

PATIENT ACCESS: MAXIMIZING THE REVENUE CYCLE

**LIVE ONLINE
FEBRUARY 27, 2023**

Patient Access teams within high functioning revenue cycle organizations are of pivotal importance; from engaging patients on the front-line and ensuring insurance and eligibility is accurately secured, to working with providers and payers to facilitate pre-service authorization that supports back-end reimbursement, these teams are the foundation of the revenue cycle. In a constrained environment where collections and reimbursements are required in order to support care services and operational costs, structuring and leveraging teams to maximize efficiencies has become a top priority. In addition, utilizing technology to automate rote functions, to lift the work of administrative teams, and to identify trends for improvement, are all top priorities.

The healthXchange Patient Access: Foundation of the Revenue Cycle online program provides patient access executives and teams with an opportunity for open collaboration and dialogue with industry peers, with a focus on practical solutions and strategies being implemented to navigate the evolving environment in patient access; creating efficiency in workflows, maximizing resources, and ultimately improving revenue cycle performance.

10:45 ET Event Platform Log-in & Networking

11:00 ET Opening Remarks & Program Welcome
Kate Jeter, *Founder, the healthXchange*

11:15 Patient Access Leadership: Leveraging Teams and Technology in 2024 and Beyond

- Areas of concern & optimism in patient access
- Managing staffing needs & developing future leaders
- Leverage of technology to improve accuracy & processes
- Ensuring a framework that supports change management

Philynn Hepschmidt, *VP, Patient Access*
PENN MEDICINE

Terrance Malone, MPA, CHFP, *Director, Patient Access Services*
WELLSTAR

LaKeisha Price, MHA, *VP, Outpatient Financial Services*
BAYMARK HEALTH SERVICES

12:00 ET Networking & Coffee Break

12:15 ET Aligning Pre-Service Operations: Registration, Eligibility, and Scheduling

- Optimizing registration processes to reduce errors
- Ensuring accuracy in eligibility verification
- Aligning eligibility & procedures with scheduling
- Use of technology to support eligibility verification
- Concerning trends related to changes & exclusions

Nicole Dunomes, CHAM, *Manager, Pre-Service Contact Center*
TUFTS MEDICINE

Connie Lee, MPH, FACHE, *Senior Director, Patient Access*
UCLA HEALTH

Dessire Santos, *Manager, Patient Access*
ORLANDO HEALTH

Michael Thomas, CRCR, *Patient Access District Director*
PALOMAR HEALTH

1:00 ET Networking & Coffee Break

1:15 ET Streamlining Prior Authorization: People, Processes and Automation

- Role of prior authorization in reducing denials
- Resources required to streamline authorization
- Experiences with payers & codes not requiring auth
- Collaborating with payers on prior authorization timelines
- Improving prior authorization with AI solutions

Peggy Fay, MBA, MHA, *Director, Patient Financial Clearance*
YALE NEW HAVEN HEALTH SYSTEM

2:00 ET Networking & Coffee Break

2:15 ET Patient Financial Engagement: Estimates, Counseling, and Collections

- Creating positive patient financial experiences
- Use of estimates in conversations with patients
- Educating patients on coverage & benefits
- Securing payments at point-of-service & OON

Joel Banazek, CHAM, *Patient Access Manager*
NORTHWESTERN MEDICAL CENTER

Karen N. Holmes, BSW, MBA, *Regional Patient Access Registration Manager*
BAPTIST HEALTH SOUTH FLORIDA

Bryan Samp, *Patient Access Director*
TEXAS CHILDREN'S HOSPITAL

3:00 ET Closing Remarks & Program Conclusion

PREVIOUS MEETING FEEDBACK:

"This was a great format and very interactive. Our organization truly enjoyed participating."

"Virtual exchange was truly helpful and look forward to the programs next session topics. Would be delighted to participate in future meetings."

"Thank you so much for putting on such a great conference. "