Building a Partnership Between Scheduling and Pre-Registration

Presented by:

Mejong Ayeb, Manager, Revenue Services
Michelle Betiong Williams, Manager, EHR Revenue Cycle
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
8. 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
• 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**

- At the time of scheduling:
  - Required and standard data is captured
  - Authorizations are obtained & validated
  - Medical Determination is reviewed by Case Mgmt

**Complete Pre-Registration Process**

- During Pre-Registration:
  - Ins Verification, address validation, demographic validation
  - Patient Bill Estimation
  - Financial Clearance Secured

**Customer Service**

- Best Practice addresses:
  - Patient Satisfaction
  - Physician Satisfaction (centralization)
  - Cross-functional department satisfaction

**Improved Revenue and POS Collections**

- 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

Dignity Health
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
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:
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)
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:
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.
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”.

Dignity Health
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).

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

Mejong Ayeb
Manager, Revenue Services
Mejong.ayeb@dignityhealth.org
(916) 851-0356

Michelle Betiong Williams
Manager, EHR Revenue Cycle, Financial Applications
Michelle.williams2@dignityhealth.org
(916) 990-8238