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CASE STUDY – Patient Access Review

Lack of adequate time and resources has led to an ongoing struggle for hospitals to establish and maintain adequate patient access procedures stemming from constant government/third-party insurance changes, staff turnover, training, and system limitations. This was the situation at a 450 bed southern Georgia hospital, resulting in registration errors, little or no pre-verification of insurance coverage, as well as the absence of an effective collection policy for insurance deductibles and co-pays. But how do you find the solution to determine and implement the critical changes necessary for lasting improvement in the Patient Access process?

ANALYSIS

At the Georgia hospital, experienced Patient Access Consultants analyzed all aspects of the existing Patient Access operations and focused on ways to improve use of scheduling, pre-registration and capture of pertinent account information. Patient Access problems typically stem from multiple sources. They are most often the result of deficiencies in a number of areas including: education, training, staffing levels, work flow, and/or poorly implemented computer software. Each deficiency must be addressed as part of a coordinated solution necessary to obtain longterm improvement. The Patient Access Review began with the establishment of baseline measurements of the provider's patient access performance, including the development of applicable indices and benchmarks. Patient Access Consultants worked onsite to gather information necessary to assess department staffing, skills, processes and system usage. The consultants work closely with the hospital's existing multi-disciplinary teams with the objective of minimal disruptions to the daily operations. The consultants reviewed the following areas and provided specific findings and recommendations:

- Patient Scheduling
- Insurance Verification
- Pre-registration
- Emergency Registration
- Outpatient Registration
- Admissions

They then completed a detailed operational assessment of the patient access process to identify deficiencies and opportunities for operational and financial improvements. As one of the final steps, the consultants delivered a written assessment report and supporting work plan of the overall patient access operations and recommendations for the creation, implementation and monitoring of workable solutions.

MAKING IT HAPPEN

Assisting the client in implementing the recommendations was the next task at hand and was accomplished utilizing the following steps.

- In-depth discussions with senior management to understand concerns and establish program objectives
- Customized review of operations, including interviews of key management personnel responsible for the day-to-day oversight of various patient access processes
- Hands-on participation by senior consultant staff
- Validation of key information by appropriate hospital personnel
- Creation of applicable indices and benchmarks including:
  - > Overall scheduling rate for all non-urgent patients
  - > Overall insurance verification rate of scheduled patients
  - > Overall pre-registration rate of verified patients
  - > Insurance verification rate of unscheduled high-dollar outpatients within one business day
  - > Payment request rate for insurance co-pays/ deductibles
  - > Real-time collection rate of insurance co-pays/ deductibles
  - > Detailed analysis and documentation of all significant patient access processes, including identification of issues relating to compliance with HIPAA privacy regulations
  - > Detailed management report containing all significant findings and opportunities

THE RESULT

The above steps resulted in the following benefits to the client hospital.

- The written work plan led to an easy and effective process to create, implement and track suggested changes for improvement.
- Improvements that led to increased efficiencies and cash flow were:
  - > Increased scheduling of all non-urgent patients
  - > Increased pre-verification of insurance
  - > Adoption of pre-registration process for all non-urgent patients
  - > Significant increase in the real-time collection of insurance co-pays and deductibles
  - > Greater accuracy and completeness of account information
  - > Improved patient convenience and satisfaction

For more information about Revenue Cycle Solutions, LLC, please see their web site at www.revenuecyclesolutions.com or call 412-322-2100.