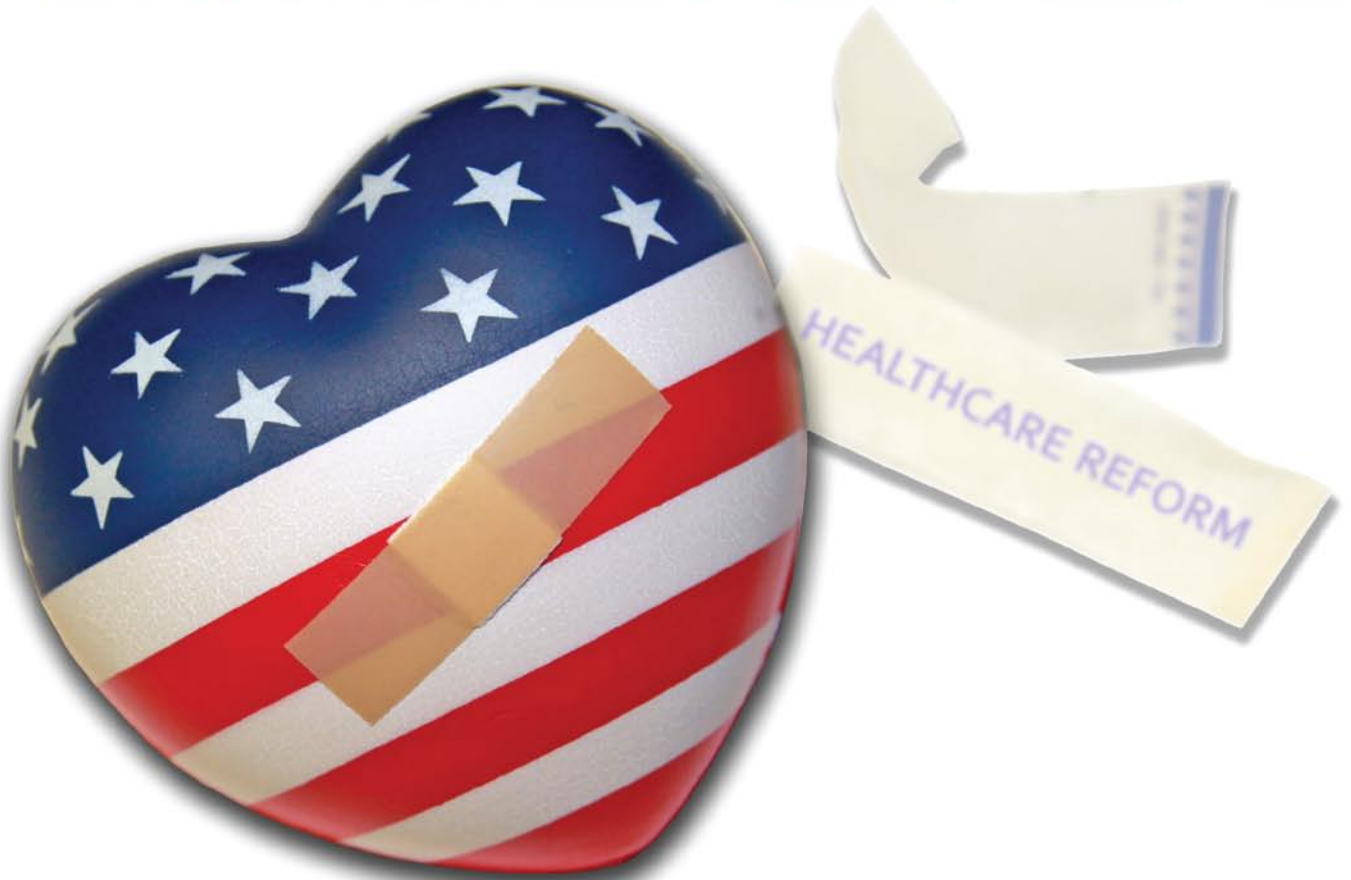


# GEORGIA SCROLL

FALL 2010  
VOLUME 45 NUMBER 2



**LEAD ARTICLE: UPCOMING GUBERNATORIAL  
ELECTION AND THE CANDIDATE'S IDEAS/  
VISIONS ON HEALTHCARE 5**

Leadership Mistakes 14

5 Things You Need to Understand  
About Health Care Reform 17

Certify Yourself - Ask Me Why -  
Ask Me How 26



**hfma**™ georgia chapter  
healthcare financial management association



# When did our Scheduling Group Become a Call Center?

(5 Important Points to Consider)

By Patrick Teta

In an attempt to compensate for sagging Inpatient revenue, hospitals nationwide are increasing their marketing efforts for imaging and other outpatient services. Before sending your physician liaison out knocking on doors, be sure the proper infrastructure is in place for revenue cycle departments to deal with any sudden increase in volumes. If you have a centralized scheduling call center, that's the best place to start.

## Points to consider:

1. What are your service levels?
2. Call data - when are calls arriving?
3. Staffing - is a forecasting model being used for staffing?
4. Is individual productivity being tracked and feedback provided?
5. Is there a process in place for faxed/online appointment requests?

## Service Levels

To start, review your current performance. Even the most basic call center phone systems can produce many good reports. In fact, some systems produce so many reports you may not know which ones to use. Hospital revenue cycle leaders are able to assess their centralized scheduling departments' performance by focusing on three key interrelated measures:

- Average speed of answer
- Abandonment rate
- Service level (% of calls answered within a specified time).

