



In October 2022, the healthXchange Patient Financial Services online meeting featured an interactive group discussion focused on increasing accuracy in patient registration and securing eligibility verification. Led by Trish Starkes, Division Director of Patient Financial Services & Patient Access at UF Health Jacksonville and Joseph Johnson, Director of Patient Access at Tift Regional Health System, the discussion focused on four core areas: accuracy of registration data, improving collections, staffing challenges, and training registration teams. Read on for a full summary of this enlightening discussion, featuring comments and feedback from the moderators and audience members.



Session Summary: Patient Registration & Eligibility Verification

Session Leaders:



Trish Starkes
Division Director, Patient
Financial Services &
Patient Access
**UF Health
Jacksonville**



Joseph Johnson
Director, Patient Access
**Tift Regional
Health System**

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Registration Data Accuracy

Industry consensus is that the accuracy target is 98%, with most audience members noting that this is the target that they are striving for; with few suggesting that they are consistently meeting the target.

Joseph Johnson notes, "Information is only as good as what is entered... We are the front door of the revenue cycle," underscoring the importance of working with registration teams, patients, and caregivers to ensure the data being gathered is highly accurate, to ultimately set up the revenue cycle for success.

Common registration errors the moderators and participants noted included:

- Incorrect or missing address details
- Patients refusing to provide phone numbers
- Lack of Emergency Contact information
- Reluctance to provide income details

"We are the front door of the revenue cycle."

-Joseph Johnson, Tift Regional Health System

Registration errors appear to stem from a combination of staff errors or assumptions when entering data; for example, selecting a default point of origin. In addition, patients at times do not wish to provide necessary information out of a concern around billing and costs. Staff training in this area is essential, and a focus of the conversation led to the additional issue in registration teams selecting the appropriate insurance plan, and eligibility verification, with numerous participants sharing mixed experiences in solving this challenge with software or training.

Development of stronger scripting was agreed as a primary way of improving data collection; going back to the example of collecting phone numbers, Trish Starkes noted that they changed the conversation from "What is your phone number," to a more collaborative, "How can the doctor reach you regarding test results or treatment plans," which resulted in patients more readily providing accurate contact details. Another example shared related to collection of income details, where positioning the question with a focus on providing payment support rather than collecting payment, garnered a much more positive response from patients.



Improving Point-of-Service Collections

Across the industry, many patient access teams were reluctant to collect point-of-service payments during much of the acute phase of the COVID-19 pandemic, from early 2020 into the start of 2022. Many are now facing challenges in returning to the industry benchmark of 1% of net patient revenue collected at the point-of-service, requiring new training and scripting for patient access and revenue cycle teams.

Joseph Johnson, Trish Starkes, and the audience shared numerous best practices and potential solutions to the challenge of reduced point-of-service collections, including scripting, partnering staff, inclusion of targets in performance reviews, and use of declination forms.

When considering scripting, participants noted that the conversation needed to change from a focus on paying a co-pay to a more successful conversation focused on what their coverage provides. A more positive tone focused on coverage and eligibility with a co-pay has been found to be a more successful approach to collection. In addition, asking patients for partial payment has also improved collections where a patient is unable to make a full payment.



At one organization, leadership often partners team members that are strong collectors with those that are less confident in making collections. Staff working together and that learning from a peer can often be less intimidating and therefore more successful in building strong collectors as compared with a manager working alongside a less successful collector.

In addition, collection targets are monitored and discussed during annual performance reviews, which creates a level of not only accountability, but also a natural conversation surrounding where additional training or improvement may be required with staff.

Finally, one facility mentioned using a declination form, asking patients to confirm whether they had been asked to provide payment, which many participants believed was a positive step.





Staffing & Hiring

Across the healthcare industry, systems are facing staffing shortages in a race for talent and a very tight labor market, and registration and revenue cycle teams are facing these same challenges, and are looking for ideas and best practices from those in similar situations across the Nation. Several findings from this discussion were shared, including a focus on who to hire, actual hiring processes, and ultimately reducing bad turnover.

In an ideal scenario, teams are looking to hire individuals that have some degree of experience in patient access, but in many situations, there is a considerable lack of experienced talent available. As such, managers look to personality traits and skill sets rather than traditional experience. Extroverted individuals, or individuals that have worked in the service industry are often seen as strong candidates, especially in patient-facing roles.

When considering the interview process for candidates, hiring managers are trying to provide as much detail about the scope of the role as possible, and what will be required. One attendee noted that they have candidates shadow an existing team member prior to extending an offer, to ensure the new hire really understands the role and will be a good fit.

To reduce turn-over, some teams are reallocating hires that haven't reached a competency threshold into other roles within the organization, partnering with HR to find new positions for those hires that were ultimately not the right match. This approach is also being used when hiring individuals in partnership with local universities or community colleges, where a team member may begin in an entry-level position during their studies, and then escalate into more advanced roles within the organization.



Training, Learning & Development

Tying the conversation together, the group ended the discussion by sharing best practices and experiences in training registration teams, with a focus on benchmarking the length of training required, opportunities in tailoring the training for individuals, and gathering feedback on training programs to ensure continual improvement in delivery and effectiveness.

In a poll conducted with the audience, 50% of teams were spending 4-weeks training registration staff in some combination of formal classroom education and shadowing. The remainder of the audience spent either 1-week or 2-weeks in training new staff. Overall consensus was that the more time spent training, the more effective the staff member would ultimately be in the role, but pressure on managers to provide training, and a need to have staff up and running as quickly as possible were mentioned as barriers to conducting lengthier training courses.



Successful training programs considered the level of the individual joining the organization, taking into account their experience and tailoring the training to skills that needed to be developed. A focus on training the required skills and workflows rather than on a broader range of skills was discussed. For example, if an individual is hired for pre-service registration or pre-authorization, then they should be trained just on those skills, rather than on a broader basket of responsibilities. Ultimately, training needs to be not only relatable, but also efficient.

Finally, the group discussed ways of collecting feedback, with some conducting formal meetings with new hires after a set-period of time, and others collaborating with managers and team members to focus on continual improvement of training.

