

Building a Partnership Between Scheduling and Pre-Registration

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Dignity Health[™]

Agenda

1. Introduction
2. Best Practices Components for Scheduling and Pre-registration
3. Industry Standards
4. Centralizing Pre-Registration and Scheduling
5. Getting Case Management involved
6. Metrics- Benchmarking
7. Technology innovation
9. Q & A Session

Training often gives people solutions to problems already solved. Collaboration addresses challenges no one has overcome before.” — Marcia Conner

Overview and Objectives

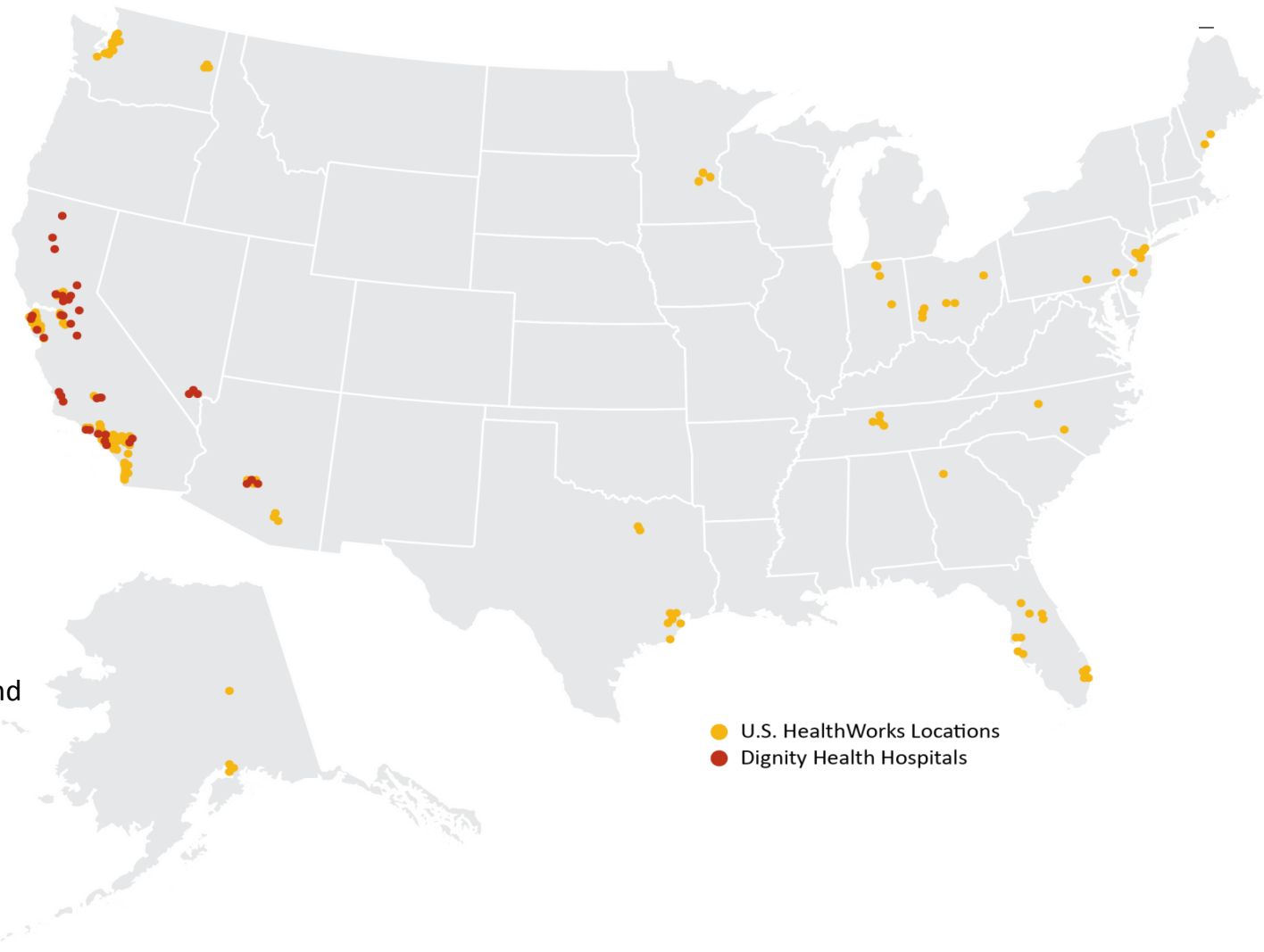
- Review Best Practice Model- Centralization
- Benefits for Centralizing Scheduling and Pre-Registration
- Technology innovation options- What tools should you look for?
- Orchestrating Collaboration with Case Management
- How to benchmark progress
- Overcoming challenges



