



Patient Access Education: Experiencing the Benefits of Patient Access Training and New Employee Onboarding

A Presentation By:

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BENEFITS OF CREATING A PROGRAM

- INCREASED STAFF KNOWLEDGE
- INCREASED STAFF CONFIDENCE AND PERFORMANCE
- INCREASED REVENUE
- INCREASED PATIENT SATISFACTION
- DECREASED TURN OVER RATE
- DECREASED DENIAL RATES



HISTORICAL BACKGROUND

- **MISSING COMPONENTS VITAL TO SUCCESS**
 - Solidified Department
 - Patient Access Leadership Roles
 - Educator position
 - Education materials, competencies, manuals
 - Education Classes
 - Accountability



HOW TO BEGIN?

- Hire an Educator
- Mentor and invest time in the Educator
- Have the Educator shadow the PA Director and CFO
- Have the Educator shadow Billing/Finance
- Make the Educator perform EACH PA position
- Have the Educator create a manual
- Groom the Educator for future succession



CREATING A MANUAL

- Necessary Sections to Include:
 - 1.) Revenue Cycle Section
 - 2.) Patient Identifiers and Federal Laws Section
 - 3.) Electronic Medical Record Section
 - 4.) Insurance Section
 - 5.) Products and Vendors Section
 - 6.) Forms



START WITH TERMINOLOGY

IMPORTANT TERMINOLOGY WITHIN YOUR DAILY ROUTINE

- **Account**- The information that is stored from a patient's individual visit that follows the patient until their care as well as their financial component has ended. Each time a patient arrives to our facility to receive care; a brand new account will be created
- **Claim** - Also known as a patient's bill. This is what the account is called after it is sent from the hospital to the insurance company
- **Collection** - The money that is due for the patient's visit. This can be a combination of payments from both the insurance company and the patient
- **DOS** - Date of Service or the date that the patients visit occurred on
- **Insurance Company** - Also known as the payer or carrier that a patient has their health insurance through. Example: MVP, Medicare, Medicaid, Blue Cross, CDPHP etc.
- **Medicon** - The system used to store faxes and check in outpatient visits at our offsite locations
- **Meditech** - The registration and Medical Record system used throughout the health system
- **Passport** - The system used to verify insurance, check medical necessity and collect point of service payments
- **Patient** - A person who comes to our hospital or any of our facilities who receives medical attention, medical care, or medical treatment
- **Point of Service Collections (POS Collections)** - payment that the patient makes at the time of their visit
- **Provider** - A hospital, clinic, health care professional, or group of health care professionals who provide a service to patients. A provider can also be known as a Doctor or Physician (MD), Physician's Assistant (PA), or a Nurse Practitioner (ARNP)
- **Questionnaire**- Screens on which you can enter admission or registration information about the patients visit.
- **Registration** - The input of patient information into an electronic medical record in order to store, track, and process important details involved with the patients visit to the hospital.
- **Unit Number** - A permanent medical record number that is unique for each patient. It does not change with each new visit
- **Visit** - The meeting that occurs between a healthcare professional and the patient who is being seen for medical advice, medical testing, or medical care

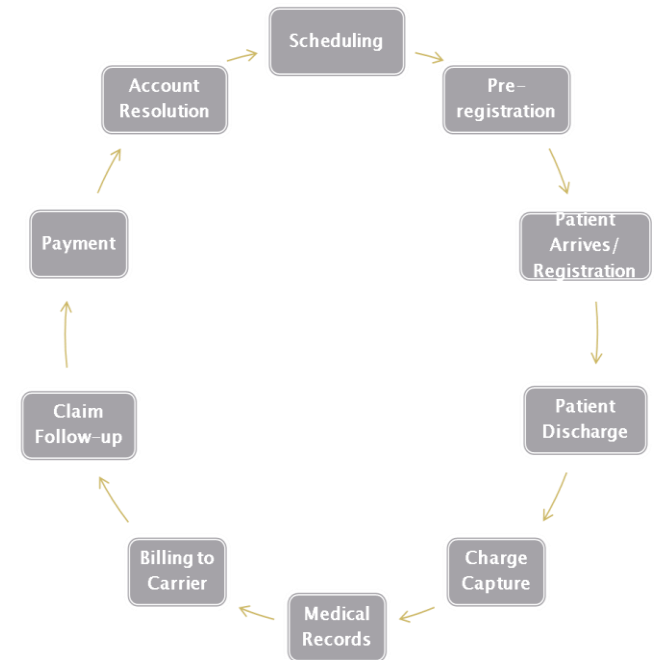


REVENUE CYCLE

REVENUE CYCLES SECTIONS ARE VITAL FOR EDUCATION

WHAT IS THE REVENUE CYCLE?

