

VALUE

EXPERIENCE

RESULTS

**Establishing a  
Pre-Encounter Unit Produces  
Positive Revenue Cycle Results**

2012 Mega Healthcare Conference

**January 19, 2012**



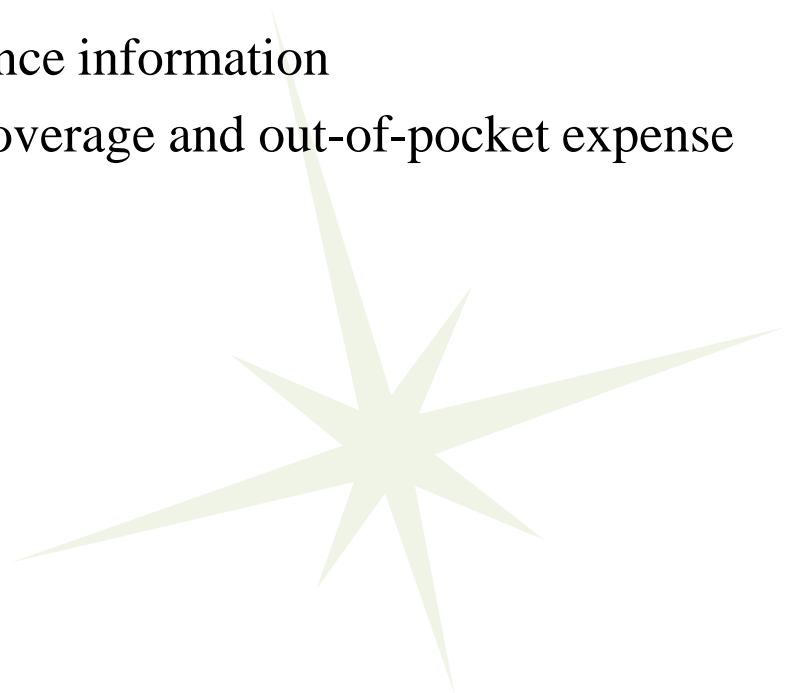
**IMA Consulting**  
VALUE ♦ EXPERIENCE ♦ RESULTS



# LEARNING OBJECTIVES

Attendees will learn how a pre-encounter unit can:

- ◆ Drive revenue cycle improvement
- ◆ Optimize staffing resources
- ◆ Help capture quality patient and insurance information
- ◆ Educate patients regarding insurance coverage and out-of-pocket expense
- ◆ Enhance patient flow



# CROZER KEYSTONE HEALTH SYSTEM



## 5 Hospitals

- Crozer Chester Medical Center
- Delaware County Memorial Hospital
- Taylor Hospital
- Springfield Hospital
- Community Hospital

## Regional Burn and Trauma Center

## 300+ Physician Network

## Over 6,500 employees

**Key stats:** 135,219 ER visits  
41,421 admissions  
20,912 surgeries  
3,605 births

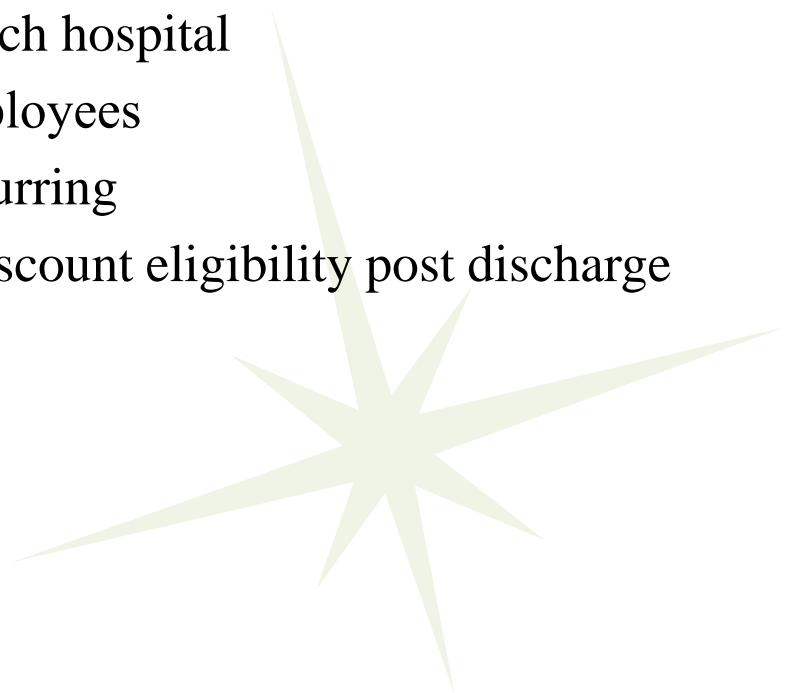
**Net Revenue:** \$900M

**64%** Market Share in Delaware County



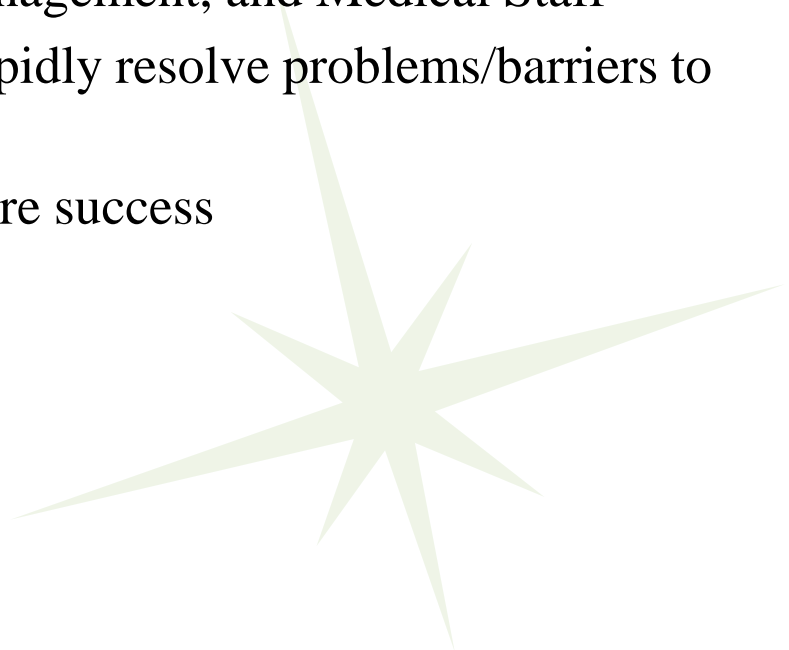
# PATIENT ACCESS – CURRENT STATE

- ◆ De-centralized pre-registration, insurance eligibility, payer authorizations, and financial counseling functions at each hospital
- ◆ Inconsistent registration, insurance eligibility, and financial counseling processes across departments within each hospital
- ◆ Informal “buddy” training for new employees
- ◆ Minimal pre-encounter collections occurring
- ◆ Identifying charity care and self-pay discount eligibility post discharge



# PATIENT ACCESS RE-DESIGN ISSUES & RISKS

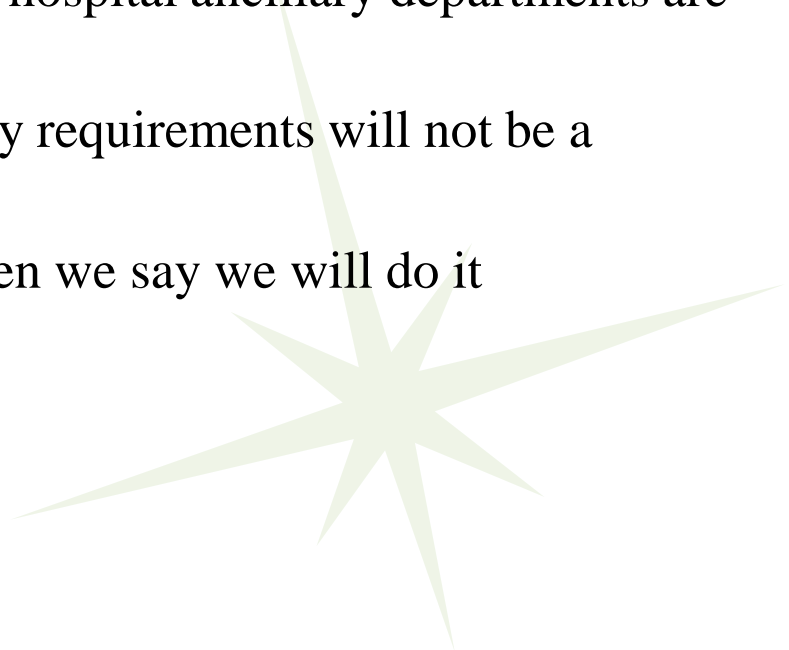
- ◆ Hospital system's readiness for change and willingness for realignment towards a centralized approach
- ◆ Active participation and support from representatives across the organization: IT, Operations, Case Management, and Medical Staff
- ◆ Project infrastructure to identify and rapidly resolve problems/barriers to ensure that initiatives are not delayed
- ◆ Selection of appropriate KPIs to measure success



