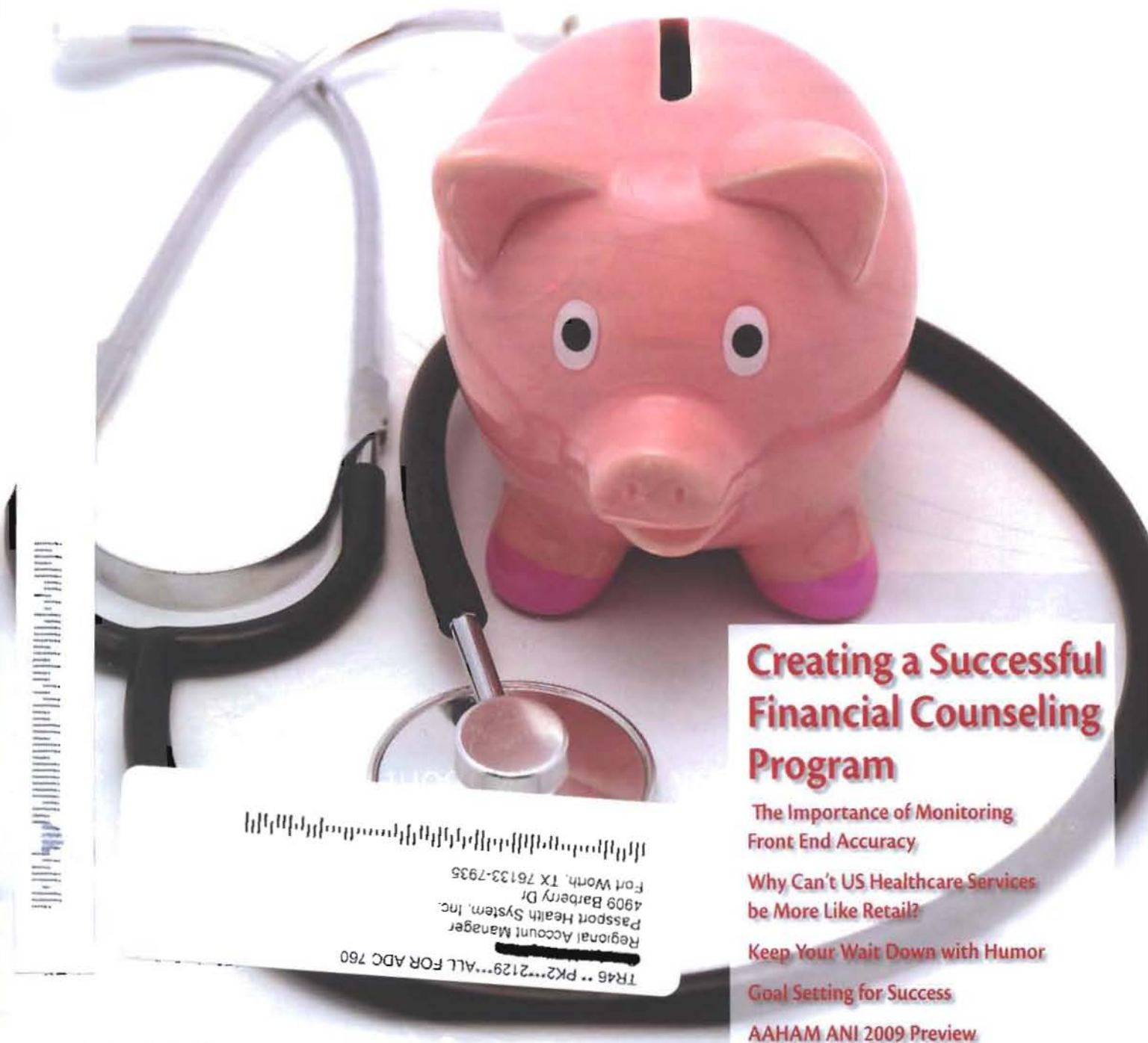


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# The Importance of Monitoring Front End Accuracy

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In times of prosperity it is important for healthcare providers to continually sharpen their operations, monitor performance and seek additional staffing and process efficiencies. During difficult times it is a crucial means of survival.

The past several months have been extremely difficult for many hospitals to continue delivering on their mission of care while struggling to remain financially sound. Layoffs are always a last resort but, when they occur, typically involve staff in the administrative and financial areas of a hospital as opposed to direct clinical care positions.

Patient access and other front end personnel are being asked to handle and act upon more patient information than ever before. Even the most well-trained and educated employees become prone to common manual errors when the workload increases. This can be especially true for a hospital operating on a reduced budget with fewer full-time staff.

For these reasons and others, it is widely acknowledged that hospital management should analyze registration accuracy and monitor error rates. Inaccuracies in the front end likely mean denied and/or rejected claims on the back end, which results in additional cost and burden on hospital staff to rebill or lost revenue altogether.

The idea is catching on, too. In May 2007 HCPro's Patient Access Resource Center surveyed hospitals about registration accuracy and only 75% of patient access managers said they tracked registration accuracy. Nearly two years later, 97% of respondents to the same survey were checking accuracy rates.

Different quality assurance (QA) processes may work better than others, depending on a hospital's culture and specific objectives. Some hospitals manually review a sampling of registrations to track errors. This method can be cumbersome and is usually reactive versus proactive. It is also not a very efficient way to assess individual staff performance. Still, 72% of managers surveyed by HCPro said they use a manual approach. Some hospitals hire third parties to conduct QA analysis for them. These outside entities may use manual processes or utilize technology to automate the process.

Implementing technology to automatically perform registration QA, whether internally or outsourced through a third party vendor is becoming more popular. Automated QA technology increases accuracy and efficiency in the revenue cycle by identifying registration errors as early as possible and providing an avenue for correcting them prior to billing, something not easily done using manual processes.

During registration a diverse set of valuable patient data is verified and tracked, such as insurance eligibility, address and other demographics. HCPro reports that as much as 86% of registration errors are related to insurance, followed by data entry mistakes, misinformation regarding the guarantor/

subscriber and patient demographic information, such as address.

The best registration QA technology automatically notifies users and management of discrepancies with this type of data. Alerts are set up to flag a patient account within the HIS during registration if information is missing or could be inaccurate.

QA technology creates an in-flow process that is beneficial for users and managers. It gives managers the ability to track individual performance and assign responsibility without continual oversight. By seeing each registrar's activity, managers can track errors by user, department, payer, service and other criteria. Detailed reporting is also key to show trends and help management determine staff or process improvements.

For front end staff, QA technology can foster individual accountability and improve overall performance by encouraging self-correction. It will highlight mistakes and guide the user on exactly how to correct them, but the same technology ideally also aids in long-term professional development as the user learns from each mistake and eventually improves his or her initial accuracy.

Most industry benchmarks suggest a hospital's overall claim denial rate should be less than 4 percent. In order to achieve this benchmark registration accuracy must be as close to 100 percent as possible. Automating registration QA can immediately improve efficiency and accuracy and generate measurable results for the long term. ■

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