- The Revenue Cycle is the full picture of what needs to happen before, during and after a patient's visit to ensure the hospital is reimbursed for services provided
- This cycle includes many departments including Scheduling, Registration, Medical Records and Patient Accounts
- Because scheduling and registration start the cycle, it is very important the information they enter is as accurate as possible



How does your job fit in?

- The first three items on the Revenue Cycle are where registration has the biggest impact. The information you enter (or omit) will affect the rest of the cycle, possibly preventing the claims from being paid.



WHAT HAPPENS IF?

We forget to verify the insurance	We could bill the wrong carrier, delaying payment or causing a denial
We do not verify the order is valid	If we are missing something on the order (like the physician's signature), we cannot bill the claim to the insurance company
We fail to collect the patient responsibility	Collecting after the patient has received services and insurance has been billed significantly reduces our chances of the patient paying
We don't obtain authorization	The insurance will deny the claim, and the hospital will not be reimbursed for services provided
We fail to identify a Medicare/Medicaid replacement plan	We bill to Medicare, get denied or this causes an audit from Medicare after the fact

What % (in dollars) do Hospitals actually collect from self-pay visits?

_____ %

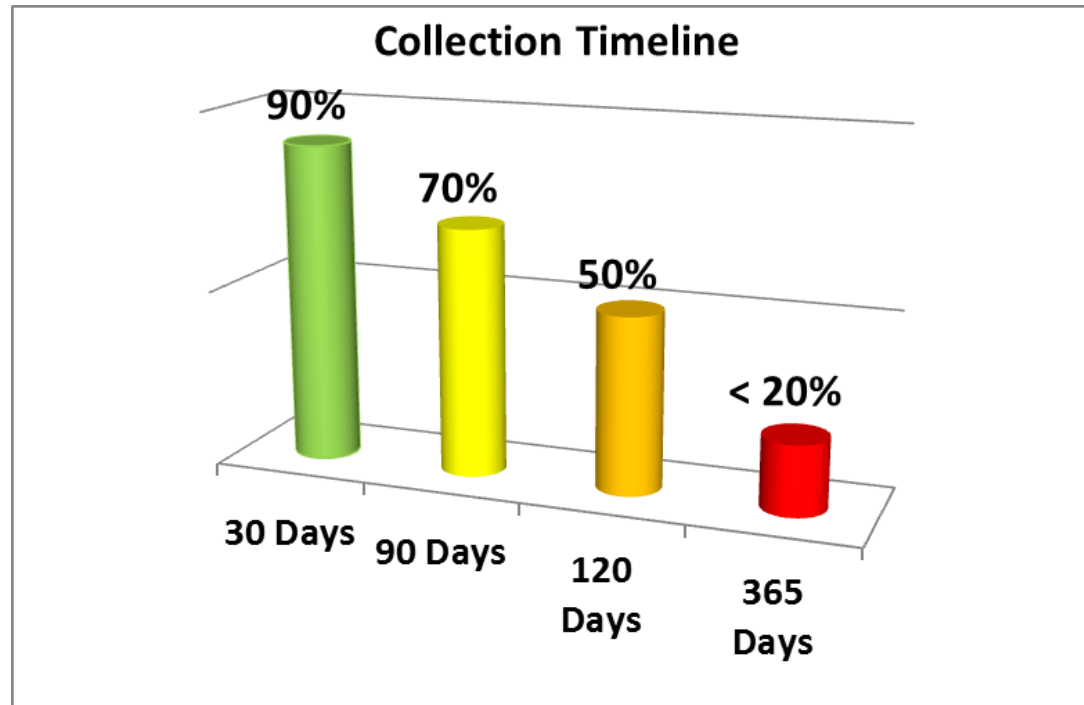
What % of the balances owed by insured patients do hospitals actually collect?