# PATIENT ACCESS RE-DESIGN

## GUIDING PRINCIPLES

- ◆ A value-added patient experience and quality outcomes are our first priority
- ◆ Synergy of operations between scheduling, registration, financial clearance, case management, and other hospital ancillary departments are a must
- ◆ Existing staffing models and technology requirements will not be a “barrier” to process re-design
- ◆ We will do what we say we will do when we say we will do it



# PATIENT ACCESS RE-DESIGN

## OPERATING CHARACTERISTICS

- ◆ All areas performing registration functions will be guided by the same operating characteristics
- ◆ Procedures will be standardized and all staff trained accordingly
- ◆ 95% of all scheduled services will be pre-registered
- ◆ Lack of pre-registration will not contribute to treatment delays
- ◆ Insurance clearance processes will drive a decrease in payer denials
- ◆ Patient payment expectations will be communicated to the patients, and (except for emergency room services) will be collected prior to or at the time of service
- ◆ All uninsured patients will be offered a self-pay discount package, or will be screened for medical assistance and/or charity care

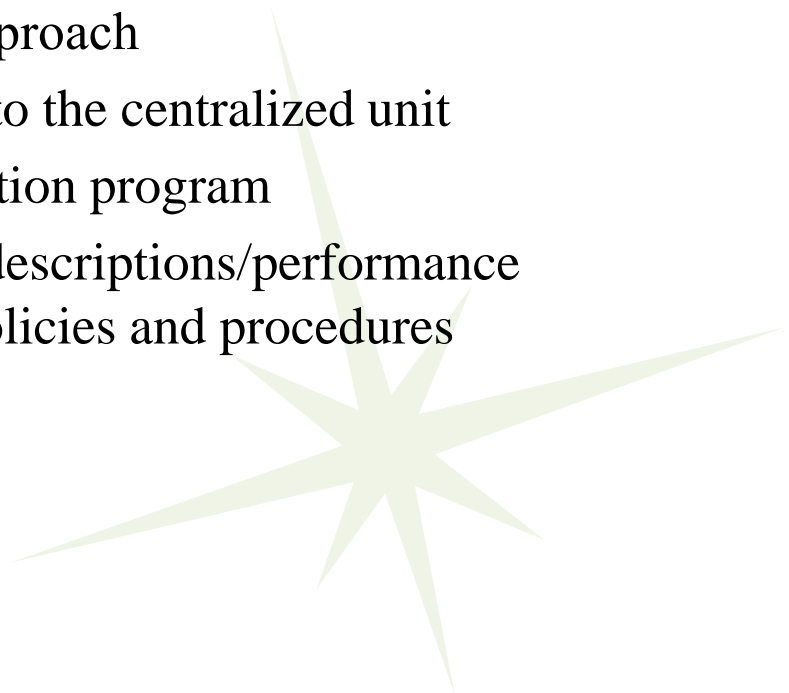
# PATIENT ACCESS RE-DESIGN

## OPERATING CHARACTERISTICS

- ◆ Quality monitoring will be performed on a monthly basis with feedback to the employees
- ◆ Physicians' offices will be notified of any non-covered services to make decisions regarding continuing with services
- ◆ Denials will be work-listed for identification and resolution
- ◆ GOALS: Pre-registration and financial clearance of scheduled services five (5) days out
- ◆ Tools will be used to give staff the ability to identify a patient's potential to pay, potential for charity care, check identity, and monitor for government specific 'red flags'

# ESTABLISHING A PRE-ENCOUNTER UNIT

- ◆ Centralized pre-registration, insurance eligibility and benefit verification, payer authorizations, pre-point of service collections for scheduled diagnostic testing and surgery patients
- ◆ Implemented a “one call does it all” approach
- ◆ Re-assigned FTEs from four hospitals to the centralized unit
- ◆ Developed a formal training and education program
- ◆ Standardized processes, re-design job descriptions/performance evaluation, and revise patient access policies and procedures

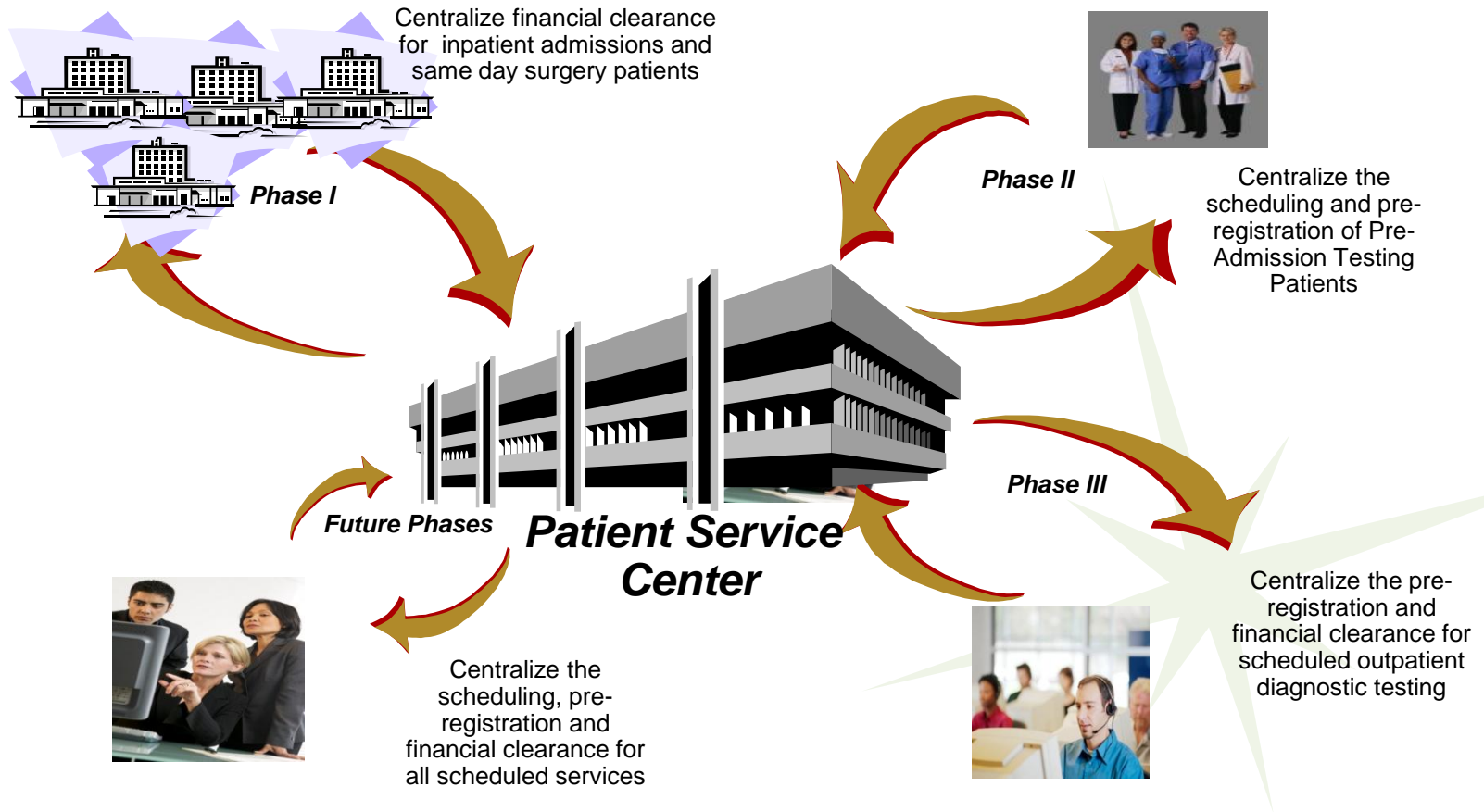


# ESTABLISHING A PRE-ENCOUNTER UNIT

- ◆ Assigned work lists by date of service
- ◆ Allocated a financial counselor to each hospital
- ◆ Implemented a data quality review program
- ◆ Designed a Hospital Registration Daily Check-in Report to identify patient's that owed money or had payer authorization or referral issues that needed to be addressed on the date of service
- ◆ Established Key Performance Measures
  - Post-Training Test Scores, Staff Productivity, Data Quality, Administrative Denials, and Pre-POS Cash Collections