Dignity Health: Who We Are



- Fifth largest health care system in the nation
- 16-state network
- 11,000 physicians
- 58,000 employees
- More than 300 care centers:
 - Hospitals
 - Urgent Care
 - Occupational Care
 - Imaging Centers
 - Home Health
 - Primary Care Clinics
- In 2011, Dignity Health provided \$1.4 billion in charitable care and services



Best Practice-Centralization

Best Practice Components

Gathering of Complete and Accurate Data



Complete Pre-Registration Process



Customer Service



Improved Revenue and POS Collections



At the time of scheduling:

- ✓ Required and standard data is captured
- ✓ Authorizations are obtained & validated
- ✓ Medical Determination is reviewed by Case Mgmt

During Pre-Registration:

- ✓ Ins Verification, address validation, demographic validation
- ✓ Patient Bill Estimation
- ✓ Financial Clearance Secured

Best Practice addresses:

- ✓ Patient Satisfaction
- ✓ Physician Satisfaction (centralization)
- ✓ Cross-functional department satisfaction

Financial Gains:

- ✓ Improved Resource Efficiency
- ✓ Reduction in Denials
- ✓ Increased POS Collections

Gathering of Complete and Accurate Data

Facility Assessment- Do you have the following issues?

- ☐ Recurring issues with incomplete or incorrect demographic and/or insurance information?
- ☐ Multiple departments scheduling in different systems/gathering different data elements?
- ☐ Scheduling staff report to clinical departments, rather than Admitting?
- ☐ Authorizations are not valid or obtained timely, and/or do not match the Admit type ordered?

Recommended Solutions:

- ✓ Require and standardize data that is captured at time of Intake
 - ☐ Regardless of service type and locations
- ✓ Authorizations are obtained & validated
 - ☐ Require that the authorization be included during the intake process
 - ☐ Train schedulers to validate the scheduled service to the authorization provided
- ✓ Medical Determination is reviewed by Case Management
 - ☐ Have case management involved early on

Complete Pre-Registration Process

Facility Assessment- Do you have the following issues?

- ☐ Lack of lead time to reach patient and validate information captured by scheduling?
- ☐ Lack of integrated technology for data validation, estimation, patient balance funding?
- ☐ Lack of trained or dedicated resources to complete financial clearance process?

Recommended Solutions:

- ✓ Ins Verification, address validation, demographic validation
 - ☐ Implement technologies that integrate with your systems to perform these functions
- ✓ Patient Bill Estimation, credit scoring, patient balance funding
 - ☐ Identify solutions that will easily assist with the financial clearance process
 - ☐ Utilize technology to have informed discussions with patients
- ✓ Financial Clearance Secured
 - ☐ A pre-registration should not be considered complete without the financial clearance
 - ☐ Preliminary discussions prior to services being performed = higher success for obtaining POS Collection

Customer Service

Facility Assessment- Do you have the following issues?

- ☐ High volume of patient complaints related to unexpected copay/deductible amounts?
- ☐ Physician offices complaining about your current process or multiple calls for the same information?
- ☐ Lack of cooperation and/or inter-departmental issues between scheduling, pre-registration, clinical departments?

Recommended Solutions:

- ✓ Patient Satisfaction
 - ☐ Make sure financial discussions are part of the pre-registration process, eliminate multiple calls
 - ☐ Provide as much lead time prior to the procedure to allow patients to know what their expected out of pocket costs will be
- ✓ Physician Satisfaction- (Centralization)
 - ☐ Standardized intake and one process for multiple departments will eliminate confusion
 - ☐ Centralize scheduling and pre-registration at the facility level, and regional level if possible
- ✓ Cross-functional department satisfaction
 - ☐ Promote collaboration, transparency, and a clearly defined process, including R&R's

Improved Revenue and POS Collections

Facility Assessment- Do you have the following issues?

