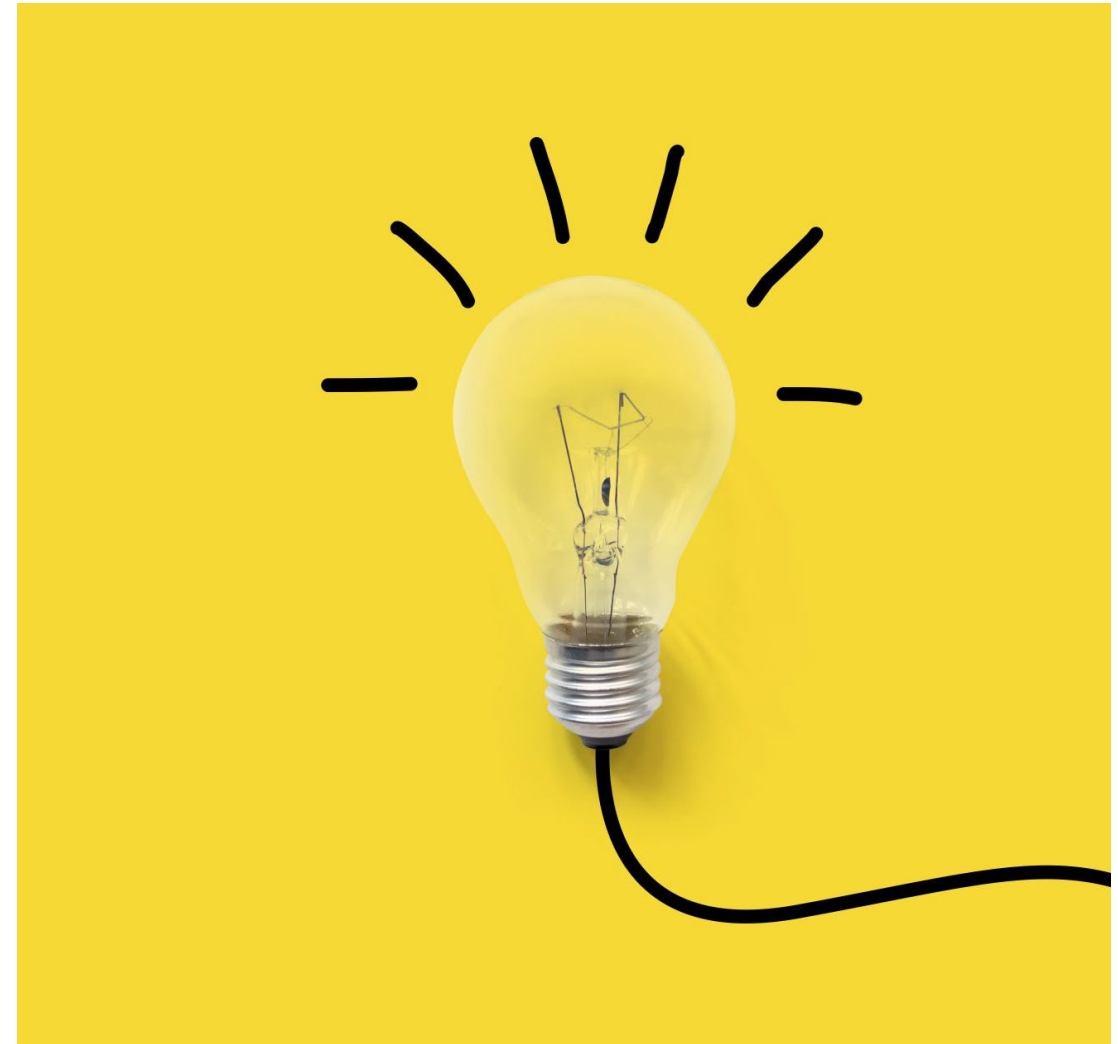
How important is Patient Access to the Clean Claims Process -- UB 04

