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The Front-End Revenue Cycle Specialists

NAHAM Patient Access Keys

Tuesday, August 30 - 1:45 pm to 3:15 pm

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Paul Shorrosh, MSW, MBA, CHAM
AccuReg Founder and CEO
NAHAM Industry Standards Committee Chair

Speaker's Background

- 30 years in Patient Access, Revenue Cycle Management and Hospital Administration roles

- 3 years in Clinical Social Work in Acute Care facility

- MSW, MBA in Healthcare Admin, Finance & IT

- My passions:
  - Process Improvement (automating manual processes)
  - Making healthcare better for the patient at the POS
  - Empowering registration teams to improve revenue and patient experience
  - Driving along the CA coast

My life's work: AccuReg

- 2005 – start up out of my garage, to give PA a better option
- 200+ clients in the US (offices in Mobile, Nashville, Atlanta, Dallas)
- We understand Patient Access and innovate for the front-end only
- We solve 4 pre-service problems for hospitals – prior to patient service:
  - Denials Prevention
  - POS Collections
  - Financial Assistance
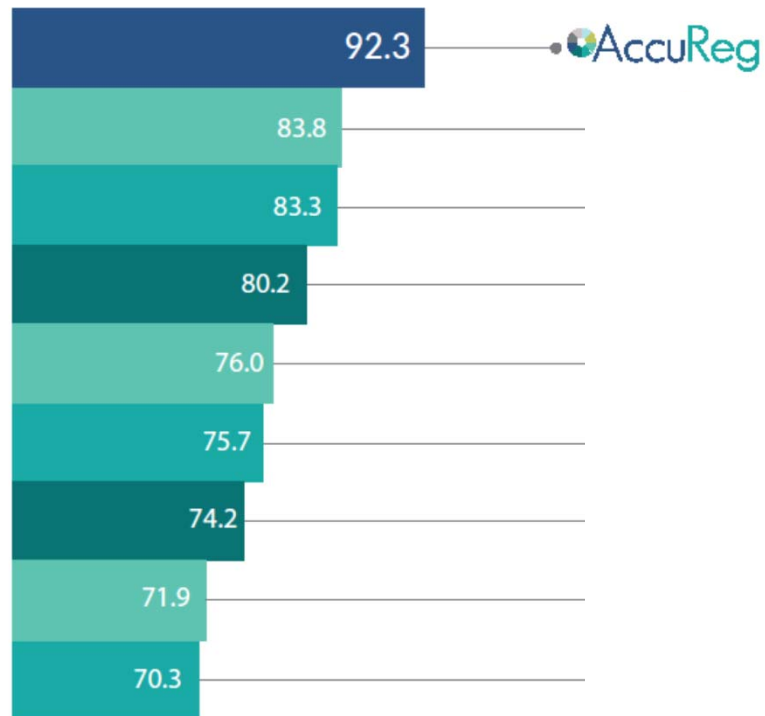 - Patient Access Experience™

  How are we different?
  Predictive Analytics
  Recalibrating Rules Engine to counteract payer tactics
  Interventional Workflow
  Staff Training & Competency

- Customer service culture with the highest KLAS scores x 3 years
- INC 5000 fastest growing companies
- We give back (charities, causes, volunteer service in our industry; **NAHAM**)

NAHAM – Volunteer Leadership

- 6 years on the Board of NAHAM

- 8 years with my state affiliate, ALAHAM

- 2012 – the Board created the **Industry Standards Committee**
  - Purpose: To develop standards and tools for Patient Access Managers
    - Add structure and science to the art of PA
    - Allow meaningful peer comparison
    - Allow meaningful performance goal-setting for PA teams
    - Support easier performance reporting

NAHAM's Industry Standards Committee (ISC)
Guiding Principles

1. Simplicity

2. Vision Forward

3. Relevancy to Patient Access Managers

4. Scalability to all types of facilities regardless of size or sophistication

5. Measure Outcomes vs Activity

6. Diagnostic vs Strategic

AccessKeys®: NAHAM Tools and Resources

NAHAM Tools for PA Managers:

1. Registration Time and FTE Calculator

2. Pre-Registration Tasks and Tiers

3. 34 KPI's (the AccessKeys)

