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The Weakest Link in the Revenue Cycle Chain

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The hospital revenue cycle is complex with many interconnecting processes that all must be working properly for a healthcare institution to cleanly and correctly generate patient income (see my article "Links in the Revenue Cycle Chain", Hospital News, April 2003 or go to www.TintariGroup.com/Resources.html for a copy). While there are a host of obstacles confronting the revenue cycle every day, my decades of experience with hospitals across the country has shown the single biggest revenue cycle problem to be poor data quality from the "front end". The following outlines this significant problem and suggests ways it can be corrected and controlled.

The Root of the Front-End Problem

The front end of the revenue cycle is Admitting/Registration or Patient Access. This area is generally staffed with lower paid, clerical type staff often with little or no work experience. Training programs for these employees typically are abridged and informal. Additionally, rarely is there any kind of on-going work audit or accountability for data quality, with employees receiving little or no constructive feedback about entry errors.

Given staff with this level of experience and training, the odds of capturing accurate data at registration are poor. There are 80 or more data elements to enter on an admitting/registration computer screen and on subsequent forms. For most of these entries, there are a myriad of decisions and selections to be made in capturing the correct information. The possibility of making even a single error that prohibits timely processing and payment is extremely high – approaching 100% in many institutions.

The Answers

It is essential that Patient Access hire detail-oriented staff that is not only able to gather and enter correct information, but that uses compassion and empathy when dealing with patients. Finding the right people for this essential function can take a long time but will be worth the effort.

A formal training program is crucial for this area. Staff must be trained to be investigators and good listeners. Role-play and retrain often. Feedback is key to a world class Patient Access department. Plus every front-end employee should be trained beyond excellent data entry: they should understand what the patient information means and how it is used throughout the institution's revenue cycle. This gives them good perspective on how important their role is to the institution.

A special Data Quality Review Team (DQRT) should be used to ascertain the current patient information entry error rate and to help work towards improvement. The DQRT audits registration entries immediately after registration takes place. They identify inaccuracies and obtain correct data to ensure clean billing and timely payment. The Team also uncovers on-going problem areas and publishes statistics to help guide staff education and improve data quality.

Accountability should be the Patient Access mantra. Quality goals and acceptable error rates should be established by employees and for the department. And finally, regular meetings with Patient Accounts are essential to link the front-end of the revenue cycle with the back-end, discussing any processing issues and billing bottlenecks.

Once Patient Access is running smoothly, look for software to help manage the process. Software exists today that prompts registration staff to ask pertinent

questions and actually captures and stores images of necessary documents such as drivers licenses, insurance cards, billing forms, and Medicare and Medicaid information. These systems also can go the ultimate step of displaying the actual contract the hospital has with the patient's insurance carrier to determine upfront how the account will be paid.

Whether or not you believe that your institution's front-end process is at its best, review the suggestions presented here so you won't miss out on the opportunity to make the front end your strongest link in the revenue cycle chain.



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