Creating a Robust Patient Access Training Plan & Operational Improvements Across Revenue Cycle

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Financial Alignment Executive, Cerner
About Via Christi

- Via Christi Health is the largest provider of health care services in Kansas. Based in Wichita, it serves Kansas and northeast Oklahoma through its doctors, hospitals, senior villages, and health services.

- OneChart is the Ascension standard build with Cerner. June 1, 2014, implemented OneChart in Wichita.
Hospitals

• Via Christi Hospitals St. Francis (444 Beds) & St. Joseph (281 Beds)
  ▪ Kansas’ busiest Emergency Services department, with more than 100,000 patient visits per year
• Via Christi Hospital St. Teresa (72 Beds)
• Via Christi Rehabilitation Hospital, Wichita (58 Beds)
• Via Christi Behavioral Health Center, Wichita (76 Beds)
High Reliability Organization

Achieving High Reliability: the right care, for every person, every time.

Model Community
- Inspired People
  - Enrich the lives of caregivers

Clinician-led Clinically Integrated Care

High Reliability
- Safety Outcomes
- Service Experience
  - Improve the health of populations we serve
  - Reduce per person cost of care

Margin to advance Mission
- Via Christi Mission & Vision
- Shared Ascension Core Values

Via Christi HEALTH
What is “Clinically Driven Revenue Cycle”?

Analytical Decision Support
- Executive dashboard
- Automated analysis tools

Self Pay Management
- Statements and letters
- Formal and informal payment plans
- Financial assistance

Patient Accounting
- Business rules
- State based and exception work queues
- Bill scrubber integration
- 835 remit posting
- Contract management

Access Management
- Scheduling
- Medical necessity
- Eligibility/benefits
- E-signature
- Registration work lists

Clinical Services
- Online EMR
- Computerized order entry
- Automated charge capture

Acute Case Management
- Single, unified view
- Document integrity
- Automated post-acute placement
- Staff assignment work lists

Technology

People

Process

Health Information Management
- Computer assisted coding
- Automated chart completion
- DNFB controls
Patient Access Training Mission Statement

To provide a structured training program for registration areas within Via Christi Hospitals, Wichita by providing training, coaching, and monitoring to ensure all associates are competent and successful within all aspects of their daily operations; improving registration accuracy, associate turnover, and development.
The Patient Access Quality and Management team will follow high standards set within our training plan, allowing all associates the chance to learn, expand their knowledge, and will be held accountable for their actions.
## Components of a Training Plan

### Suggested Audience
- Patient Access registration and scheduling associates

### Training Stakeholders
- Quality and Education Specialist
- Revenue Cycle Improvement Specialist
- Revenue Cycle Analyst
- Patient Access Management

### Duration
- Specific for different types of training
- Detail hours in training sessions
  - New Hire – 30 minutes to 2 hours
  - Monthly - 1 hour
  - Pre Go Live - 3 Sessions up to 4 hrs.
## Components of a Training Plan

<table>
<thead>
<tr>
<th>Training Approach</th>
<th>Training Material Management</th>
<th>Observation Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Review of Patient Access solutions</td>
<td>• Checklist*</td>
<td>• Assigning mentors</td>
</tr>
<tr>
<td>• Classroom style</td>
<td>• Power Point material</td>
<td>• Designating observation time in department</td>
</tr>
<tr>
<td>• Group discussion</td>
<td>• Case studies*</td>
<td>• Allow us to review and monitor processes and</td>
</tr>
<tr>
<td>• Video presentations</td>
<td>• SOP’s*</td>
<td>catch variances</td>
</tr>
<tr>
<td>• Computer based learning</td>
<td>• Pre and post assessments</td>
<td>• Observation discussion</td>
</tr>
<tr>
<td>• Utilize CERT (test) domain</td>
<td>• Online tutorials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Scorecards*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Online department site</td>
<td></td>
</tr>
</tbody>
</table>

* indicates optional components.
## Components of a Training Plan

<table>
<thead>
<tr>
<th>Auditing</th>
<th>Review</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Audit encounters utilizing daily productivity report</td>
<td>• Review errors with associates</td>
<td>• Follow up with associates in department</td>
</tr>
<tr>
<td>• New Hire Associates- audit encounters up to two weeks after training</td>
<td>• Pinpoint errors and recognize topics for training needs</td>
<td>• Set up small huddles or one-on-one sessions</td>
</tr>
<tr>
<td>• Current Associates- random audits</td>
<td>• Topics for monthly training</td>
<td></td>
</tr>
<tr>
<td>• Edit rejections reassigned from PFS</td>
<td>• Annual MSPQ</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• New insurance plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How to list subscriber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Work Comp &amp; Auto Insurance</td>
<td></td>
</tr>
</tbody>
</table>
Unique Components of New Hire Training