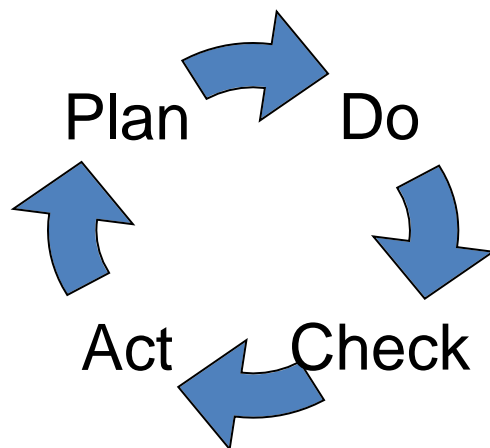


# PRE-ENCOUNTER UNIT PHASED-IN IMPLEMENTATION



# PRE-ENCOUNTER UNIT LESSONS LEARNED

- ◆ Plan mock go-lives
- ◆ Maintain a 10 business day post-live “freeze” period
- ◆ Execute a robust communication plan
- ◆ Track and report on KPIs weekly and monthly
- ◆ Hold weekly individualized staff feedback sessions with goal setting
- ◆ Cross-train all staff in the centralized unit



# MEASURES OF SUCCESS

- ◆ Key Performance Indicators
  - Post-Training Test Scores
  - Staff Productivity Measures
  - Data Quality Percentages
  - Administrative Write-off Monitoring
  - Pre-Point-of-Service Cash Collection Tracking



# KEY PERFORMANCE INDICATOR TRAINING

- ◆ Training
  - 100% of the staff re-assigned to the Pre-Encounter Unit
  - Registration
  - Understanding Insurance
  - HDX Eligibility, Benefit Verification, and Patient Liability Identification
  - Pre-Point of Service Cash Collection Role Play
- ◆ Post-Training Test Scores
  - Best Practice 90%



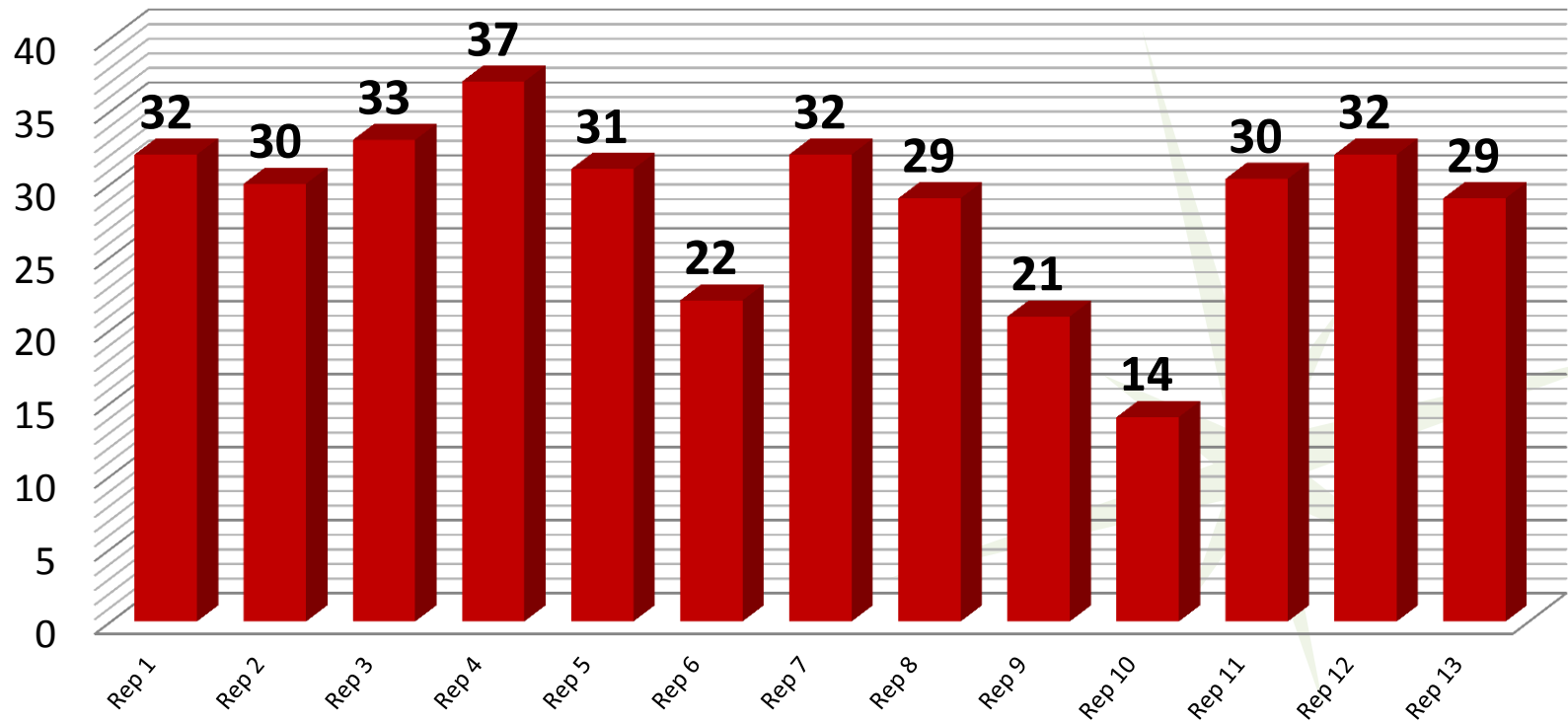
# KEY PERFORMANCE INDICATOR PRODUCTIVITY

- ◆ Established a Productivity Monitoring Program
  - Best practice average 40 to 60 accounts per FTE per day
  - Measured daily



