Pre-Access, Scheduling & Call Center Superior Practices

White paper on the practices of Northwestern Memorial Hospital, Edward Hospital & Health Services and Texas Health Resources
Pre-Access, Scheduling and Call Center Superior Practices

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This article will outline best practices in scheduling and call center design and will highlight successful case studies of three leading healthcare organizations - Northwestern Memorial Hospital (Chicago, IL), Edward Hospital & Health Services (Naperville, IL), and Texas Health Resources, a 16-hospital health system (3,100 beds) servicing over 6.2 million people in northern Texas and surrounding states. Texas Health Resources is based primarily out of Dallas TX.

The content of this article has been approved by the following facilities: Northwestern Memorial Hospital, Edward Hospital & Health Services and Texas Health Resources. The article has appeared in several local HFMA newsletters.

Re-designing a four-hospital call center with multiple ancillary departments and handling the direct scheduling for more than 1,600 physicians, I have visited other organizations with progressive concepts. They also have invested in leading-edge technology to assist them. The lessons learned along the re-design journey can help organizations navigate through setting up a successful pre-access hub, scheduling hub or modify an existing call center.

The Impetus for Change – Why Pre-Access Hubs are More Common

Many organizations are discovering that the demands of healthcare and payer rules and regulations need to be confronted head-on rather than passively. Over the past five years, facilities of any size have multi-tasked key access functions and not devoted required time to complete critical tasks. The outcome was obvious ... missing data and demographic elements, patients who were not financially cleared, payer plans that were not adequately satisfied based on required rules and regulations, etc. These scenarios resulted in loss of cash collections and revenue capture. A more common scenario consisted of pulling available staff during registration "downtimes" to pre-register patients for services scheduled the next day. Pre-registering often meant pulling forward demographic, insurance, and financial data via account re-call from past accounts. Obtaining pre-certifications/authorizations often was viewed as a patient or physician office responsibility. In the end, the financial impact of denied claims usually was shifted to the patient thus increasing bad debt and decreasing customer service.

The need for more organized and predictable pre-access processes has taken center stage at many healthcare organizations. What was once a game of necessity among managed care providers, obtaining
pre-certifications and authorizations prior to service within specified time periods, has now spread to government payers as well. In many states, Medicaid requires physician referrals for payment. Medicare’s Recovery Audit Contractor (RAC) audits hitting the nation aggressively in 2009 and expected to be fully operational in all states by 2010, will focus on execution of the MSP questionnaire and defining Medicare as primary versus secondary (among other areas). Many managed care payers have built-in clauses in their contracts whereby patients cannot be billed if a pre-certification or authorization has not been obtained. Their physician's office often is not liable as well. To make matters worse, some managed care representatives do not know their company stance on when a pre-certification or authorization is required and will state to the patient or healthcare facility representative that no authorization/pre-certification is required. However, when the account is denied, it cannot be overturned due to the original signed contract with the managed care department. Payer management and reimbursement aside, many hospitals still fail to collect patient liabilities at or before the point of service, leaving millions of dollars of both true self-pay and/or payer portions, co-pays and deductibles uncollected and eventually written off. The reasons for healthcare providers to shore up pre-access processes are numerous and becoming even more critical in light of the economic recession.

State of the Art Pre-Access Hubs
Today's pre-access hub addresses the functions of scheduling, pre-registration, insurance verification, financial clearance, point-of-service collections and procurement of pre-certifications and authorizations. There is no consensus on best practices for combining versus separating scheduling and the other functions. It does make sense to keep scheduling as its own function, especially in a busy, dynamic organization.

A typical flow of pre-access data is as follows:
1. Patient is scheduled (either as a call-in to the scheduling hub or via physician's office).
2. In-scope patients (high dollar, often accounts $1,000 and above) are pre-registered 3 to 5 days in advance. Pre-registration consists of actual patient contact to verify demographic information, insurance data and to help answer any financially focused questions the patient may have.
3. Integrated insurance verification takes place during pre-registration. Benefits are verified for effective coverage, estimations of co-pay and deductible amounts due. Estimated co-insurance amounts and other liabilities then are assessed and presented within access screens.
4. Patient liability is discussed as well as anticipated co-insurance and out-of-pocket obligations. Deposits and collection guidelines are discussed with the patient and monies are collected.
5. If needed, pre-certifications or authorizations are obtained prior to service.
6. Patient is financially cleared and fast-tracked on the date of service.
Essential Process and Design Elements to Consider

From the site visits to Northwestern Memorial Hospital, Edward Hospital & Health Services and Texas Health Resources, it is clear that the most important factors to consider in setting up your pre-access hub are as follows:

• Displaying statistics to guide call center employee actions
• Designing physical space and layout to assist in call center management
• Coaching staff with real-time feedback to educate employees and enhance performance
• Utilizing technology to assist in optimal outcomes
• Keeping staff motivated and engaged

Displaying statistics to guide call center employee actions – All of the call centers visited share key metrics in real-time with staff. The most common sets of data include the following:

1. Percentage of calls abandoned
2. Number of calls in queue
3. Minutes/seconds of longest call in queue
4. Number or percentage of agents available versus “not ready”
5. Number of inbound calls for the day or hour
6. Number of calls in queue based on agent skillset or assigned lines

There are many metrics that can be pulled and displayed to agents; however, the most successful call centers have aligned behavioral responses with statistics. For example, at Northwestern Memorial Hospital, (an 897-bed hospital) and Northwestern University’s Feinberg School of Medicine, Application Analyst III Raymond Gunn, has been responsible for the implementation of digital wallboard technology that displays call center statistics on a large LCD screen. He will be programming an audible alert to sound from the display when the percentage of agents “not ready” hits threshold levels. This alert will warn agents to move through their calls faster or put themselves back into the call queue rather than on “not ready”. Northwestern Memorial Hospital’s Operator Services Call Center annually handles 1.4 million incoming calls for the 897 beds in the three facilities they service – the Feinberg Pavilion, Prentice Women’s Hospital and the Stone Institute of Psychiatry.