- ☐ Point of Service goals not being met or can be improved?
- ☐ Denials due to no eligibility, authorizations, medical necessity, and/or incorrect medical determination?

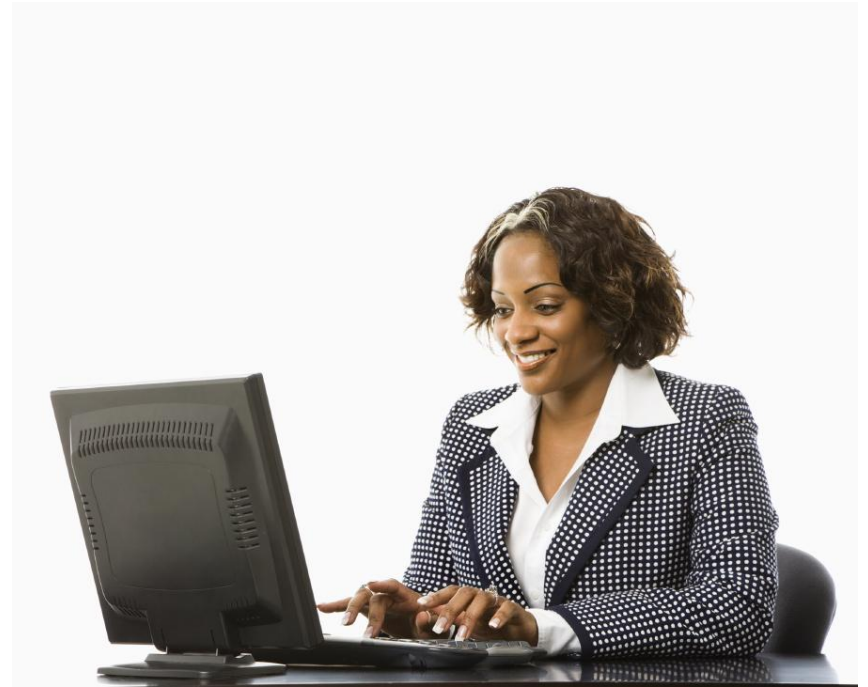
Recommended Solutions:

- ✓ Improve Resource Efficiencies
 - ☐ Centralizing will allow for staff cross-training and performing multiple functions
 - ☐ Consolidate resources who can not only schedule but also perform pre-registration tasks and financial counseling functions
- ✓ Reduce Denials
 - ☐ Request authorizations and validate them at the time of scheduling
 - ☐ Ensure insurance validation and authorization validation on performed prior to service
 - ☐ Have case management involved early on
- ✓ Increased POS Collections
 - ☐ By having a lead time and financial discussions early on, you can secure payment to increase your POS Collections

Industry Standards

Industry Standards

- Centralizing pre-registration and scheduling enhances patient experience and reduces steps
- Enterprise scheduling systems improve pre-registration metrics through transparency
- Automate workflows
- Patient Estimates
- Ensure financial clearance is included in pre-registration and monitor
- Specialize Patient Access functions and dedicate training
- Online pre-registration



Centralizing Scheduling and Pre-Registration

Centralization: How do you start?

1. Facility and/or Regional level buy in

- ☐ Identify executive champion(s)
- ☐ Identify departmental champions and key stakeholders
- ☐ Identify physician office managers/schedulers who should participate in project team (select the good, the bad, the ugly)
- ☐ Identify needs for potential resources

2. Define Problem Statement(s), Objectives, and Metrics

- ☐ Gather and list the issues identified
- ☐ Define the goals for centralizing scheduling and pre-registration
- ☐ Define the metrics you want to measure for success

3. Develop project plan, timeline, and expectations

- ☐ Consider logistics, staffing, hours of operation, budget
- ☐ Consider the technology- what do you want to implement?
- ☐ Define roles, responsibilities, and expectations

A Real Life Example:

Our objective...

- Improve Patient Satisfaction
- Collaborate with stakeholders and physicians
- Increase productivity
- Reduce wait times
- Increase point of service collections
- Establish accountability
- Improve and streamline workflows



A Real Life Example:



What we use to do...