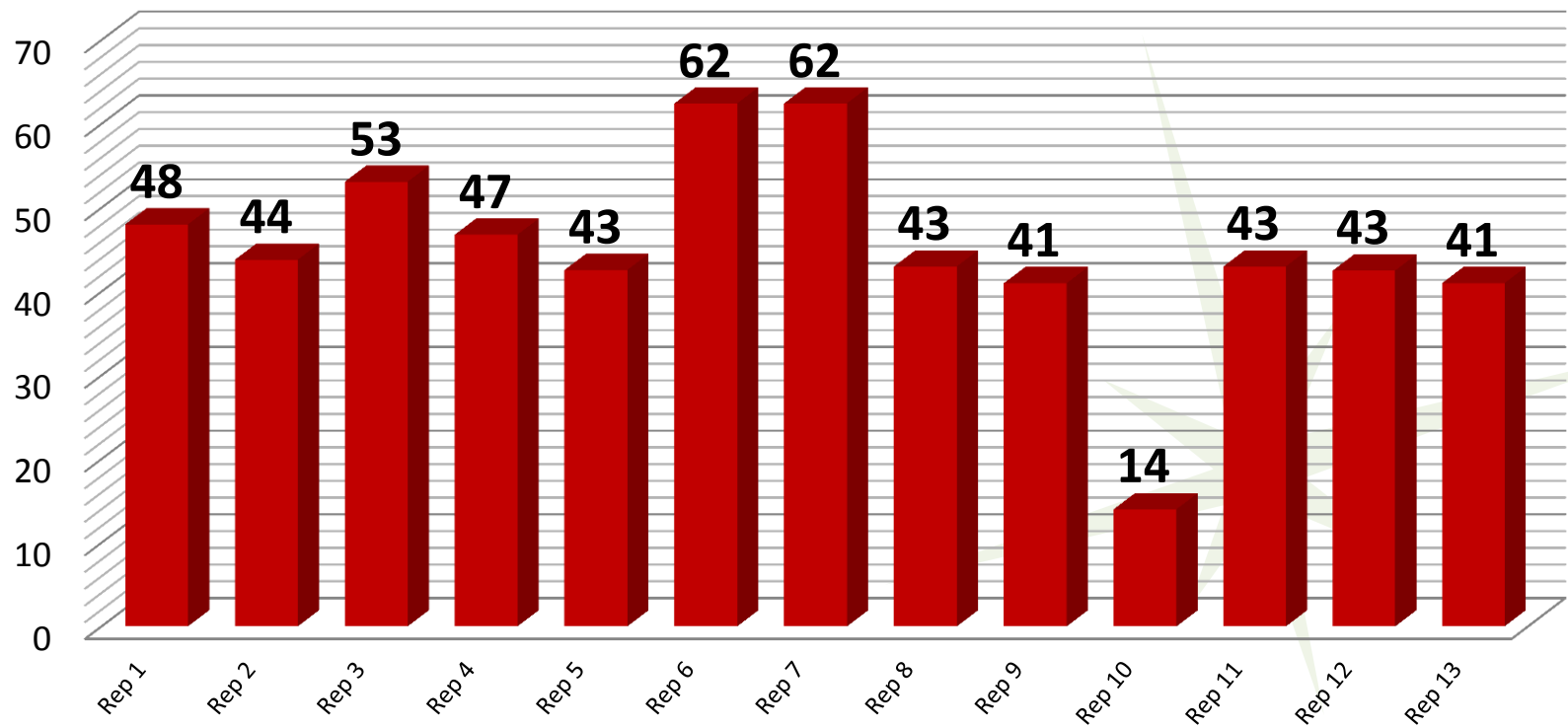
# KEY PERFORMANCE INDICATOR PRODUCTIVITY

## Outpatient Pre-Registration Productivity 30 Days Post Go-Live



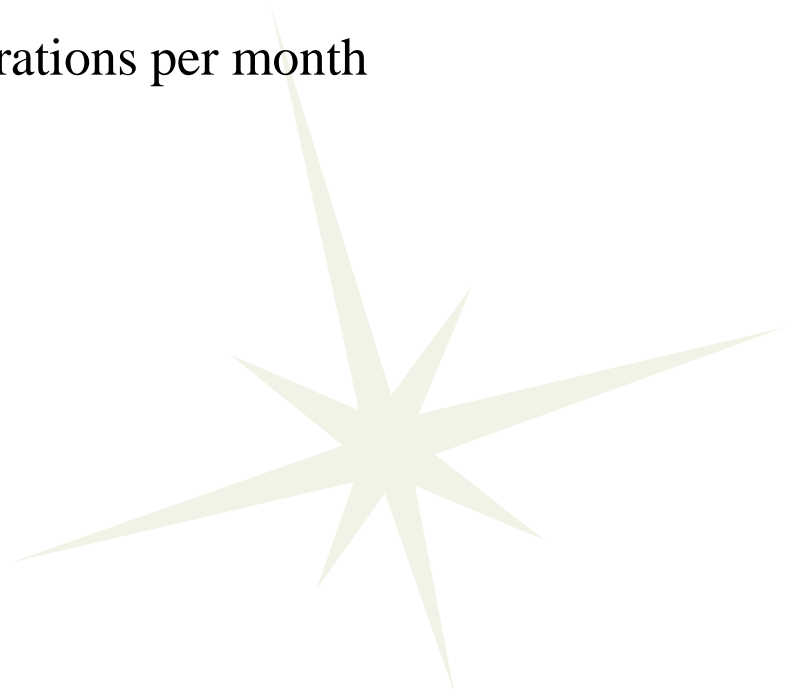
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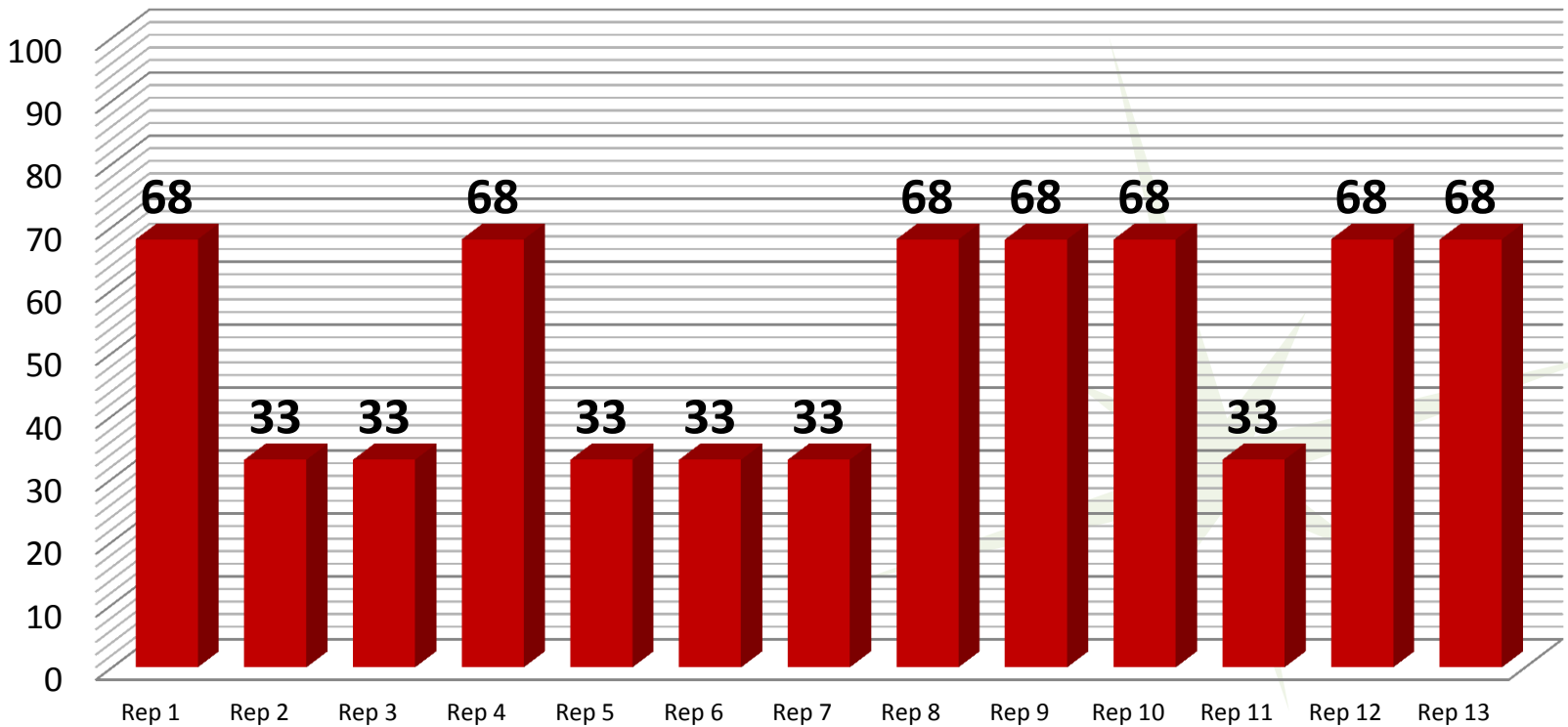
# KEY PERFORMANCE INDICATOR DATA QUALITY

- ◆ Established a Data Quality Program
  - Best practice 97% error free work
  - Measured weekly
  - Random audit of 10% of pre-registrations per month
  - Biweekly staff feedback sessions



