



## Knowing All About Your Patient

By Yvonne Focke, RN, BSN, MBA, CHAM

More health plans are requiring more out-of-pocket payments, which makes the healthcare provider seek this information earlier in the patient encounter. Having this information available at the front end of the registration process where it can be used to increase the odds of optimum out-of-pocket payment for services is desired and therefore the importance of "knowing all about your patient". However, capturing all this information isn't easy. It requires registrars to ask dozens of questions of each patient as he/she is being registered for treatment. And on top of that, it is preferred that patient demographic and insurance information gathered is verified and validated to make sure it is not only current and accurate, but that it is the correct information for the person who is to receive services.

With so much information needed from the patient, it is not only crucial to be able to verify it, it is also important to be able to verify it in a timely fashion, at pre-registration and/or when the patient is being registered at the point of service. While there are many resources available that provide access to this wide assortment of data, the integration of this information into one access point has always been lacking, making the timeliness of the information a benefit seldom realized.

### Typical Registration Systems

Historically, hospitals rarely had to focus on the out-of-pocket payments because it represented a very small portion of collections. But now the increase in consumer-driven insurance and the markedly increase in deductibles, coinsurances and/or copayment, an increased need has been identified for providers to build more robust collection processes prior to or at the time of service. With patient information being so critical to the success of the patient's and healthcare provider's financial experience, many companies have materialized over the last few years offering data access services, including data quality, data auditing and more.

Many healthcare providers use these data services, using one service for demographic validation, one for insurance verification, one for credit risk assessment, price estimation, etc. While most healthcare providers have a core registration system that does the basic registration process, they soon realize that these individual data service solutions aren't integrated with the core registration system and don't easily communicate with each other.

### What is Required: One Solution, One System

I was already familiar with a registrar-guidance system when I was at TriHealth in Cincinnati. We had implemented IGR (Intelligent Guided Registration), a new system to simplify and improve our registration process. The system intelligently guides and prompts registrars to capture and sequence the correct insurance information, thereby helping to prevent registration errors at their source. As a result, TriHealth reduced its registration errors while simplifying training, and providing consistent scripting at critical times throughout the registration encounter.

Then, in early 2007, additional platforms were added to IGR that allowed for this desired integration, a solution to the multiple applications, a revolutionary concept in improving patient registration and associated revenue cycle processes. For the first time, healthcare providers can integrate many of their patient registration and revenue cycle processes and add automated, intelligent guidance through

Revenue360. This new solution enables healthcare providers to access disparate data sources and systems from one platform, thereby eliminating the need to support and manage multiple applications.

### **Getting to Know Your Patients**

A Zimmerman report shows that the national average for registration errors is 31 percent<sup>1</sup>. This translates into almost one out of every three registrations having serious enough errors to delay payment and possibly cause denials or write-offs, with the majority of those errors being caused by incomplete or outdated patient information. It is very beneficial to providers to now know their patients' financial health and assist them in the appropriate resolution of their obligations at point-of-service, not days, weeks or months later. And the best way to do this is to have an accurate, single view of the patient.

Therefore, if we accept the premise that information, such as insurance plan code, insurance eligibility, demographics, credit risk, charity availability, deductible amount, price estimation, etc., are all needed from each patient, an integrated solution exists. Your registration staff need to be empowered with technology that enables them to have a positive and proactive conversation with the patients, while being able to verify the information being collected. It is all about getting to know your patient.

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### **Yvonne Focke**

Yvonne Focke, RN, BSN, MBA, CHAM, Senior Regional Director,  
Revenue Cycle Management, Mercy Health Partners, Cincinnati, Ohio, and a member of NAHAM.

### **Revenue360**

Revenue360 optimizes a healthcare provider's entire revenue cycle by providing access to all relevant patient information, and then intelligently guiding their personnel through the complex revenue-related processes. As such, Revenue360 dramatically improves the hospital's financial performance, increases staff morale and enhances patient satisfaction. For more information, visit [www.Revenue360.net](http://www.Revenue360.net).

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<sup>1</sup> *Revenue Cycle Management: Industry Key Performance Indicators 2004*, Zimmerman