- Pre-registered cases as they were received, normally pre-registering next day cases.
- Schedules were still on paper.
- Used pre-registration staff to back fill department vacancies.
- Pre-registration POS collections was not tracked separately and was included in with Financial Counseling POS.
- High number of same day add on cases.
- Schedulers would obtain minimal information.
- Generated a high number of appeals and/or adjustments for inaccurately scheduled cases based on patient type (inpatient vs. outpatient)

A Real Life Example:

Implementation and Approach

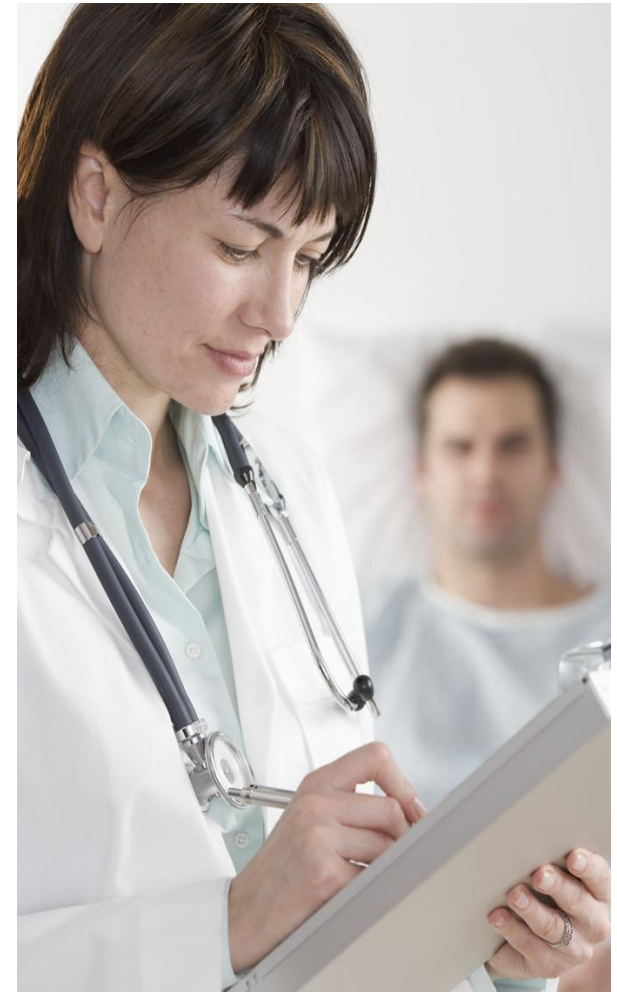
- Develop a culture of collaboration
- Focusing on patient satisfaction
- Utilize root cause analysis
- Establish relationships with your physician and office staff.
- Develop a standard process
- Review current workflows thoroughly
- Establish support with executive leadership



A Real Life Example:

What we did to improve...

- ✓ First and foremost we engaged the staff. Presented the objectives and the reasoning why and then listened to their feedback, suggestions, and concerns.
- ✓ Engaged and obtained support from executive leadership and facility leadership.
- ✓ Established meetings with schedulers, OR management, physicians and office staff, and Case Management.
- ✓ Together with staff reviewed current processes and standardized steps. Walked through the process as a patient.
- ✓ Modified workflows and identified unnecessary touches.
- ✓ Reviewed current reports and missing reports (scheduling, pre-registration, etc.).
- ✓ Reviewed how financial clearance was being performed.



A Real Life Example:



What we did.... (cont.)

- ✓ Implemented electronic scheduling system for ancillary departments.
- ✓ Replaced surgery scheduling system.
- ✓ Centralized schedulers for OR and Cath Lab into same office.
- ✓ Re-trained staff on systems and processes.
- ✓ Communicated improved process with staff, physicians, and patients.
- ✓ Revisited walk through after centralization and standards were fully implemented.

A Real Life Example:

Getting Case Management Involved

- Why was this important?
- Do cases always get scheduled under the correct patient type? – The answer was no for our facility.
- Why would Case Management agree to work with Patient Access? Because they were responsible for appeal letters (including denials for lack of medical justification).
- Case Management reviewed scheduled cases 48 hours in advance. Schedule automatically printed in their department as a reminder.
- Discrepancies were communicated to Pre-Registration to contact physician's office.
- Created distinct boundaries as to what each department would manage. Patient Access handled any authorization discrepancies and Case Management mediated discussions with physicians if required.
- Monitored through “soft denials”.