4. Benchmarks (good/better/best)

5. AccessKeys Users Guide

6. How to Get Started Guide

NAHAM's Pre-Registration Tasks and Tiers

Process Tiers	Tasks	Pre-Access Component
TIER ONE: Basic Pre-Reg	1	Review Scheduled Visits
	2	Verify Physician Orders
	3	Create Accounts in HIS/ADT
	4	Assign Medical Record Number
	5	Collect Demographics
	6	Verify Addresses
	7	Verify Employment/Retirement
	8	Determine Financial Responsibility
	9	Collect Insurance Information
	10	Contact Patient
	11	Quality Review
TIER TWO: Insurance Clearance	12	Insurance and Benefits Verification
	13	Medicare Secondary Payer/COB
	14	Medical Necessity Screening & ABN
	15	Authorization Screening & Obtainment
TIER THREE: Collection	16	Estimate Patient Liability
	17	Collect Patient Liability
TIER FOUR: Conversion	18	Screen for Financial Assistance
	19	Arrange Payment Plan
	20	Refer to Financial Resources
	21	Qualify and Enroll for New Benefits

AccessKeys®: NAHAM's Key Performance Indicators

ACCESSKEYS®
naham key performance indicators

NAHAM is now defining performance standards with the AccessKeys®,
including key performance indicators covering six domains:

- **Collections**
- **Conversions**
- **Patient Experience**

- **Critical Processes**
- **Productivity**
- **Accuracy/Quality**

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ID#	DOMAIN	AccessKey (KPI)	EQUATION
POS-1	Collections	POS Collections to Revenue	$\dfrac{\text{POS Collections}}{\text{Net Patient Service Revenue}}$
POS-2	Collections	POS Collections to Total Patient Collections	$\dfrac{\text{POS Collections}}{\text{Total Patient Collections}}$
POS-3	Collections	POS Collection Opportunity Rate	$\dfrac{\text{POS Collections}}{\text{POS Estimations}}$
POS-4	Collections	Total POS Dollars Collected	Total Dollars Collected (<= Discharge Date)
POS-5	Collections	POS Collected Accounts Rate	$\dfrac{\text{Accounts Collected}}{\text{Total Registrations}}$
POS-6	Collections	Estimate to Registration Rate	$\dfrac{\text{Estimates Generated}}{\text{Total Registrations}^{1}}$
POS-7	Collections	Estimation Accuracy Rate	$\dfrac{\text{Accurate Estimates}}{\text{Qualified Estimates}}$
CV-1	Conversions	Conversion Rate of Uninsured (Self-Pay Patients) To Financial Assistance Policies	$\dfrac{\text{Uninsured Patients Converted}}{\text{Total Uninsured Patients}}$
CV-2	Conversions	Conversion Rate of Insured (BAI Patients) To Financial Assistance Policies	$\dfrac{\text{BAI Patients Converted}}{\text{Total BAI Patients}}$
PX-1	Patient Experience	Patient Access Experience Rate	$\dfrac{\text{Total Survey Scores}}{\text{Surveys Completed}}$
PX-2	Patient Experience	Average Wait Time	$\dfrac{\text{Total Minutes Spent Waiting}}{\text{Total Registrations}}$
PX-3	Patient Experience	Average Reg Time	$\dfrac{\text{Total Minutes in Registration}}{\text{Total Registrations}}$
PX-4	Patient Experience	Average Pre-Reg Call Time	$\dfrac{\text{Total Pre-Reg Call Time}}{\text{Completed Pre-Registrations}}$
PX-5	Patient Experience	No Show Rate	$\dfrac{\text{No-shows}}{\text{Scheduled Patients}}$
PX-6	Patient Experience	Left Without Being Seen Rate	$\dfrac{\text{LWBS Patients}}{\text{ED Registrations}}$
PX-7	Patient Experience	Call Abandonment Rate	$\dfrac{\text{Abandoned Calls}}{\text{Total Patient Calls Received}}$
PX-8	Patient Experience	Speed to Answer Rate	$\dfrac{\text{Calls Answered <30 seconds}}{\text{Total Patient Calls}}$