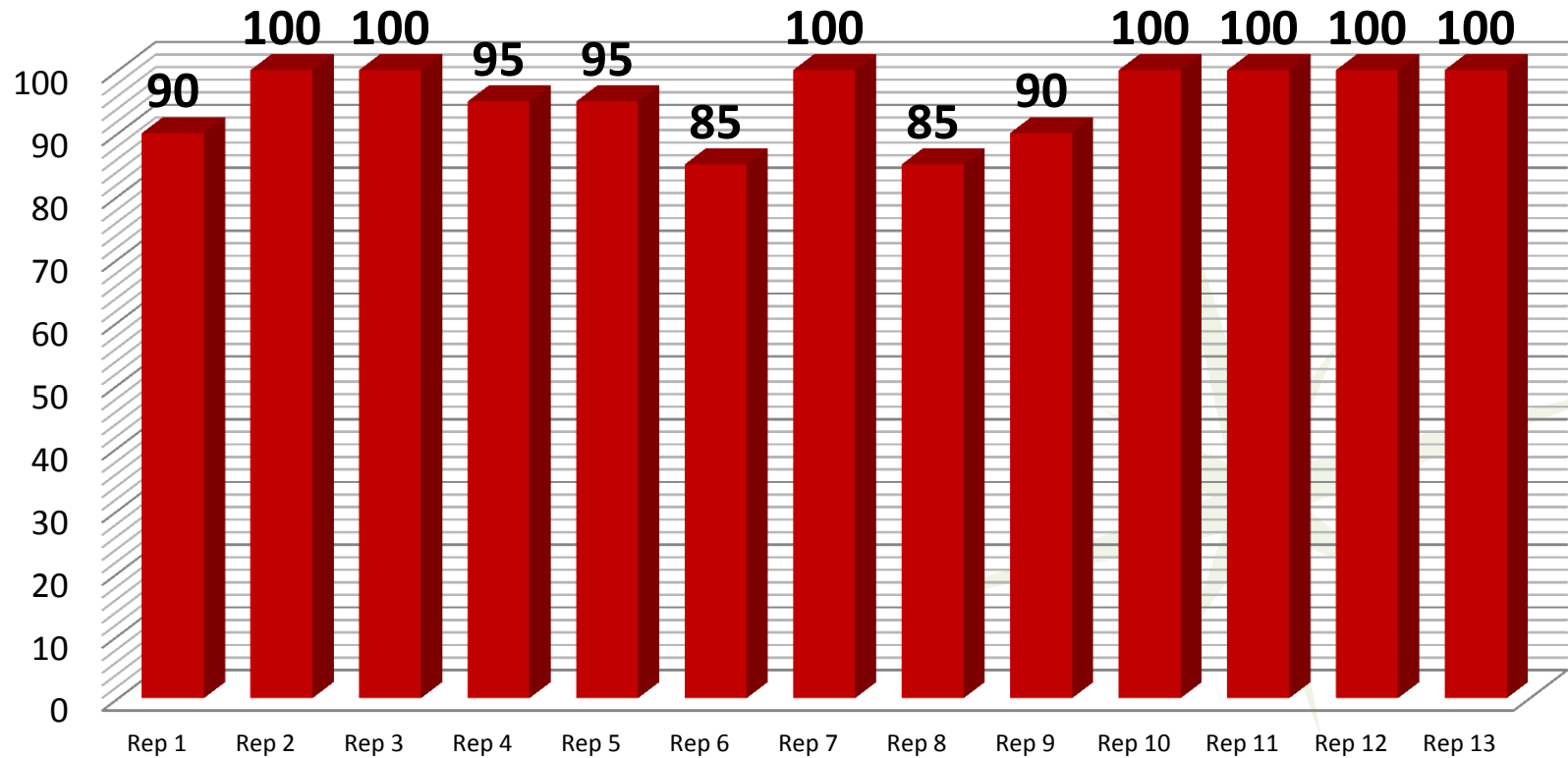
# KEY PERFORMANCE INDICATOR DATA QUALITY

## Outpatient Pre-Registration QA 30 Days Post Go-Live

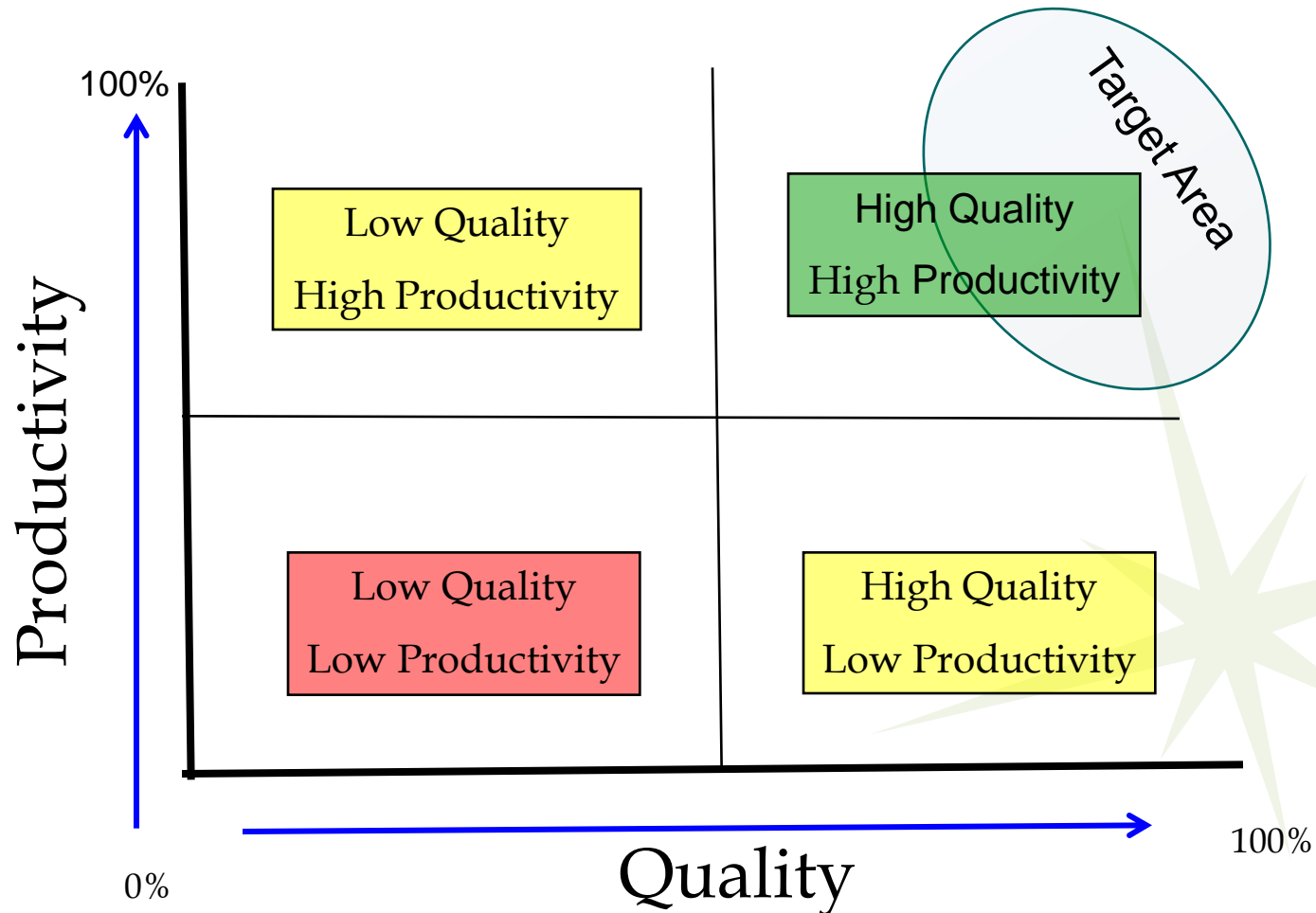


# KEY PERFORMANCE INDICATOR DATA QUALITY

## Outpatient Pre-Registration QA 90 Days Post Go-Live

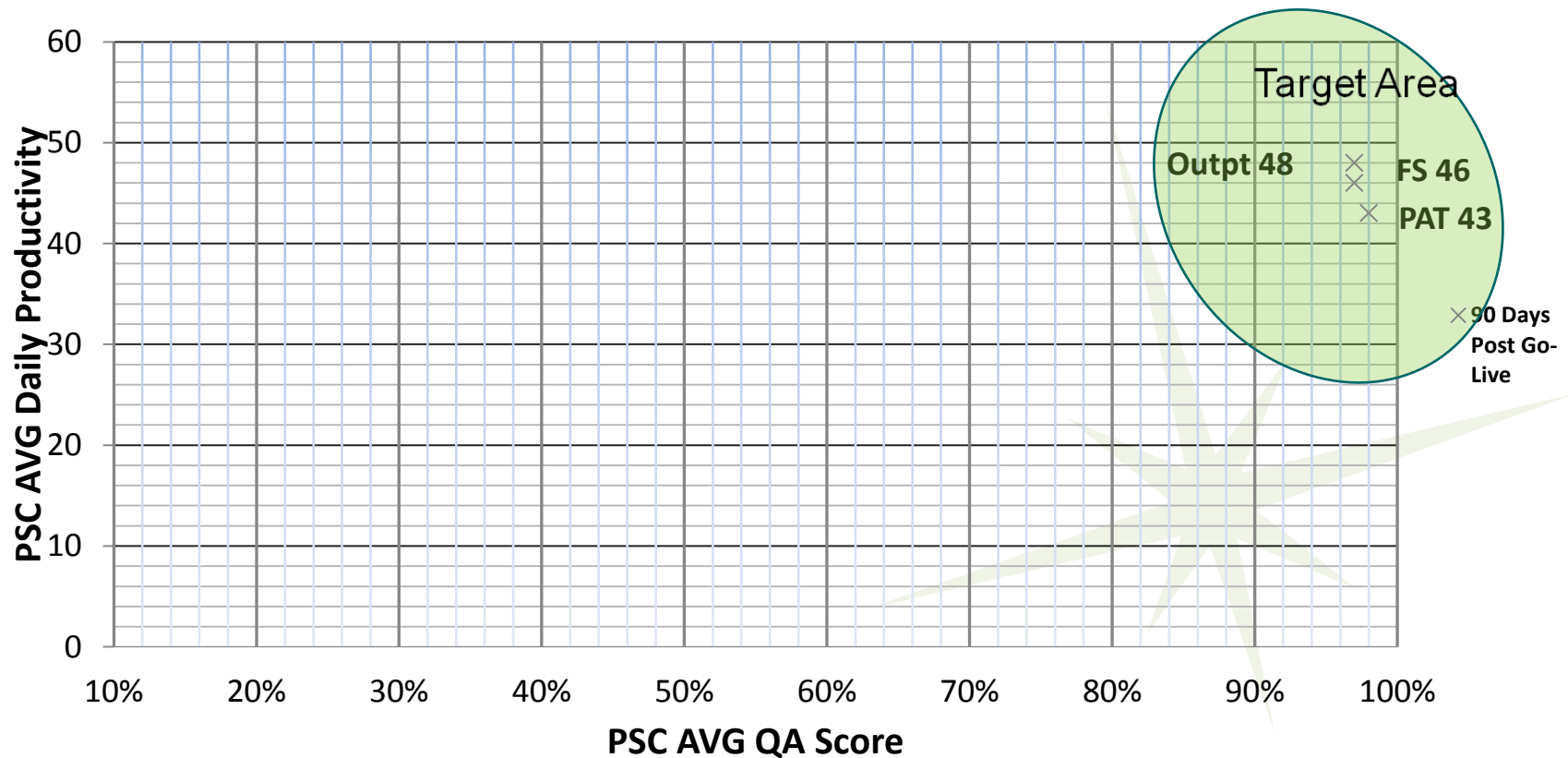


# KEY PERFORMANCE INDICATORS PRODUCTIVITY & QUALITY



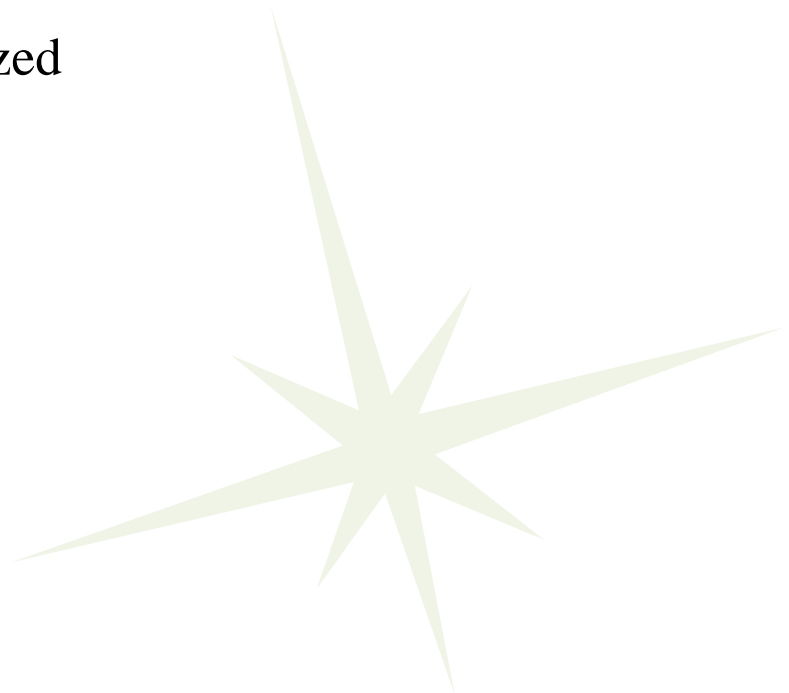
