



Pre-arrival Services - Differentiator for Patients



To Our Healthcare Clients and Friends:

Patients are becoming savvy healthcare consumers and taking a more active role in selecting where they want to go for services. Healthcare providers need to make sure they are delivering a positive patient experience in the first point of contact with the patient. One opportunity is to offer pre-arrival services over the phone prior to the date of service. Pre-arrival services include scheduling, pre-registration, insurance verification, payer authorization confirmation, patient liability identification, and collection, as well as wayfinding and testing preparations. Healthcare providers that offer these services reduce payer denials, decrease bad debt, and receive high customer satisfaction scores from their patients.



BACKGROUND

Combining patient scheduling services with the pre-registration, insurance verification, payer authorization confirmation, patient liability identification, and collection allows the patient to complete the administrative tasks over the phone so the date of service is clinically focused.

Confirmation of insurance benefits and authorization information allows the patient to know in advance the insurance company approved the services. Savvy healthcare consumers want to know the estimated patient liability at the time of scheduling so they can plan for the cost or use their health saving account for payment.

Uninsured or underinsured patients can speak to a financial counselor to ask about medical assistance, charity care, and payment plan options at the time of scheduling services.

On the date of service, the patient can sign consents and receive their scheduled services at the assigned time without delay.

CHALLENGES

Patients have different pre-arrival experiences depending on the services they are seeking within a healthcare system. Patients may call a central scheduling phone number to schedule their appointment. Patients with scheduled appointments could receive a call the day prior to services to obtain demographic and insurance information. Patients having surgery might receive their surgery date from the surgeon's office but need to call the hospital to schedule pre-surgery testing or to complete the registration process.

If the pre-arrival information is not collected timely or accurately, the hospital may receive a third-party payer denial of payment. Payment denials delay or reduce payments for providers. Patients are not aware of their patient liability.

Patients could be sent to collections because financial counseling was not offered. Standardizing the pre-arrival process and information gathering is very important to providing service excellence to patients, reducing denials, and decreasing bad debt.

INSIGHTS

Healthcare providers that take an organizational approach to structuring their pre-arrival services are the most successful with patient retention and customer satisfaction. In these organizations, the Chief Executive Officer and the Chief Medical Officers of the hospital and physician practice plan are usually the executive sponsors for the pre-arrival services. They champion the need for ease of access to care for patients.

The Director of Revenue Cycle for the hospital and their counterpart in the Physician Practice Plan need to work closely together to meet the goal. Include hospital department heads and the physician practice managers in the planning and roll-out of the pre-arrival services.



Use a centralized unit or a decentralized model to offer pre-arrival services. The joint leadership team develops and agrees upon the standard operating procedure (SOP). Whether through the centralized unit or decentralized department the patient experiences are the same. Outlined below are the elements of pre-arrival services:

- Appointment scheduling
- Pre-registration
- Insurance verification
- Payer authorization confirmation
- Patient liability identification and collection
- Wayfinding
- Testing preparations

Train all staff members in the SOP requirements. In addition to training in the SOP, staff should receive registration and insurance 101 refreshers. Re-training the staff will make sure correct information gathering, less returned mail, and a higher percentage of error-free insurance claims.

A communication plan can help to promote the pre-arrival services and educate the patients and their providers about the benefits. External communication needs to emphasize the benefits of these services. Savvy consumers are looking for a healthcare provider that wants their business and understands excellent customer service. Providing pre-arrival services for all scheduled patients can differentiate one healthcare provider from another.

When pre-arrival services are effectively rolled out throughout an organization the patient no longer finds themselves the middle-man between the hospital and their physician. Instead, the hospital and physician's office are working together on behalf of the patient to schedule them for services with all the necessary insurance approvals.

The clinical departments no longer experience delays due to patient access staff gathering demographic, insurance, and payment information on the day of service. Day of care is clinically focused.

Pre-arrival services offer a downstream positive financial impact on the revenue cycle. Information is correct so fewer claim errors result in faster turnaround from claim to cash.

Pre-arrival leadership needs to monitor denials and give feedback to the pre-arrival service staff. Providing on-going training and education and holding staff accountable for avoidable mistakes will improve the service delivery and financial outcomes.



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SUMMARY

Providing pre-arrival services to patients allows the healthcare provider to show customer service excellence and retain their patient population. Patients will return again and again to the healthcare provider who addresses their needs proactively and makes access to care easy for them. Securing accurate information up-front and timely ensures the hospital is paid for the services they rendered, a win-win for all parties.

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We are pleased to present this information to you. If you have any questions or need assistance, please do not hesitate to contact me at 484-844-4025.

Truly yours,
Terri Donohue

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Director

MEET THE AUTHOR - Terri Donohue

Terri is a highly motivated healthcare executive with a history of accomplishments that spans over 26 years. She is a goal oriented professional who creates solutions through people.

Terri has managed a Patient Access Redesign Project for a four hospital health system. She established a centralized Pre-Encounter Unit consisting of Scheduling, Pre-Registration, Financial Clearance, and Pre-Point-of-Service Collections. She instituted a Registration and Financial Clearance QA Program with a goal of 97% error-free registrations. As a by-product of the QA program, payer rejections and avoidable claim denial decreased. Daily staff productivity measures were established which the staff met within the first 90-days of go-live. As a result, additional services were brought into the unit to be pre-registered and financially clear without any increase in FTEs. Monthly pre-point of service cash goals were created and 100% of staff contributed to meeting the monthly cash goals.



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