_____ %

****YOU PLAY AN INCREDIBLY IMPORTANT ROLE IN SECURING THE FINANCIAL STABILITY OF SARATOGA HOSPITAL****



The longer it takes to collect from patients, the less likely it is that we will actually collect from them

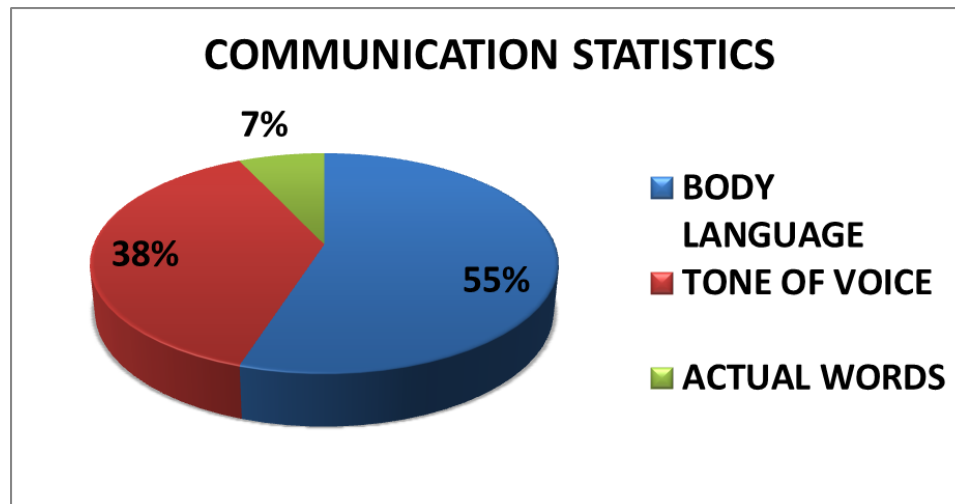


THIS IS WHY IT IS SO IMPORTANT FOR US TO COLLECT MONEY AT THE TIME OF SERVICE!



FUN FACTS TIP

- Your Body language accounts for 55% of what the patient will acknowledge
- Your Tone of voice accounts for 38 % of what the patient acknowledges
- And the words that you actually speak only account for 7 % of what the patient will take away from your interaction with them.



PATIENT IDENTIFIERS

- PATIENT IDENTIFICATION POLICIES AND PROCEDURES
- This section will explain the necessary processes that we follow and why they are so important.
- Each registration needs to follow the processes that are in place.
- Many of these policies are not just Saratoga Hospital guidelines. Most of them are policies that are administered by CMS (Center for Medicare and Medicaid Services).
- As an organization we need to make sure that we follow these guidelines in order to prevent registration errors as well as negative government audits.



SARATOGA HOSPITAL

PATIENT ACCESS DEPARTMENT

PATIENT IDENTIFICATION POLICY

Policy:

• At least two patient identifiers will be utilized to identify all patients on initial entry into the health care system. The two patient identifiers to be used are the patients name and birth date. All staff will request the patient to state his/her full name and date of birth. The staff will then verify this verbal source of identification is needed, the staff will compare the patients address, phone number and last four numbers of their social security number to the medical record document. This process promotes safety by ensuring correct and accurate patient identification.

Procedure:

Refer to the Saratoga Hospital Patient Identification Policy II-49 for appropriate procedure to follow.

Acceptable documents for proof of identity:

1. NYS photo driver license
2. NYS learner permit
3. NYS non-driver ID card
4. US Passport or Passport Card. Must be current
5. US Military Photo ID Card (issues to Active, Reserve, and Retired military personnel only)
6. Certificate of Citizenship
7. Certificate of Naturalization
8. Employment Authorization Card
9. Permanent Resident Card
10. Reentry Permit
11. Refugee Travel Document
12. Foreign Passport with valid I-551 stamp or with a statement on the Visa.
13. Foreign Passport with a US Visa