Designing physical space and layout to assist in Call Center management – Patricia Consolver, Corporate Director of Patient Access from Texas Health Resources, has designed her Pre-Access department, responsible for pre-registration, insurance verification, point-of-service collections and authorization/pre-certification procurement, around the display of real-time data. LCD monitors are located strategically on walls throughout the department and display statistics. Displays are located in the break
room, in the conference room, throughout the department and on each agent’s desktop. The entire department is linked to the statistics of the hour and of the moment. Management has a deeper level view of agent activity and can monitor the length of time each call is taking. If calls are taking an excessive amount of time, it is common for a manager to text the agents asking if they need help or for them to log onto the call to listen to the conversation.

**Cathryn Withers**, Manager of Hospital Operator Services at Northwestern Memorial Hospital, has designed various call centers and is convinced that cubicles with minimal walls/height are the optimal way to go. In addition to benefiting call center supervisors, the agents can see one another and signal when in need of assistance or when a page callback for another agent is received. This is a real benefit when a harried physician is the caller.

Another option is to organize supervisors in strategic positions within line site of the agent bullpen. This way, supervisors can see what is going on with the call center agents and can assist if needed. In a hectic call center environment with hundreds of calls per hour and an abandonment rate of less than 2 percent, transparency is key. Again, low or no cubicles is critical.

This sample configuration allows staff to work as a team.

**Coaching staff with real-time feedback** - Auditing and staff coaching are critical elements to a successful call center. Auditing is most practically done by using technology that can assist management in listening to agent calls real-time and historically. Historical feedback can help validate agent responses when
complaints arise. Technology that allows management the ability to listen to a call, bookmark key areas, and email the exact recording to a recipient (accompanied with a write-up of the situation) can prove invaluable. Likewise, technology that allows management to listen to an agent while a call is occurring and to grade the call based on specific audit criteria established, such as a proper greeting, body or closure are great tools to invest in.

**Utilizing technology to assist in optimal outcomes** – Edward Hospital & Health Services has a Central Scheduling Unit responsible for scheduling patient visits. **Sandra Walker**, Director of Scheduling, believes that in addition to measuring and monitoring metrics noted above, what really matters is driving up patient volumes. Walker has guided a grass roots strategy on moving faxed orders, which automatically scan and load into a document imaging system, to folders set up for each agent in alphabetical order. Agents then are assigned to work their folders and make outbound calls to either physician offices or patients to complete the process and schedule the patient – the most important factor in driving patient volumes. Additionally, the system can send back orders to physician offices indicating if key data is missing and preventing completion of the scheduled visit. Lastly, comments viewed by all agents indicate what they have done to the account and how it has been working to date so if a patient or physician office calls in, anyone taking the call can see what action steps and processes have taken place on that specific visit/account. Patient volumes have increased as a result of staff owning their alphabet and Walker manages the team by seeing what is in the queue and moving it out to more agents to work in a real-time capacity. Since the office is designed for all to see one another, agents only make outbound calls when there are not calls waiting in queue.

Another tool used by successful call centers is an automated appointment reminder system pulling from the scheduling system. Such systems place outbound calls to patients 48-hours prior to their procedure and can leave a reminder message with HIPAA compliant preparation instructions as well as a reminder to be prepared to pay your co-pay or deductible upon registration. These systems can also call patients who have not shown up for their appointment and are considered “No Show”. Another common feature is calling patients in advance to schedule for an annual exam.

**Keeping staff motivated and engaged**– Call center burnout and agent turnover is common even in the most effectively run scheduling Hub. It’s not easy to handle call after call on high-volume days. Or, during slow times, having to actually wait for a call to come into the queue can be tedious for the call center agents. **Gunn** of Northwestern Memorial Hospital has implemented a digital wallboard system from Symon Communications, LLC that engages the call center agents by connecting their daily work to the specific statistics they affect. Prior to installing Symons, statistics were displayed but it was difficult to keep agents’ constantly engaged. With Symon, **Gunn** has the ability to display PowerPoint slides illustrating the facility’s Press Ganey Patient Satisfaction scores. Additionally, the system is linked to the local weather, health and business news and key facts and figures on sports and entertainment. The success can be measured by
feedback from the agents and staff. While a system glitch is rare, Gunn is notified almost immediately by the staff when problems occur indicating a high degree of dependency and reliance on the technology.

Walker from Edward Hospital & Health System has invited her own staff to assist in the interviewing and hiring process whereby candidates have to be approved by a pool of employees. This has helped staff understand what it is like to hire a new addition to the team and there is buy-in to help the new person succeed. Another practice in Walker’s department requires two “Thank you/recognition” notes to be completed by each agent per month. They can be sent to a patient, co-worker or a member from another department. Walker addresses the notes so she is sure they are going out. This gesture helps boost morale internally and externally. She also has incentives in place that help keep staff motivated such as gifts, meal tickets and gift shop dollars.

Pre-access remains a critical area to continue making improvements. It is far easier to gain cooperation from the patient, physician or insurance carrier prior to service rather than several months after treatment.

For more information or a list of recommended pre-access technology, please contact Patricia Kloehn.

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