Revenue Cycle: Tactical Patient Access Considerations for Physician Practices

A White Paper

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Executive Summary

Patient Access in the revenue cycle begins with the initial contact between the patient and the physician's office and continues through the point when the provider receives payment. This White Paper provides a summary of three important components in the Patient Access function of the revenue cycle, including: Staff, Processes, and Technology, and offers tactics for optimizing their efficiency and thereby maximizing revenue.

Introduction

It's a tough world out there when you want to get paid! If the proverbial I's are not dotted and T's not crossed on a claim, maximizing revenue can be a challenge. One of the key revenue cycle functions that business office managers often do not pay enough attention to and therefore run the risk of not optimizing revenue is Patient Access. As the healthcare system in the U.S. continues to evolve and become more complex, it is now more critical than ever for office revenue cycle teams to develop a tactical approach necessary to maximize revenue.

I. Staff: Front-Office Staff Are the Window to the Kingdom

The success of your business starts with how well front-office staff works with patients before those patients even walk through the door. Good communication skills, the ability to be sympathetic with patients' issues, and the ability to advocate for patients are some of the skills the front-office staff should have. A few tactical points to consider:

- Assure there is front-office coverage to account for vacation and sick time.
- Cross-train staff to perform different tasks in the event of unexpected staff absence, particularly for functions such as insurance verification and up-front cash collections—two areas that have significant impact on cash flow.
- Have formal training and refresher courses for the staff, especially when there is an upgrade to the existing EHR and practice management system.
- Hire staff that can speak more than one language, preferably a language dominant in your region.
- Don't train staff "on-the-fly" in front of patients. This will not only increase the chance of data entry errors (simple information like the wrong patient address or an insurance number that is off by one digit can affect a claim), but it will also frustrate the staff and patients and make the entire team look unprepared. Consider "role playing" as part of training sessions.
- Establish clear goals and incentives to motivate staff. A team empowered to make decisions that affect their jobs is important, as they will likely be motivated to think of new and creative ways to streamline a process, improve communications (internally and externally with patients), and have pride knowing their recommendations add value to the office and patient experience.

II. Processes: A Broken Spoke on a Tire Can Stop a Car

Workflow changes and process improvements should be given plenty of attention whenever there is a spike in billing errors, accounts receivable, bad debt, patient dissatisfaction, or a decrease in volume. Three common broken processes with Patient Access and their fixes are:

1. **The Problem:** Patient Scheduling and Registration information might not always be accurate or complete. This typically occurs when a manual process relying on handwritten logbooks is used.

   The Fix: Provide a specific list of questions, designed to meet the requirements of the patient's insurance, to each front-office staff member to use whenever a patient calls to schedule an appointment. This should be part of the workflow process with the office's EHR and practice management system. Nothing frustrates a patient more than giving the same information multiple times, or filling out another form when they arrive with information they already provided.

   Consider giving patients some control over this process with patient self-service kiosks or web access to the scheduling and registration functionality of the office system. This not only empowers patients but also can provide them with information about their insurance coverage that they were previously unaware of (e.g., what services are covered; what are the charges; what is their co-pay and deductible).

2. **The Problem:** Insurance verification and treatment authorization are often not completed until the patient arrives.

   The Fix: As soon as the patient's appointment is made, the patient's insurance and authorization for treatment should be verified. Completing this process well in advance of the patient's visit will help identify and address any problems with the insurance carrier. Also, this is not a one-time-only process; it should be done for *every* visit, because coverage frequently changes and patients often don't know or understand the implications of those changes.

3. **The Problem:** No upfront, Point-of-Service (POS), co-pay or co-insurance collections are made. Co-pay and co-insurance typically represent 1% to 3% of net revenue. Today, patients are required **to** bear more of the financial burden of their care than in past years. However, delays in receiving upfront payments can easily increase the days in A/R, and self-pay can become "No Pay", which will increase bad debt.

   The Fix: When done properly, collecting upfront patient payments does not have to negatively impact patient satisfaction. When the patients understand their financial obligations early on, the better prepared they will be to have the upfront payments when they arrive. It is not too early at scheduling/registration to let patients know their financial obligation and obtain credit card information. Also, train the front office staff to be financial services representatives and advocates who can assist patients who need help with their insurance

III. IT: The Right Technology Can Make a Difference

An investment in the ***right*** EHR and practice management system will provide significant return on investment (ROI) when used by properly trained staff members. Paper-based practices that require manual input of data are a guaranteed invitation for errors and delays in payment. The right technology solution will help eliminate those errors and streamline the revenue cycle process, particularly if it is an integrated solution that contains, practice management and electronic health record data. Key functionality should include:

- Patient scheduling integrated with patient registration:
  - Address validation
  - Online eligibility and benefits verification with the patient's insurance carrier
  - Online edits checking for incomplete or illogical information (e.g., zip code doesn't match patient's actual living location)
  - Previous balance detail
  - Payment responsibility detail based on service to be provided
  - Eligibility for possible Medicaid coverage, charity care, or other benefit
  - EDI (Electronic Data Interchange) transactions
  - Account management
  - Coding and transcription
- Contract management
  - Identify co-pay and co-insurance information
  - Stark, HIPAA and SOX checks
  - Documentation of pro forma
  - Internal approval checking before contracts are signed
  - Reporting on contract terms and compliance
  - Contract expiration alerts
- Reporting and business analytics
  - Data integrated with patient clinical and financial information
  - Ad-hoc report writer with drill-down capabilities
  - Identify and track recurring issues (i.e., billing and remittance)
  - Identify trends (i.e., upfront payments)
  - Employee productivity analysis
- Electronic health record integrated with the practice management component:
  - Clinical decision support
  - Order entry and charge capture
  - Integration with ancillary systems (lab, Rx, rad)
  - ePrescribing
  - Patient portal

The Bottom Line

Mastering the Patient Access component of revenue cycle is important to running a successful practice. The right business approach practiced by the right staff using the right technology will propel your practice to be a patient-friendly, smooth-functioning and profitable operation.

About Impact Advisors

Impact Advisors provides high-value strategy and implementation services to help healthcare clients drive clinical and operational performance excellence through the use of technology. We partner with industry-leading organizations to identify and implement improvements in quality, safety and value. Our Associates are experienced professionals with deep domain expertise and a commitment to delivering results.

Impact Advisors is a recognized leader in the healthcare IT industry. We stay attuned to the latest technologies and trends impacting our clients through our involvement with advocacy organizations, including the Scottsdale Institute, HIMSS and CHIME.

Our Mission: *Create a positive Impact!*

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