| | | | | | | | |
|-----------------------------|--|----------------------------------|--|------------------------------|--|------------------|--|
| 1 | | 2 | | 3 PAT CNTL # | | 4 TYPE OF BILL | |
| 5 FED. TAX NO. | | 6 STATEMENT COVERS PERIOD FROM | | 7 THROUGH | | | |
| 8 PATIENT NAME | | | | 9 PATIENT ADDRESS | | | |
| 10 BIRTHDATE | | 11 SEX | | 12 DATE | | 13 HR | |
| 14 TYPE | | 15 SRC | | 16 DHR | | 17 STAT | |
| 18 | | 19 | | 20 | | 21 | |
| 22 | | 23 | | 24 | | 25 | |
| 26 | | 27 | | 28 | | 29 ACDT STATE | |
| 30 | | 31 | | 32 | | 33 | |
| 34 | | 35 | | 36 | | 37 | |
| 38 | | 39 | | 40 | | 41 | |
| 42 REV. CO. | | 43 DESCRIPTION | | 44 HCPCS / RATE / HIPPS CODE | | 45 SERV. DATE | |
| 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 NON-COVERED CHARGES | | 49 | |
| PAGE | | OF | | CREATION DATE | | TOTALS | |
| 50 PAYER NAME | | 51 HEALTH PLAN ID | | 52 REL INFO | | 53 ASO BEN | |
| 54 PRIOR PAYMENTS | | 55 EST. AMOUNT DUE | | 56 NPI | | 57 OTHER PRIV ID | |
| 58 INSURED'S NAME | | 59 PREL | | 60 INSURED'S UNIQUE ID | | 61 GROUP NAME | |
| 62 INSURANCE GROUP NO. | | 63 TREATMENT AUTHORIZATION CODES | | 64 DOCUMENT CONTROL NUMBER | | 65 EMPLOYER NAME | |
| 66 | | 67 | | 68 | | 69 | |
| 70 PATIENT REASON DX | | 71 PPS CODE | | 72 ECI | | 73 | |
| 74 PRINCIPAL PROCEDURE CODE | | 75 OTHER PROCEDURE CODE | | 76 ATTENDING NP1 | | 77 QUAL | |
| 78 LAST | | 79 FIRST | | 77 OPERATING NP1 | | 78 QUAL | |
| 79 LAST | | 80 FIRST | | 78 OTHER NP1 | | 79 QUAL | |
| 80 LAST | | 81 FIRST | | 79 OTHER NP1 | | 80 QUAL | |
| 81 LAST | | 82 FIRST | | 80 OTHER NP1 | | 81 QUAL | |
| 82 LAST | | 83 FIRST | | 81 OTHER NP1 | | 82 QUAL | |
| 83 LAST | | 84 FIRST | | 82 OTHER NP1 | | 83 QUAL | |
| 84 LAST | | 85 FIRST | | 83 OTHER NP1 | | 84 QUAL | |
| 85 LAST | | 86 FIRST | | 84 OTHER NP1 | | 85 QUAL | |
| 86 LAST | | 87 FIRST | | 85 OTHER NP1 | | 86 QUAL | |
| 87 LAST | | 88 FIRST | | 86 OTHER NP1 | | 87 QUAL | |
| 88 LAST | | 89 FIRST | | 87 OTHER NP1 | | 88 QUAL | |
| 89 LAST | | 90 FIRST | | 88 OTHER NP1 | | 89 QUAL | |
| 90 LAST | | 91 FIRST | | 89 OTHER NP1 | | 90 QUAL | |
| 91 LAST | | 92 FIRST | | 90 OTHER NP1 | | 91 QUAL | |
| 92 LAST | | 93 FIRST | | 91 OTHER NP1 | | 92 QUAL | |
| 93 LAST | | 94 FIRST | | 92 OTHER NP1 | | 93 QUAL | |
| 94 LAST | | 95 FIRST | | 93 OTHER NP1 | | 94 QUAL | |
| 95 LAST | | 96 FIRST | | 94 OTHER NP1 | | 95 QUAL | |
| 96 LAST | | 97 FIRST | | 95 OTHER NP1 | | 96 QUAL | |
| 97 LAST | | 98 FIRST | | 96 OTHER NP1 | | 97 QUAL | |
| 98 LAST | | 99 FIRST | | 97 OTHER NP1 | | 98 QUAL | |
| 99 LAST | | 100 FIRST | | 98 OTHER NP1 | | 99 QUAL | |
| 100 LAST | | 101 FIRST | | 99 OTHER NP1 | | 100 QUAL | |

- 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

Questions?



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