# KEY PERFORMANCE INDICATORS PRODUCTIVITY & QUALITY

## Patient Services Center Scatter Diagram



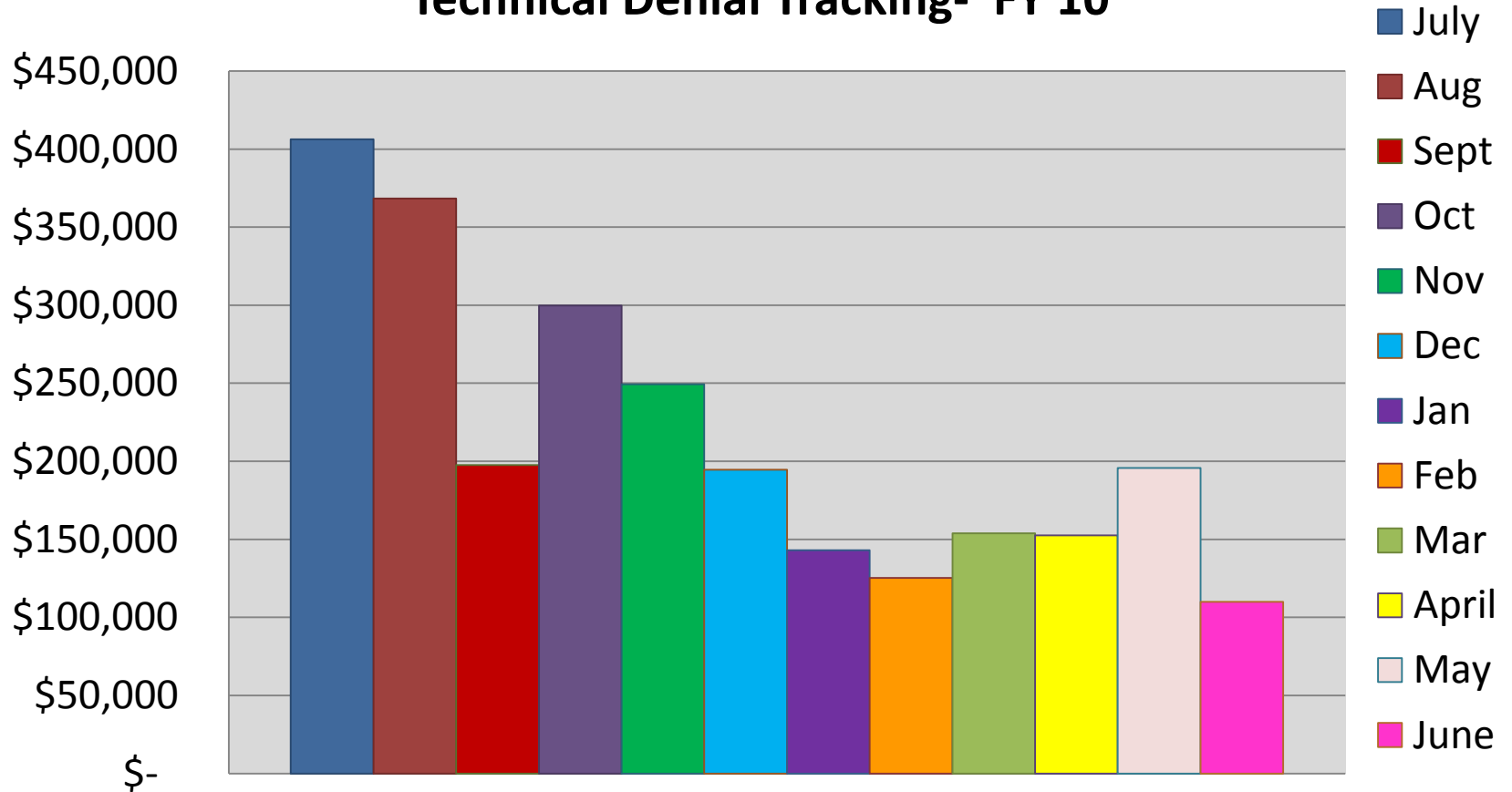
# KEY PERFORMANCE INDICATOR ADMINISTRATIVE WRITE-OFFS

- ◆ Monitored Administrative Write-offs
  - Reduction in front-end bad debt
    - No referral, no authorization
    - Outpatient services not authorized
    - Capitated to another location