Instructor-Led Classroom training

- **Instructor Role**
  - Leads a role based classroom training – 32 hours and range of 45 topics
  - Provides training materials
  - Conducts classroom training content knowledge assessment testing

Shadowing Sessions

- **Preceptor/Mentor Role**
  - Reviews and validates new hire knowledge level/progress – 32 hours
  - Provides feedback
  - Post training - 2 weeks assigned to daily operations with mentor shadowing
### Training Schedule

#### Patient Access New Hire Training 2016

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Class - Associates Attend HR Orientation</td>
<td>Intro &amp; Course Expectations</td>
<td>Discuss Yesterday's Observation</td>
<td>Discuss Yesterday's Observation</td>
<td>Discuss Yesterday's Observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HIPAA Course - myLearning solution</td>
<td>Understanding the Revenue Cycle</td>
<td>Medicaid</td>
<td>Eligibility - How to Run &amp; Read Response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social Media PHI in Emails</td>
<td>Online Tutorial HBI: Rev Cycle the Big Picture Enhancing Pr. Experience Max Beginning Rev Cycle</td>
<td>Medicaid Assessment</td>
<td>Eligibility Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMTALA Course - myLearning solution</td>
<td>Into to Insurance</td>
<td>Coordination of Benefits sheet</td>
<td>Registration Resources Department Site</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Customer Service</td>
<td>How Read an Insurance Card</td>
<td>Coventry PPT</td>
<td>Online Insurance Matrix</td>
</tr>
<tr>
<td></td>
<td>Intro to Registration</td>
<td>Medicare</td>
<td>Aetna PPT</td>
<td>Coventry Ins Card Game</td>
<td>The Joint Commission KHIE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicare Assessment</td>
<td>Aetna Insurance Card</td>
<td>Ins. Websites</td>
<td>Required Registration Forms Overview</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ABS Website (Access) Availity Website</td>
<td>Access Repository/ESIG</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Navinet Website</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BCBS PPT</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commercial Ins Assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Observation in Department</td>
<td>Observation in Department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observation in Department</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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# New Hire Checklist

## Patient Access New Hire Training Checklist

**Associate Name:** Associate Test 1  
**Training Date:** August 2nd - 12th 2016  
**Department:** Patient Access Admissions Registration

<table>
<thead>
<tr>
<th>ED Reg Associate</th>
<th>ADM Reg Associate</th>
<th>Hospital Based Clinics</th>
<th>Not Required</th>
<th>Course Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Introduction</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>HIPAA</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>PHI Email</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>EMTALA</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Customer Service</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Online Services</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>HBI Tutorial Services Excellence</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>HBI Tutorial Big Picture</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>HBI Tutorial Scheduling</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>HBI Enhancing the Patient Experience</td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Department Site</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registration</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERM Part 1</td>
<td>Medicare</td>
</tr>
<tr>
<td>ERM Part 2</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Case Studies</td>
<td>Coventry</td>
</tr>
<tr>
<td>Card Scanners</td>
<td>Aetna</td>
</tr>
<tr>
<td>Access Repository/ESIG</td>
<td>Commercial</td>
</tr>
<tr>
<td>Required forms</td>
<td>Tricare</td>
</tr>
<tr>
<td>COA, IMM, Tricare IM, Tricare Accident, BCBS Other, BCBS COB</td>
<td>Eligibility</td>
</tr>
<tr>
<td>Aetna COB, UHC COB, Ins Form, NOPP, Adm Brochure</td>
<td>Avality</td>
</tr>
<tr>
<td>Registration Resources</td>
<td>Direct Provider</td>
</tr>
<tr>
<td>Valid Orders</td>
<td>ABS</td>
</tr>
<tr>
<td>Total View</td>
<td>NaviNet</td>
</tr>
</tbody>
</table>

**Comments:** Associate completed all activities and was very timely and participated in all sessions.
New Hire Case Study

FirstNet Application (Tracking Shells)

Activity 1 - Patient Search

Quick Registration conversation

Quick Registration conversation

- Time: 19:23
- Patient name: JOHN A VCREGTESTED
- Patient DOB: 3/18/1977
- Patient SSN: 510-38-4422
- Chief complaint: abdpain
- Primary Care Physician (PCP): Katz, Tara
- Arrival Mode: Ambulance with Sedgwick County

- Refer to Patient Search Standards SOP
- Search for patient with information given above
- Select the correct patient in the top box of Patient Search
- Click Add Encounter - you want to create a new encounter for this visit
- Verify the Arrive Time
- Complete the following: PCP, Chief Complaint and Arrival mode
- Click on Images to take Patient Photo if not available in system
- Refer to Patient Photo SOP
- Click Complete
- Armband and label will automatically generate