A Real Life Example:

Current State

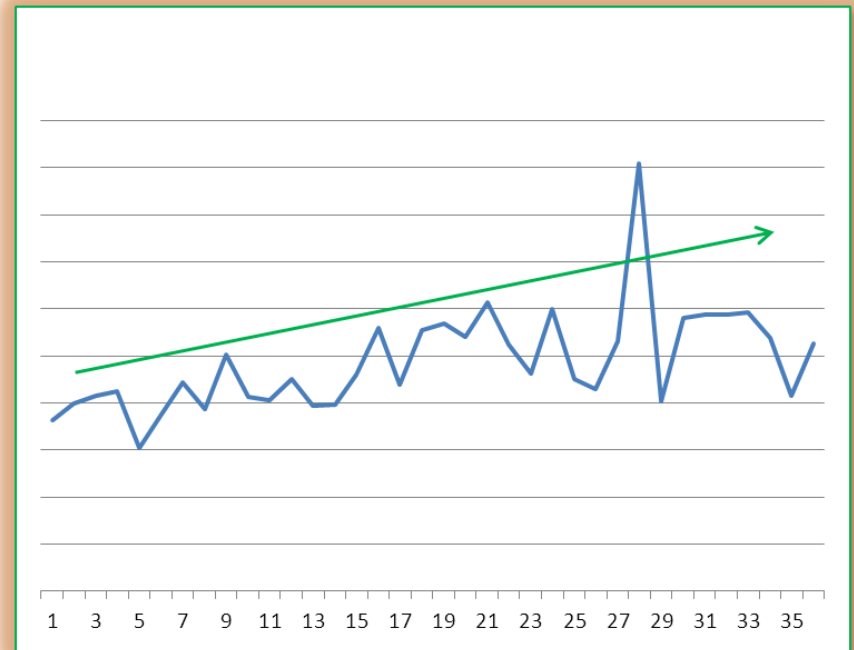
- Schedulers obtain demographic, coverage, and request authorization information at time of scheduling.
- Communication has improved between departments.
- Designed useful reports from scheduling system (change report, registration card, etc.) and provided access to Pre-Registration for transparency.
- Physician office provide ID and insurance cards to Pre-Registration if available.
- All stakeholders and physicians understand and adhere to standard processes, including delay and defer.



A Real Life Example:

System Results

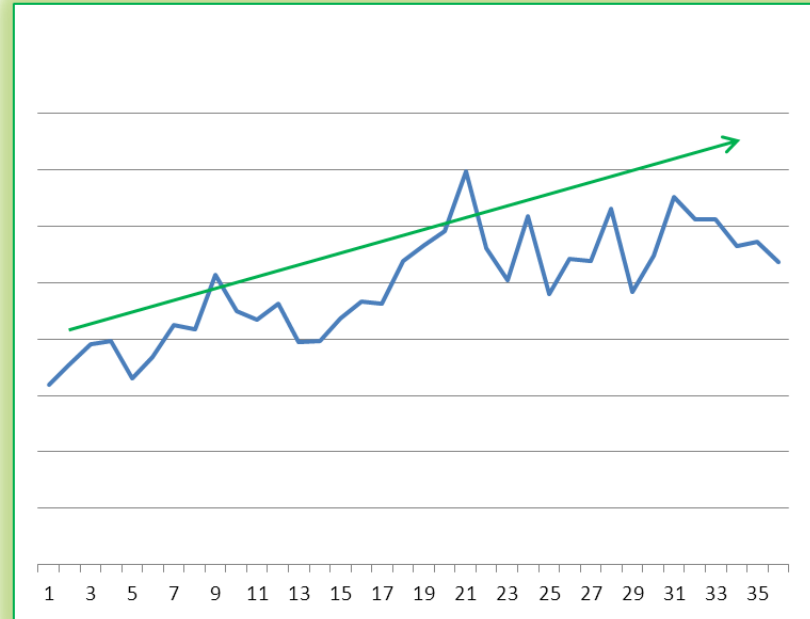
- Individual 360 bed facility increased POS collections by **182%** from FY08-FY12.
 - Increase FY09 over FY08: 10.7%
 - Increase FY10 over FY09: 110.8%
 - Increase FY11 over FY10: 25.1%
 - Increase FY12 over FY11: 7.2%



