

# Registration Accuracy: The Single Greatest Leverage Point in the Revenue Cycle

By Paul Shorrosh and Linda Sullivan

A comprehensive training program, which includes classroom time, impacts employee performance by decreasing errors and increasing employee satisfaction.

Patient access managers have one of the most difficult jobs in the hospital. The stakes are high to balance and achieve four main goals: provide excellent customer service, be fast, be accurate and collect money. In the last five years, the amount of knowledge and tasks required of patient access representatives has more than doubled, yet the rate of pay has not, which leaves access managers and supervisors in a real quandary on how to achieve these goals.

Patient access employees perform patient scheduling, bed placements, medical necessity checks, insurance verification, address verification, benefits and copay verification, point-of-service collections and even light financial counseling. Oh, and then there's the actual patient registration.

At one hospital, we counted 14 computer applications (including Web sites) that registration staff had to learn to navigate and effectively use as part of their jobs. In contrast, the typical patient financial services (PFS) employee had to learn four applications: the primary patient accounting system, an electronic billing system, at least one payer's online system and a document imaging or contract management system.

Patient access has the added challenge of performing its important work in the public eye, where every nuance of attitude and professionalism is put to the test with each new patient. Contact fatigue—something that most PFS office staff are shielded from—is a real problem. Collecting money nicely and accurately from sick patients arriving for treatment takes very special people,

especially if they do it for many years or as a lifelong career. It is not for the faint of heart, and there aren't many accolades for doing it well.

Let's face it, when the waiting room is busting at the seams with patients waiting to be registered, accuracy is sacrificed. The reality is that speed usually wins over accuracy in the patient registration booth. And while a speedy registration is great for customer service, it is horrible for the revenue cycle.

## Turning Complaints into Innovation

My first week on the job as Business Office Director for a 250-bed hospital was memorable. In one of the first meetings with my PFS manager, I asked what her number one problem was. Without hesitation, she said, "registration errors." Then she backed it up with a one-foot-high stack of face sheets from the week before, complete with highlighted errors and "nasty-grams" (as I called them) from PFS to registrars that read, "You did it again!" or "This is ridiculous!" with a frowny face. But who could blame them? The errors were numerous and repetitious, but also human and preventable, given the right training, feedback of information and process improvement; or so I thought.

The patient access supervisors and staff were just as frustrated. All they got were stacks and stacks of nasty-grams from PFS, HIM and even the IT department. Everyone complained about everyone else, and the only solution at the time was an arduous and burdensome manual quality review process, which my patient access manager did as best she could.

She was a wonderful coach, trainer and manager. But two to four hours of her days were spent going through nasty-gram stacks and using static registration print-outs to find errors, correct them and key the data into a spreadsheet for reporting by employee. It was a valiant, but overwhelming, effort that left little or no time for quality training.

### Turning a Negative into a Positive

As complaints continued to come to my attention, I began to research what other hospitals were doing. After 15 years in healthcare management, I knew the disconnect between the front and back of the business office was a common dilemma. But now I was responsible for doing something about it. Unfortunately, everyone I talked with was doing the same thing we were: manual QA. What bothered me most was that the people finding and correcting the errors were not the ones who made them. How could front-end staff improve without an information feedback loop and accountability? The issue warranted my time for further study.

I discovered that 70 percent of the data on the UB claim form comes from patient access. I learned that as much as 75 percent of PFS staff time was spent doing rework, and up to half of all denials were preventable if we obtained complete and accurate information at the point of registration. Okay, it was official—I had to find a system solution.

### Find a Need, Fill a Need

My ADT system vendor's disinterest in my idea was only topped by their solution: I should do a better job of staff training and enforcement. We had a talented IT department but no available resources to commit to the task, so I began building a system myself.

The first model had a handful of edits: missing or invalid policy and group numbers, invalid financial class for the patient's stay type, minor guarantors and incomplete workers' compensation information. Not only did we identify and trap these simple but important errors before the accounts went to coding or billing, we reported them to each registrar so they could self correct. The registrars loved being able to fix their own errors before the "complaint" departments ever knew about it. Best of all, PFS saw an immediate improvement, and so did the bottom line.

This little experiment led to a daily automated process with more than 30 types of common errors. It worked so well that neighboring hospitals began to ask for it, and in 2004, "AccuReg" was introduced to the market as one of the first registration quality assurance systems. AccuReg now contains many hundreds of specific error types, including financial, compliance and operational impact issues, and more are being developed every week.

### Nothing Like Process Improvement!

For the first time, my patient access supervisors became proactive in goal setting, staff training and point-of-service collections processes. No longer were their days spent reacting to data integrity complaints and crisis management. The other side benefit of automating the registration QA process was the relationship building that occurred between patient access, PFS, IT and the clinicians. The "gotcha" factor between departments nearly disappeared, allowing everyone to focus on the patient. Wasn't that what we were supposed to be doing all along? ●

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