



RE-IMAGINE PATIENT ACCESS TO ACCELERATE CASH NOW

Re-imagining Patient Access means including:

- A more patient-centric approach to all interactions
- Increasing patient's satisfaction with the provider
- Reduction of net operating expenses
- Increasing levels of financial and clinical screening
- Establishing clear financial and clinical expectations for patients
- Reducing level of re-work in post-treatment revenue cycle functions
- Reducing payer denials
Increasing cash recovery

Healthcare reform continues to place challenges at the door of providers. The Patient Protection and Affordable Care Act, establishes compliance requirements related to patient billing and financial assistance. Experts have professed such screenings to meet these requirements need to be done on the front end of the revenue cycle. This places additional responsibilities and challenges your hospital's patient access area.

You may be needing to find ways to be more efficient and provide quality service for less cost. In addition, consumer behavior is influencing hospitals to take a more patient-centric approach. This means enhancing the patient's overall financial experience and increasing the level of satisfaction the patient has with their healthcare provider. These tasks will require the mutual involvement and cooperation of the clinical and administrative departments within your health system.

RE-IMAGINE HOW PATIENT ACCESS WORKS

Revenue cycle management has long discovered the benefits of critical outsource functions used in the back end of the revenue cycle. But can some of these resources serve the patient access areas? Consider external call center operations a resource in achieving the objectives facing the patient access areas.

Currently, pre-access hospital processes require extensive telephone interactions that are often redundant, yet require a specific skill level of the staff. The processes require accessibility to patient volumes that often create cost efficiency challenges. Staff interpersonal skills are essential to successful patient interactions, but access personnel may not be fully trained. The latest technologies are often cost-prohibitive or even beyond the resource capabilities typically found in access departments.

SOME OF THE FUNCTIONS WITHIN PATIENT ACCESS THAT WOULD BENEFIT FROM AN OUTSOURCE ACCOUNT RESOLUTION SERVICE INCLUDE:

- Patient Scheduling
- Medical necessity screening
- Pre-registration
- Pre-certification of services
- Eligibility and benefits verification
- Financial screening and counseling
- Pre-service account resolution



These pre-access functions can have a significant financial impact on a facility and just controlling denied claims can increase net revenues by over 2%. The reduction in re-work within the business office can also be impacted by over 60%.

A PROPERLY STRUCTURED OUTSOURCE ACCOUNT RESOLUTION SERVICE CAN PROVIDE THE FOLLOWING BENEFITS:

- Increased patient and physician satisfaction
- Standardized processes for all service areas and locations
- Timely efficient scheduling
- Expedited registration
- Improved financial metrics/lower costs and increased reimbursements
- Reduction in payer denials
- Expanded hours of operations
- Skilled staff specialized in patient communications
- Financial counseling specialists
- Staffing complement with cross training to meet variable volume demands
- Technology including Interactive Voice Response (IVR), call recording and predictive dialing
- Presumptive charity screening software with hospital specific criteria
- Management knowledgeable in high-volume call operations



As with the development of any operational processes the identification and monitoring of key metrics is critical. Here are some best practices and metrics that an effective pre-access outsource account resolution service would achieve.



SCHEDULING

- 100% of non-emergent patients are scheduled
- All cases are scheduled 12 or more hours in advance of service
- All surgeries are verified against inpatient-only list
- Collection of all information prior to surgery in accordance with clinical criteria
- Medical necessity is validated to prevent ABN's or denials
- "OK to delay" criteria is established with physicians



RE-REGISTRATION

- 195% of all scheduled patients are pre-registered
- 100% of all pre-registered patients have insurance eligibility and benefits verified
- Identify specific service lines requiring verbal verification beyond electronic verification and obtain 100%
- 100% pre-certification on all required patients
- 98% patient demographic data quality



PATIENT/GUARANTOR COMMUNICATIONS

- All non-covered services are explained to 100% of patients impacted
- All out-of-pocket costs are requested from patient/or as guided by patients prior payment history
- 80% of POS collection potential achieved
- 100% of patients with outstanding account balances will be counseled
- Charity care guidelines explained to 100% of applicable patients

Processes designed with key stakeholders will be important to achieve buy-in and ensure the best processes are being developed. While the benefits of moving your hospital to an outsource services model are numerous, it's important to understand the stakeholders involved and the initial barriers to success you may encounter so that you can provide immediate answers. Physicians may feel they have less involvement with their patients or they will not be willing to help influence the communications with their patients. Management may feel a loss of control or an adverse public relations impact. Hospital clinical departments may feel they have a loss of control or will be negatively impacted. All important points to consider as you develop a project plan for outsourcing. All points are able to be overcome when you hire an outsource revenue cycle service that delivers the best practice results.

Begin by performing an analysis of your current operations and determine the current and future financial impact you may experience. A gap analysis, like our PFX Impact Analysis, will allow you to identify the increase in patient recoveries potential of your access department, as well as the impact on future revenue as a result of providing enhanced patient financial experience.

Develop implementation plans and always over-communicate to minimize misinformation. It is also important to identify and bring your external outsource partner into the planning process as early as possible. This ensures a high-commitment and the start to a strong partnership.

Avadyne Health provides workflow software solutions and outsource revenue cycle services for hospitals and health systems nationally to optimize financial results and elevate the Patient Financial Experience.



FOR MORE INFORMATION
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