A Real Life Example:

Regional Results

- Region of 6 acute care facilities increased POS collections by **175%** from FY08-FY12.
 - Increase FY09 over FY08: 24.2%
 - Increase FY10 over FY09: 97.8%
 - Increase FY11 over FY10: 28.3%
 - Increase FY12 over FY11: 8.7%



A Real Life Example:



Benefits

- Pre-Registration monthly POS collections increased by 224% from FY09 to FY12.
- By end of FY12 Pre-Registration and Admitting teams were collecting \$1.5 million annually. One half of total POS for the facility.
- Pre-Registration and Scheduling team took ownership of process and continued to work on improvements.
- Pre-registered 2 weeks in advance on average.

A Real Life Example:

Benefits (cont.)

- Developed weekly report for Pre-Registration (*example to the right*).
- Communication became transparent between departments.
- Pre-Registration team developed strong relations with scheduling, ancillary departments, and physicians and physician offices.
- Minimized the number of calls and steps patients were required to take for a procedure (3 vs. 5).

FY12 MSJ Surgical Pre-Registration Dashboard						
Month	POS Opportunity	POS Collected	% POS Collected	Scheduled Cases	Pre-Reg'd Cases	% Pre-Registered
July	\$80,221	\$71,883	90%	489	489	100%
August	\$85,055	\$83,453	98%	514	514	100%
September	\$154,211	\$137,153	89%	534	534	100%
October	\$133,693	\$93,314	70%	460	460	100%
November	\$73,107	\$66,305	91%	531	531	100%
December	\$122,999	\$114,996	93%	497	497	100%
January	\$146,221	\$133,744	91%	495	495	100%
February	\$138,412	\$133,642	97%	447	447	100%
March	\$115,225	\$110,346	96%	517	517	100%
April	\$86,219	\$83,967	97%	469	469	100%
May	\$96,357	\$82,432	86%	512	512	100%
June	\$117,814	\$106,673	91%	468	468	100%
FY Average	\$112,461.13	\$101,492.35	91%			100%
GOAL	85%			98%**		
** Excludes late add-ons						

A Real Life Example:

Lessons Learned

- Continual ongoing education and collaboration with physician office staff was required.
- Only worked for physicians who scheduled regularly.
- Hard stop for authorization deadline was established
- Same day add on process for authorizations was required.
- Needed an enterprise scheduling tool.
- Patient estimator was an essential part of the process.
- Scheduling and Pre-Registration in same work location.



Benchmarking and Technology

Metrics- Benchmarking your progress

Look at your goals.... What were you trying to accomplish with a new process for centralization?

Establish baselines then.....**Measure, Measure, Measure!**

Examples:

- ☐ Increase the accuracy rate of registration information obtained from xx% >98%
- ☐ Increase the insurance verification from XX% to 100%
- ☐ Complete pre-registration done \geq 10 Days prior to scheduled procedure
- ☐ Reduce Duplicate Medical Records and Duplicate Accounts from xx by 50%.
- ☐ Reduce Overall Eligibility or No Authorization denials from xx% by 50%
- ☐ Increase Patient Satisfaction Ease of Scheduling score by xx%
- ☐ Increase Pre-Registration Satisfaction Score by xx%



Technology Checklist

What should the technology solution(s) include?

Checklist:



- ☐ Is it an enterprise scheduling solution (capability to expand)?
- ☐ Will it capture all the required fields needed to complete a registration?
- ☐ Does it interface with your ADT System?
- ☐ Strong reporting capabilities including customization?
- ☐ Does it include integration with a patient estimator tool, medical necessity, address validation, insurance verification?
- ☐ Does it integrate with your bed board?
- ☐ Transparency- Can multiple areas have access and see the schedules?
- ☐ Can the information obtained from a patient portal or self-service scheduling program interface to the scheduling system?
- ☐ Can it interface with Kiosk Technology?
- ☐ Can you easily send requests for additional information back to the physician office without a telephone call?
- ☐ Does the solution offer easy tracking and workflow options?

Questions and Answers



Thank you

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