The first two are fairly obvious, but the third is defined as: of the number of calls answered how many fell within the target answer time?

As a starting place for defining your levels, benchmark indicators for top performing call centers are:

- Target maximum answer time: 20 seconds
- Target maximum abandon rate: 5%
- Target service level: 85% (i.e.: 85% of all answered calls to be answered in under 12sec.)

Be aware, abandonment rates that are too high (understaffed?) or too low (overstaffed?) are just a symptom of underlying issues. To get at the root causes you need to examine when calls are arriving and what are your staffing patterns at the arrival times.

## Call Data

Often there are schedule holes – breaks, lunch times, late afternoons, or early mornings. To find out, you will need to examine historical call data. Because call volumes fluctuate by hour of the day, and day of the week, you need to review each day separately. Here's how:

- You will need at least a months' worth of call data
- Take data on number of calls by day of the week broken down in half hour increments across a four-week period. Although the calls vary week on week you can take an average and calculate the mean call arrival.
- Thirty minute increments are the call center industry benchmark; hour increments are usually too broad, 15 minutes is too narrow.
- If you experience deterioration in your service levels, complete this exercise for the most current month. Volumes for medical services will fluctuate based on vacations, flu season, etc.

The goal of having the right number of staff ready to take calls at the right time sounds simple, right? For example, you may find from your call averages that Monday from 10:30 am – 11:00 am is the busiest time of the entire week. What complicates your staffing needs is the fact that calls don't arrive sequentially, they can come in bunches. A staffing model is needed to ensure service levels are met.

## Forecasting Staffing Needs

Your month's worth of historical call averages gives you the insight into how many patients are likely to call, on what specific days of the week, and at what specific times. There are numerous free call center calculators that are available for download. Forecasting software normally employs a formula called Erlang-C to predict call-flow. Agner Erlang, dubbed the father of Queuing Theory, was a Danish mathematician who specialized in probability. In 1908, he devised the Erlang-B and C formulas for predicting call arrival into switchboards. As mentioned, calls don't arrive one after the other, three patients could call at one time. The Erlang formulas take this into account, and predict the staffing needed based on service levels. The formulas he discovered are still relevant today.

(Continued on next page)

In addition to the historical call volumes, to use an Erlang calculator to determine staffing needs you need three other constants – average call length in seconds, target answer time in seconds, and your required service level. Let’s take the Monday 10:30 – 11:00 average and use 300 seconds for our call duration (4 minutes to handle the call, and 1 minute wrap-up time). Based on this info, the formula tells us you would need to be staffed with 9 agents.

**Calculate the number of agents required to reach an agreed service level:**

Incoming call rate	<b>34</b>	calls per half hour
Average call duration	<b>300</b>	seconds
Required service level <i>Probability of target answer time</i>	<b>85.0%</b>	
Target answer time	<b>20</b>	seconds
<b>Number of Agents required</b>	<b>9</b>	

Again, the formula takes into account the calls won’t arrive sequentially, one after the other. Next, you need to ensure your staff is efficiently handling calls.

### Tracking Productivity

Ensuring staff are quickly and accurately handling calls is equally important as having the right number of staff. Some key areas to focus on:

- # of calls answered
- Total time logged into phone system
- % of talk time
- % of time in a “not ready” mode (logged in but not taking calls)
- Number of outbound calls
- Number of transferred calls
- Average call handle time.

All of these metrics may not be necessary to track on a daily basis; however, if you have a low performer, you can match how their numbers stack up to their peers. Also, this information lends itself to a weekly or monthly dashboard.

In addition to the quantity metrics, quality must be tracked by observing calls, tracking patient/physician complaints, and regular audits of a sample of the appointments schedulers have made.

### Faxes / Online Scheduling Requests

In order to make the scheduling process easier for patients and physician office staff, and to smooth out the arrival of calls, many hospitals are now offering on-line appointment scheduling or faxed requests directly from

physician offices. Faxing is ideal. It allows the scheduler to see the actual physician’s order and contact the patient directly to complete pre-registration information. Also, it makes it easier to review the test vs. medical necessity edits and determine if a pre-authorization is needed from an insurer. Check to see if your hospital has a fax server, this further allows you to automate the workflow.

A dedicated team working faxed or on-line appointment requests gives you the added benefit of serving as a perfect group for “overflow” calls during times when there are out of the ordinary spikes.

### Conclusion

Revenue gains can be short lived if the infrastructure is not in place to appropriately handle the patients’ first point of contact with the facility – the scheduling department. Keep the process quick and easy for patients and physician offices. By consistently monitoring a few key metrics, you can ensure that scheduling processes run effectively and efficiently and any uptick in volumes can be quickly addressed.

*Patrick Teta is a Senior Consultant with Revenue Cycle Solutions, LLC (RCS). RCS offers creative and cost-effective solutions to problems related to the capture, billing, and collection of health care revenue. For more information about this article, Patrick can be contacted at [pteta@revenuecyclesolutions.com](mailto:pteta@revenuecyclesolutions.com) or 410.591.5038.*



*Join us for the  
Fall Institute in  
Savannah, Georgia -  
November 3-5, 2010*