ID#	DOMAIN	AccessKey (KPI)	EQUATION
CP-1	Critical Process	Eligibility Resolution Rate	$\dfrac{\text{Eligibility Issues Resolved}}{\text{Eligibility Issues Identified}}$
CP-2	Critical Process	Authorization Resolution Rate	$\dfrac{\text{Authorizations Obtained}}{\text{Authorization Issues Identified}}$
CP-3	Critical Process	Necessity Resolution Rate	$\dfrac{\text{Necessity Issues Resolved}}{\text{Necessity Issues Identified}}$
CP-4	Critical Process	Quality Resolution Rate	$\dfrac{\text{Quality Issues Resolved}}{\text{Quality Issues Identified}}$
CP-5	Critical Process	Identity Resolution Rate	$\dfrac{\text{Identity Issues Resolved}}{\text{Identity Issues Identified}}$
CP-6	Critical Process	Master Patient Index (MPI) Search Error Rate	$\dfrac{\text{MPI Search Errors}}{\text{Total Registrations}}$
CP-7	Critical Process	Completed Orders Rate	$\dfrac{\text{Completed Orders}}{\text{Scheduled Patients}^{2}}$
CP-8	Critical Process	Return Mail Rate	$\dfrac{\text{Returned Mail Count}}{\text{Mailings}}$
CP-9	Critical Process	Address Resolution Rate	$\dfrac{\text{Address Failures Resolved}}{\text{Address Failures Identified}}$
P-1	Productivity	Insurance Verification Rate	$\dfrac{\text{Verified Registrations}}{\text{Total Registrations}}$
P-2	Productivity	Scheduled Patient Rate	$\dfrac{\text{Scheduled Patients}}{\text{Total Registrations}}$
P-3	Productivity	Pre-Registration Rate	$\dfrac{\text{Pre-Registrations Started}}{\text{Scheduled Patients}}$
P-4	Productivity	Completed Pre-Reg Rate	$\dfrac{\text{Pre-Registrations Completed}}{\text{Pre-Registrations Started}}$
P-5	Productivity	Average Registrations Per Person Per Day (PPPD)	$\dfrac{\text{Total Registrations}}{\text{FTE's Registering}}$
P-6	Productivity	Cost Per Registration	$\dfrac{\text{Labor Cost of PAS}}{\text{Total Registrations}}$
A-1	Accuracy	Initial Accuracy Rate	$\dfrac{\text{Error-Free Registrations at POS}}{\text{Total Registrations}}$
A-2	Accuracy	Final Accuracy Rate	$\dfrac{\text{Error-Free Registrations at Discharge}}{\text{Total Registrations}}$

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ACCESSKEYS
naham's key performance indicators

KPI #1: POS Collections to Revenue

Equation:	"Good" Benchmark Example:	Data Source:
$\dfrac{\text{POS Collections}}{\text{Net Patient Revenue}}$	$\dfrac{\$100,000/\text{month}}{\$10 \text{ million/month}} = 1.0\%$	Payment Posting System AR System

Definitions, Notes and Best Practice Recommendations

1. Point of Service (POS) Collections: any and all dollars collected and posted by Patient Access prior to and including discharge date. This includes patient payments made for:
   a. Self-pay accounts
   b. Initial payments collected for approved payment plans
   c. Estimated balance after insurance accounts including copays, deductibles and co-insurance.
   d. Payments made on prior balances and bad debt accounts if collected by Patient Access during the process of scheduling, pre-registering or registering the patient for upcoming services.

2. Net Patient Revenue (NPR): total revenue received for patient services less (or net) of contractual allowances and discounts. Note this figure represents Patient Service Revenue and does not include revenue from other sources such as donations, cafeteria, gift shop, parking fees, rent, interest, investments, etc.

3. Report this metric on a monthly, quarterly and annual basis. For maximum accountability, report the data at four levels; health system, facility, location and employee if possible.

4. Consider there may be variations in expected benchmarks depending on patient type (i.e. ED vs Surgery). Reporting by location allows for specific benchmarking to each patient type and location.

5. NPR is a commonly reported financial metric that you can find on your organization's Income Statement. Because it is tracked and monitored carefully by finance leaders, it is a credible denominator for Patient Access Managers to use in communicating and measuring POS Collections and allows for meaningful peer comparison to hospitals of any size. While there may be variations due to payer mix or patient types, we recommend using this metric in addition to at least two other POS collections metrics to get a complete picture of POS collections performance. Note that Better and Best benchmarks are achieved when people, process and technology are properly aligned and POSC best practice recommendations are implemented (see KPI #4).

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How to Get Started!

The AccessKeys® are a set of Key Performance Indicators (KPI's) developed by NAHAM's Industry Standards Committee (ISC) for Patient Access. This report is a primer for anyone looking to implement the AccessKeys into their hospital's Patient Access Department. The AccessKeys contain 22 specific KPI's that measure how well front-end teams are performing in six domains:

- Collections
- Conversions
- Patient Experience

- Process Failures
- Productivity
- Quality

To get started, choose 2 or 3 of the AccessKeys that are most important to your organization and where the source data is easily accessible from your ADT/HIS or other reporting systems or ask your PFS, IT or Accounting Department for support. Once you have determined 2-3 processes you want to begin measuring, ask yourself the 6 core questions below: WHAT, WHY, WHEN, WHO, WHERE and HOW.

Remember, this is an ongoing process. When your first set of goals are achieved, repeat the cycle by tackling other AccessKeys® likely to benefit your department.

What's NEXT?

- Adoption of standards
- Collaboration with HFMA
- Collaboration with RCM vendors
- Education programs
- *AccessKeys App*

NAHAM's Industry Standards Committee

Thank you to these Industry Standards Committee Members for their hard work in developing the AccessKeys®:

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