Activity 2 - Revise from Quick Reg

- On the Tracking Shell, right click on the patient’s name and select ED Quick Registration (NOTE: any revisions must be made on the same encounter)
- In the Patient Search box, use the FIN from Activity 2 to search, select the same FIN and click OK
- Add the patient’s middle name ‘John’ and select Complete

Activity 3 - Reprint

FirstNet Application (Tracking Shells)

Click on the Documents at the top of the Tracking Shells

- Click on the eyeball icon at the top left corner of the page
- Search for your patient by FIN or patient info (Last name, First Name, DOB)
- Select the Encounter (FIN) and click OK
- Select the item you want to reprint
- Click on Print Document icon
- Select the printer you want it to route to and click OK

Before placing armband on patient, make sure to follow the Armband Mandate Scripting

MRN # ________________________________
FIN # ________________________________
# New Hire Scorecard

## Training Scorecard

**Associate:** Associate Test 1  
**Training Date:** August 12, 2016

<table>
<thead>
<tr>
<th>Course Assessment</th>
<th>Score</th>
<th>2nd Attempt</th>
<th>3rd Attempt</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMTALA</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Tutorial - Rev Cycle the Big Picture</td>
<td>90.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Tutorial - POS Collections</td>
<td>75.00%</td>
<td>90.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Tutorial - Service Excellence</td>
<td>80.00%</td>
<td>80.00%</td>
<td>90.00%</td>
<td></td>
</tr>
<tr>
<td>Online Tutorial - Enhance Patient Experience</td>
<td>90.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial Insurance Card Activity</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid &amp; KMAP</td>
<td>96.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMPI Patient Search</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Choice</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Pay Test</td>
<td>100.00%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OneChart FirstN</td>
<td>PASS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OneChart PM Office</td>
<td>PASS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Studies Review</td>
<td>Missed 1st day activity- All completed correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Unique Components of Pre Go-Live Training

Define Training Needed
Review roles, re-testing, create course material
(Basic registration, HIPAA, Medicare, & insurance)

Define Course Detail
Build your training around SOP’s and understand processes
Create material for other areas - HIM, Financial Counseling, Customer Service
Basic users – Basic reg course, Self learning packets

Utilize Super Users
Set criteria for super users (Super User Program)
Super User Program

Summary of a Super User

- Enthusiastic
- Energetic
- Support associates
- Adapt to change
- Become SME’s

Gain

- In-depth training
- Primary resource to colleagues
- Teaching & coaching skills

Duty

- Promote mutual support
- System testing
- Scheduled support
- Assist trainer
- Attend team meeting
Components of an Ongoing Training Plan

- New Hire Orientation
- Audit Encounters
- Associate Development Training
- Mandatory Monthly Training
- One-on-One/Follow-up Training
SOP – Utilized for Training & Support

PROCEDURE: Printing Itineraries

DEPARTMENT: Patient Access

ISSUE DATE: 06/01/2014

Revision Date: 10/20/2014

Purpose: Steps to obtain an itinerary for scheduled patients.

Process:

1. From the App Bar, select Scheduling Reports
2. Select the Person tab
3. Select Standard Person Schedule (Postscript)
4. Click on to search for patient
5. Search by Financial Number
6. Select Fill then select OK
7. Click on Print

Submitted by:

Approved by:
Standardization of Policies/Procedures

- Generalization of Current Policies
- Development of Standard Operating Procedures

Standardization of Policies
Training Standards

Evidence of Learning
- Review material
- Support questions via telephone, email or lync
- Mandatory monthly training

Assessments
- 90% or >
- Retake assessment
- Re-attend a session

Continuous Follow Up
- Auditing
- Individual follow up
- Huddles
Engaging Efforts - Revenue Cycle

- Insurance Billing
- Follow Up Billing
- Revenue Integrity
- Credit Balance
- Customer Service
# Engaging Efforts - Tracking Log

## PFS-Training & Process Improvement

<table>
<thead>
<tr>
<th>Date: Week of Jan 11th - 15th 2016</th>
<th>Project Summary</th>
<th>FOLLOW UP - Action Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 12th (9a-330p) and Jan 14th (8a-430p)</td>
<td><strong>Observing</strong></td>
<td>Total weekly hours - 14.5 hrs</td>
</tr>
<tr>
<td>Location:</td>
<td>Thorn - PFS Commercial Billing - Observed with Jennifer Cline</td>
<td></td>
</tr>
<tr>
<td>Problem Statement:</td>
<td>Observed the workflow with acute Meditech. After some review decided to focus only on flow of acute Cerner accounts.</td>
<td></td>
</tr>
</tbody>
</table>