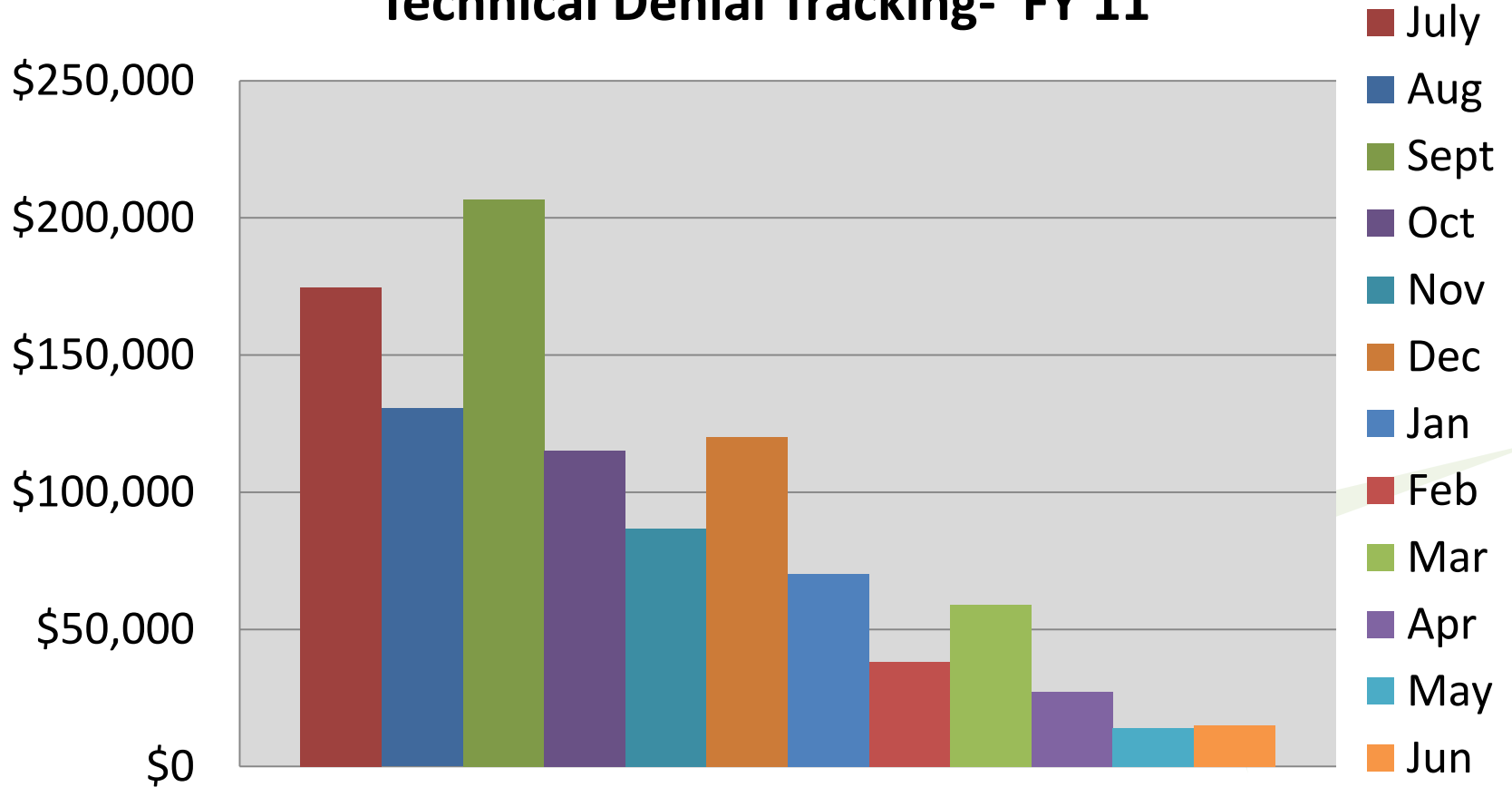
# KEY PERFORMANCE INDICATOR ADMINISTRATIVE DENIALS

## Technical Denial Tracking- FY 10



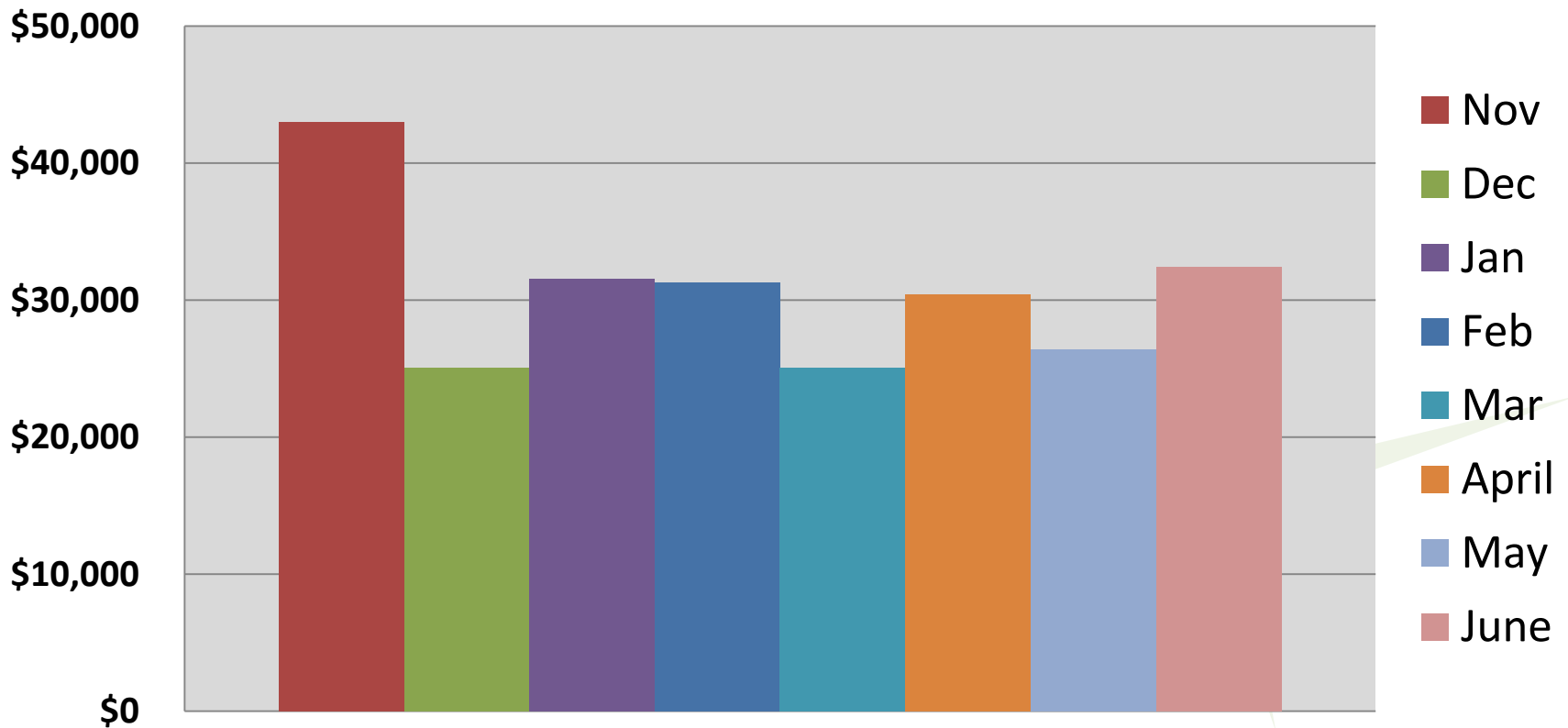
# KEY PERFORMANCE INDICATOR ADMINISTRATIVE DENIALS

## Technical Denial Tracking- FY 11

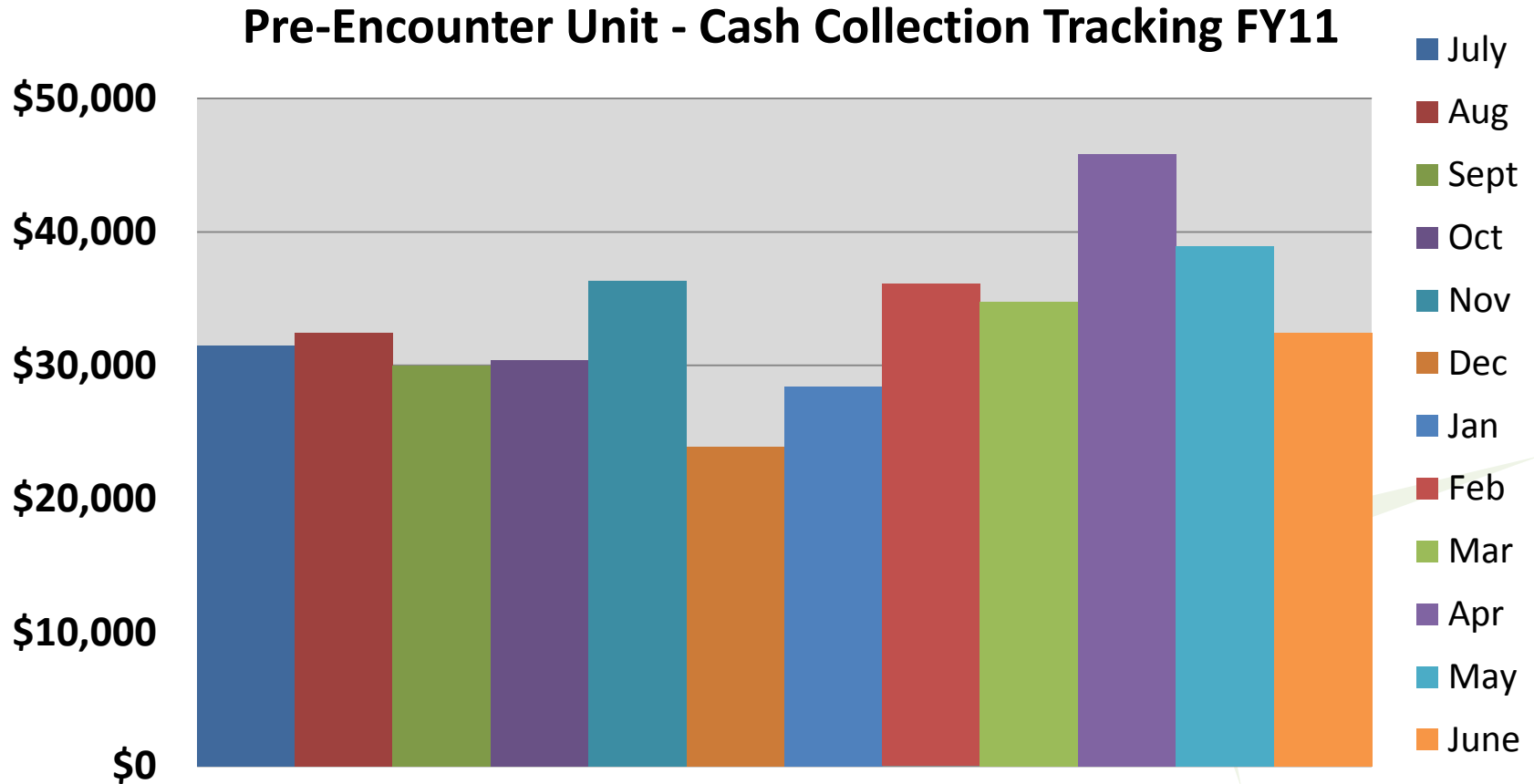


# KEY PERFORMANCE INDICATOR PRE-POINT OF SERVICE CASH COLLECTIONS

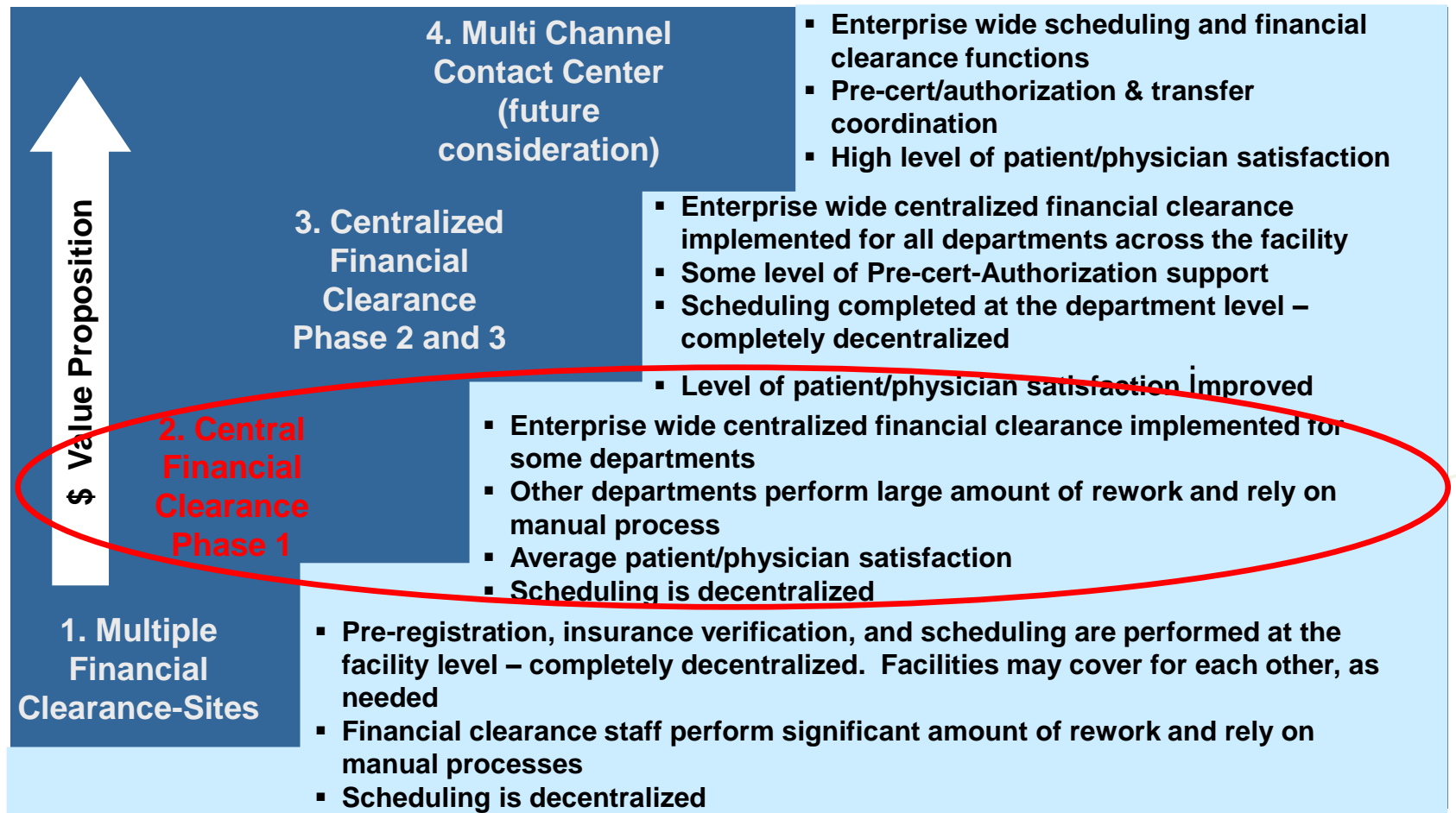
## Pre-Encounter Unit - Cash Collection Tracking FY10



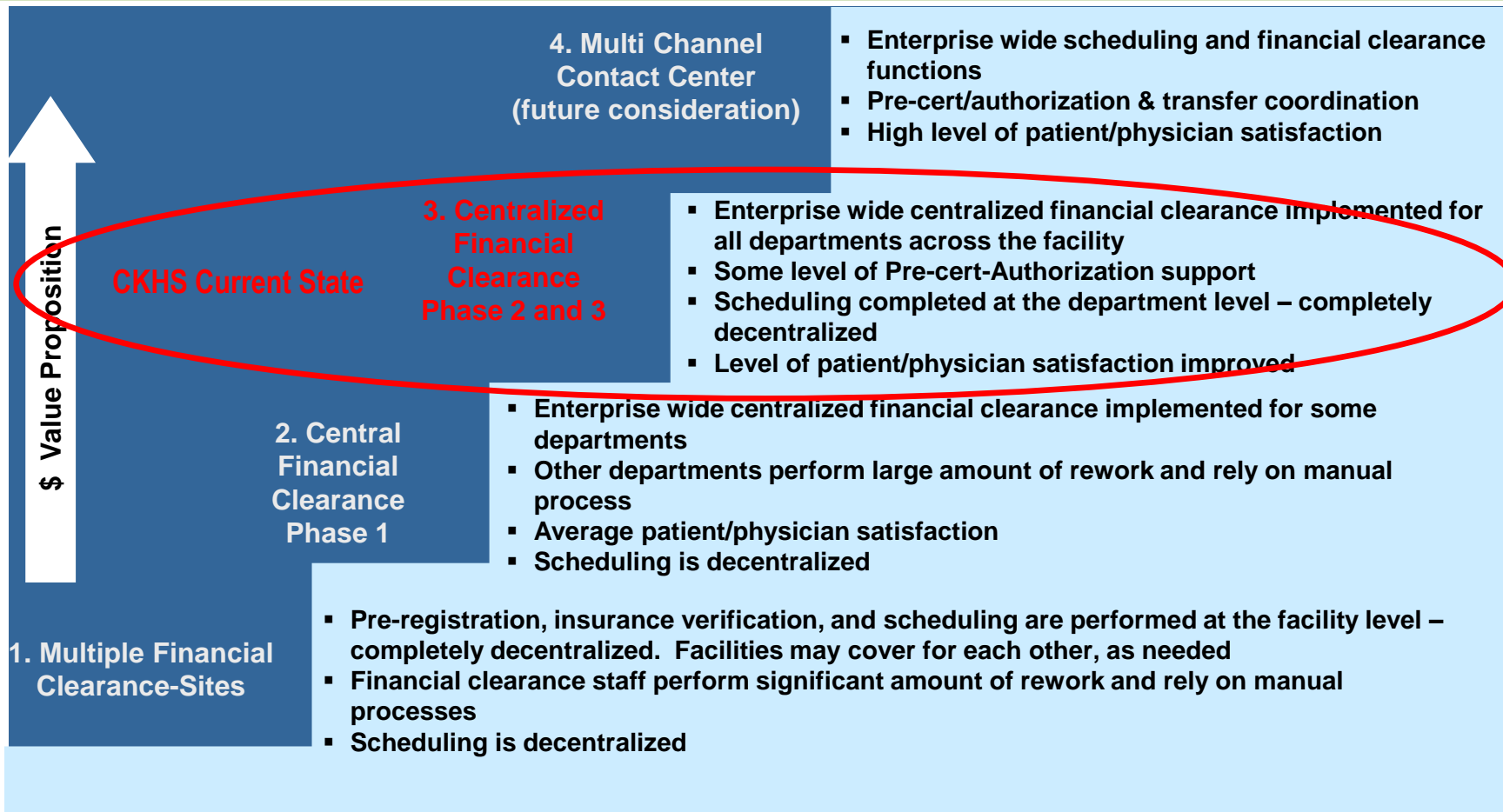
# KEY PERFORMANCE INDICATOR PRE-POINT OF SERVICE CASH COLLECTIONS



# WE'RE JUST BEGINNING



# WHERE ARE WE NOW?



# BENEFITS OF THE PRE-ENCOUNTER UNIT

- ◆ Enhanced patient flow
- ◆ Improved patient, physician, and other customer satisfaction
- ◆ Improved relationships with other departments in the hospital
- ◆ Attained standardization and increase productivity
- ◆ Gained efficiencies
- ◆ Increased point of service collections
- ◆ Reduced bad debt
- ◆ Reduced technical claim denials
- ◆ Re-invested in staff
- ◆ Improved the quality of the pre-registration data collection

# SPEAKER CONTACT INFORMATION

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# Questions