- **Patient Identification and MPI (Master Patient Index) Search**
- Policy: The current system utilized at Saratoga Hospital for Information Systems is Meditech. When a new patient comes to our facility and we register them a new medical record number is generated. That medical record number should be used each time they are registered. The medical record number is shared among facilities
- Background:
 - 1. The Joint Commission National Patient Safety Goals: states that “at least two patient identifiers will be utilized to identify all patients on initial entry into the health care system.
 - 2. Red Flag Rule: All patients will be asked for photo identification at each encounter. Documentation will take place within Meditech of photo ID received as either yes, no, not available/missing or specimen drop off. In addition the date will also be documented.
 - 3. Verification of information:
 - a. Have the patient give you complete name and date of birth
 - b. Have patient read information to you if they are able to. For example, home address, phone number, last four of social security number and next of kin.
 - 4. Patient Safety: When the incorrect medical record is chosen it could result in a patient safety concern, for example, medications being given without knowing the patients allergy history.



- **Red Flags: Medical Identity Theft**

- Policy: Saratoga Care, Inc. and its affiliates' Red Flag Identity Theft Prevention Program, in accordance with the Federal Trade Commission's Fair and Accurate Credit Transactions (FACT) Act of 2003, is established to implement written policies and procedures for detecting or mitigating identity theft covering both new and existing covered patient accounts.
- Definitions:
 - RED FLAG: "A pattern, practice or specific activity that indicated the possible existence of identity theft."
 - IDENTITY THEFT: (1) a fraud committed or attempted using the identifying information of another person without authority (2) the creating of a fictitious identity using any single piece of information belonging to a real person because it involves "using the identifying information of another person without authority" (3) a data security incident resulting in unauthorized access to a customer's account records held by a creditor or third party.
- Procedure:
 - 1. All patients will be asked to present photo identification (preferably) at the time of service.
 - 2. Photo identification will be verified with information currently in the hospitals HIS system.
 - 3. Patients will be asked to verify the following information: name, date of birth, mailing address, phone number and last four digits of their social security number by providing this information to the registrar. The patient will give this information to the hospital personnel and will not be read to the patient.
 - 4. All photo identification will be scanned in the hospitals HIS system.
 - 5. Documentation will be done in the registration fields that photo identification has been verified and the date verified.
 - 6. If at any time during the photo identification verification system someone is suspicious of possible medical identity theft they will report such suspicions their direct supervisor or manager.
 - 7. The direct supervisor or manager will then report the suspicious activities to the director of the health information system for a thorough investigation and follow up if needed.



ELECTRONIC MEDICAL RECORD (EMR) SECTION

- Discuss and elaborate on each field within the registration
- Display Screenshots involved with each screen
- Allow staff to ask questions and take their time understanding
- Allow for an entire day utilizing test accounts or creating “fake” patients



INSURANCE SECTION

- The Insurance section is almost as important as the EMR section
- Provide a mini-quiz to test their knowledge prior to beginning the section
- Include terminology, references, examples, and processes.
- Discuss various mnemonics used in your system
- Educate on Medicare plans
- Discuss self-pay discounts if applicable
- Educate on copay collections
- Discuss Insurance cards
- Inform staff on the differences between government, commercial, and also replacement/advantage products



EDUCATING NEW EMPLOYEES

- Each new employee must attend a mandatory 5 day New Employee Training Class (NETC)
- Staff must attend before they can begin registering patients
- The class involves a great deal Action Based Learning (ABL) allowing them to touch, feel, interpret, visualize, and also roleplay fake registrations
- Allow time for questions and mentoring
- Test their knowledge throughout the class
- Test their knowledge at the end of the class



ENSURING COMPETENCIES FOR CURRENT EMPLOYEES

- Online competencies administered to all Patient Access staff through our intranet page have helped to decrease error rates and also decrease denial rates
- Staff are more conscious of their previous errors as they are now held accountable



PROVEN SUCCESS

- Sit in the trenches with your staff and departments
- Get to understand their strengths and weaknesses
- Allow the educator time to perform weekly/bi-weekly sit visits
- Ensure the educator is not a disciplinary figure but rather a mentor and positive light
- NEVER have the educator be allowed to perform write ups or evaluations
- Make sure that it is someone that staff can trust



REVENUE CYCLE DATA

- DENIALS RATE – “%...”
- STAFF TURN OVER RATE – “%...”
- PATIENT SATISFACTION SCORES – “%...”



OVERALL....

- Show your staff that you are “part of the team”!

