AccessKeys® Award Application

NAHAM is pleased to again sponsor the Best in Keys Award to celebrate NAHAM members who demonstrate outstanding performance through NAHAM’s AccessKeys®. This award will recognize up to three hospitals/healthcare systems for their leadership in successfully implementing AccessKeys®.

For more information about application fields, hover your mouse over the question.

Please note: this form will not save your data if you exit. Please be sure that you have all application materials available at the time of submission.

Submitter Name *

First   Last

Email *

Phone Number *

Title *

Organization Name *

Organization Classification *
Select One

Organization Address *

Street Address

Address Line 2

City   State / Province / Region

Postal / Zip Code

United States

Country

Are you a NAHAM member? Please note: one member of your organization will be required to hold an active NAHAM membership that is paid through the end of the current year.*

- Yes
- No
If selected for an award, do you agree to share your story in the form of a Journal article and webinar or other educational session with NAHAM? *

- Yes
- No

Organization Information

Applying As: *
Select One

Pre-Arrival Services *
Select One

Net Operating Revenue *
Select One

Please indicate your organization's payer mix in percentages. Your total should equal 100%.

Medicare *

Medicaid *

Managed Care (HMO or PPO) *

Commercial/Indemnity plans *

Worker's Compensation and other Government Programs *

Self-pay *

Data Collection

Click here to review the AccessKeys formulas.

Please note that all applicants must meet, at minimum, the 'good' benchmark for POS-1, POS-5 and P-4.

POS - 1 (POS Collections to Revenue)

Please enter information for your most recently completed fiscal year.

'Good' Benchmark = 1.0%
**Numerator: POS Collections**

Please enter information for your most recently completed fiscal year.

'Good' benchmark = 30%

**Denominator: Net Patient Service Revenue**

Please describe your organization’s approach of communicating owed liabilities to your patients. Is there an expectation that each patient type has a defined minimum for collections? I.e., ER visit has set level of payment due based on ED Service Acuity level, all OPs are requested to pay $XX while IP have $XXX? There may not be an estimate generated for an ED copay, so how is the expectation of payment shared with your patients? How do you communicate POS information to patients and at what point in the process?

**POS-5 (POS Collected Accounts Rate)**

Please enter information for your most recently completed fiscal year.

'Good' benchmark = 30%

**Numerator: Accounts Collected**

Please describe the visits you expect collections to occur and how you have trained and educated team members to attempt to collect on those visits. Have you been able to show an increase in this collection rate after certain interventions or processes you put in place? Do you track any patient satisfaction related to consistency in the collection process?
P-4 (Completed Pre-Registration Rate)
Please enter information for your most recently completed fiscal year.

'Good' benchmark = 80%

Numerator: Pre-Registrations Completed *

Denominator: Pre-Registrations Started *

Resulting Percentage *

Please indicate which pre-registration tier your organization is currently operating in. View the NAHAM pre-registration tiers online here. *

○ Tier One (Basic Pre-Reg)
○ Tier Two (Insurance Clearance)
○ Tier Three (Collection)
○ Tier Four (Conversion)

Describe your processes within your pre-registration tier. Please include how you reduce redundant/duplicative patient questions, complete time of registration tasks and communicate unique information about the patient to the registration staff so that the process is transparent to the patient. *

T - 1 (Financially Cleared Patients)
Please enter information for your most recently completed fiscal year.

*You are NOT required to meet the 'good' benchmark (75%) for this KPI.

Numerator: Financially Cleared Patients *
Tell the story of your end-to-end process and how you manage your patient base to communicate and collect on financial responsibilities of the patient, or send them down the proper payment path (i.e. financial aid, payment plans, etc). Did you collaborate with other departments to accomplish this path for your patient (i.e. case management, patient accounts, local or internal Medicaid enrollment)? Did you introduce new technology to support the process? How did you educate your teams in this path for the patients and did it include all team members in patient access?

What barriers did you experience and/or significant improvement opportunities did you identify while implementing AccessKeys in your facility? What lessons did you learn through those barriers and/or what improvements were you able to implement?

How does your organization track and report metrics? What systems do you use, how did you implement the metrics? With whom do you share metrics and are there any goals, outcomes, or other initiatives you leverage these metrics on?
In what ways did you struggle in tracking and reporting metrics? *

COVID significantly changed operations for healthcare organizations. What were the biggest challenges for your organization as it relates to the AccessKeys, and how did you pivot to overcome those challenges? What lessons did you learn? *

CFO/VP of Revenue Cycle Attestation Form (Form can be found here) *

Choose File   No file chosen

Audited Financial Statements (optional)

Choose File   No file chosen