### Updates/Findings for improvement

- *Billers are seeing numerous subscriber errors for all ministries- more with Meditech hospitals. (Improvement- PA Training will include this in the upcoming insurance training and an updated email will again be sent to all of registration)*

**DOB**

- *Patient DOB correct in core system, insurance has incorrect DOB. (Improvement- PFS, if registration has verified that and the DOB is correct, we are to reassign the account back to the biller. Biller shared they are creating a letter to mail to patients to alert them they need to contact their insurance company to have the DOB updated). Per biller some insurance companies may update this timely others may not. **Registration does see this in the eligibility response.***

**Patient Name Mismatch - Payer has incorrect spelling/name**

- *Same issue as above, registration lists the correct name in insurance field (i.e.- pts. first name LYRECK. ins company has LYREK. If name is correct we are to reassign back to biller. Biller shared they are creating a letter to mail to the patient to contact insurance company to update on their end. **Registration does see this in the eligibility response.***

**Out of State Medicaid Addresses**

- *Most Out of State Medicaid insurance cards do not have addresses. We may need to look at those that keep a document of state address to send claims and share with all of billing and all of the registration areas. After speaking with some billers this may be challenging to keep an updated list. All parties typically have to Google the state Medicaid claims address.*

  **NOTE:** This will be challenging to keep an updated list due to most states having multiple Medicaid MCO plans (have a state plan along with multiple care plans such as Kancare plan)

**01/26/2016 Will meet with the biller who has the master OOS Medicaid address list.**

**01/28/2016** The biller with the detailed list was out will follow up this week and compare her address list to what Pt Access has.

**02/02/2016** Received list from Nadine Mattson - will compare list.

**02/12/2016** - Posted revised complete list to dept site. **COMPLETE**
Engaging Efforts- Revenue Cycle Process Improvements

- Front End vs. Back End
- Observation
- OneChart Roles
- Eligibility Review

Improve Communication – Remove Barriers

Process Improvement – Aligning Revenue Cycle Workflows

Align Standard Operating Procedures

Cross Functional Training

- Review Claim Rejections
- Client Billing Process
- Accident & Occurrence Codes

- Patient Access SOP’s vs. PFS SOP’s

- Insurance Training
- UB Training
- Training Plan
Decision Document

Submission Date: 04-04-16
Author: Shane Gorges
Review Date: 04-01-2016
Decision Date: 04-04-2016

Via Christi HEALTH

Decision Summary:
DECISION: **APPROVED/NOT APPROVED**

Program Title: Revising Process How Registration Associates list an Aetna Subscriber
Presenting Resource(s): Patient Access Management and PFS Director

Decision Statement: The issue being addressed is an increase in Aetna accounts being rejected due to incorrect subscriber/subscriber ID numbers and a process change for registration associates.

Problem Statement:
- In the past, when an Aetna patient had their own unique insurance ID identifier “02”, “03”, etc. the patient was listed as their own subscriber. As of January 1st, 2016, PFS billing associate XXX and XXX shared that they were seeing rejections from Med Assets with Aetna accounts. After reviewing multiple accounts and speaking with XXX (Aetna Provider Relations Rep) the correct standard process is to always list the policyholder as the subscriber and when listing the patient’s insurance ID number to include the two digit identifier.

Decision Criteria:
1. From discussion and monitoring the rejections, for patients with Aetna, the subscriber will be the policyholder (the person who carries the insurance). Typically this person’s name is bold on the insurance card and is typically identified with a “00” or “01” behind the insurance ID number. (See example below)

Decision Impacts:
Approved - Communication was sent to Patient Access via email and training started on April 4th to follow new process when listing subscriber for Aetna patients. Jennifer Cross with VCC is working with Suzann Wright regarding their process.

Not Approved— None

Comments/Significant Notes
None

Approval / Sign-off
<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Role/Title - Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/14/2016</td>
<td>PT Access Signature</td>
<td></td>
</tr>
<tr>
<td>04/14/2016</td>
<td>PFS Direction Signature</td>
<td></td>
</tr>
</tbody>
</table>
Learning

Understanding Patient Financial Services
- Claim scrubber edits
- Claim rejections

Inefficiencies
- Account corrections
- Policy numbers
- Employer info

Processes
- Back end processes
- Understanding the “Big Picture”
Take Away

- Make sure you have standard operating procedures prior to training - that will build and design your training plan
- Understand department processes
- Schedule and training plan will not be perfect; continue to revise to meet the training need
- Make sure you keep material up to date
- Remove ALL barriers with Revenue Cycle departments
QUESTIONS