

PATIENT ACCESS: REGISTRATION & ELIGIBILITY VERIFICATION PANEL SUMMARY



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Patient Access leaders from hospitals and health systems face a shared challenge at registration, in ensuring patient data is as accurate as possible, as well as verifying insurance coverage and eligibility. The Patient Access: Foundation of the Revenue Cycle online meeting, hosted in February 2023 featured an engaging and insightful panel on the topic, with perspectives from Bri Cope, Manager of Financial Clearance at the University of Missouri Health Care, John Hauck, Director of Patient Access & Revenue Cycle at Brigham and Women's Faulkner Hospital, Katina Robinson, Revenue Cycle Manager at Texas Oncology, and Jeff Shipley, Manager of Pre-Visit Access at Rush University Medical Center. Several key areas were discussed during the panel:

1. Gathering accurate patient and insurance details is an essential first step for both the patient and hospital, increasing patient satisfaction and reducing reimbursement issues for health systems.

The panelists and audience began by sharing the accuracy targets they are setting for registration teams, as can be seen in the chart to the side, with only a slim margin setting a 100% target. Much of the discussion focused on ways to improve accuracy, through a combination of education focused on training registrars to gather correct information as well as using tools to assist with eligibility verification, confirming that coverage is current and that the selected plans have been entered correctly.

2. The No Surprises Act has changed the conversation surrounding eligibility verification and requires registration teams to identify at-risk populations that may be out-of-network or self-pay.

As hospitals implemented requirements to comply with the No Surprises Act, a much closer focus has been placed on eligibility verification and ensuring that out-of-network or self-pay individuals are identified so that appropriate estimates and communication can be delivered regarding bills. Several of the panelists noted how the No Surprises Act has changed the conversation with patients around eligibility and billing, in a positive way, with patients asking up-front what their charges will be so that they can be prepared to pay balances due. Overall, the panel agreed that greater transparency and communication with patients surrounding their coverage has led to better patient experiences.

3. Automation and technology are helping to lift the administrative burden but are only truly effective when leveraged fully, with staff and human capital aligned with technological tools.

Throughout the session, the panelists and audience shared the various tools being used to assist in registration and eligibility verification, and the integration of these tools into their electronic medical records, whether using Cerner or Epic (in most cases). While reducing human error is of primary concern, panelists shared that the technology tools being used are often considered a second level of support or quality assurance check. Systems and technology, all agreed, need to be made and used in a way that is intuitive as possible, or as smart as they can be, with panelists noting the value of strong partnerships with IS teams to support these efforts.

4. Conducting root cause analysis of registration errors that connects front and back end teams to identify whether errors are workflow issues, educational gaps, or payer causes is essential in making improvements.

Auditing charts and creating positive feedback loops between teams were two of the many ways that the panel suggested for remediating errors occurring in the front-end of the revenue cycle. Several other additional pieces of wisdom were imparted, including focusing on areas that have the greatest potential for improving results, and preventing teams from digging into errors unlikely to occur very frequently. Again, with a focus on marrying the front and back end work, the panelists suggested identifying whether the cause of errors were workflow issues, educational needs, or payer issues that are often out of the control of registration teams.

Summary:

- Monitor accuracy and be prepared for corrective action
- Ensure out-of-network or self-pay individuals are identified
- Integrate and leverage technology, but make it smart
- Connect front- and back-end teams for greatest success