NAHAM AccessKeys® Data Source Guide & Best in Keys Award

Monday, December 16, 2019
Overview of Webinar Tool
NAHAM: National Association of Healthcare Access Management

• **Certification**
  – CHAM: Management/Director Level
  – CHAA: Front-Line Staff

• **Education**
  – Webinars: Live and On-Demand

• **Resources**
  – Toolkits: Disaster Preparedness, Patient Identity Integrity, Joint Commission, CMS Survey, Patient Experience
  – AccessKeys 4.0 (Coming soon!)

• **NAHAM Members**
  – Over 2,000
GET YOUR PATIENT ACCESS NEWS & INSIGHTS AT

NAHAM CONNECTIONS
NAHAM 46th Annual Conference

PATIENT ACCESS
LEADING
the REVENUE CYCLE

NAHAM 46th Annual Conference
Cleveland, Ohio
May 19-22, 2020
Speakers

Stephanie Benintendi, MBA, CHAM
Director, Finance and Operations, Network of Care
Children’s Hospital Colorado
NAHAM Industry Standards Committee Chair

Julie Kay
Vice President & Strategic Development Executive
Ambulatory & Revenue Cycle
Cerner Corporation
NAHAM Industry Standards Committee Member

Lynn Otani
Otani Consulting Group, Inc.
NAHAM Industry Standards Committee Member
NAHAM AccessKeys® Data Source Guide
AccessKeys® Data Source Guide

• Created to assist you in pulling data from your EMR system to track your performance to NAHAM's AccessKeys. This version focuses on the KPIs included in the NAHAM Best in Keys Award:
  – Point of Service Collections to Revenue
  – Estimate to Registration Rate
  – Insurance Verification Rate
  – Completed Pre-Registration Rate
AccessKeys® Data Source Guide

• The Data Source Guide should be used in conjunction with the User's Guide to be sure that you understand NAHAM's definitions and variables that should be included in equations.

• These are member benefits; will need to be a NAHAM member and logged into the website to access

www.naham.org/AccessKeys
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<tr>
<td>Cerner Millennium</td>
<td>Cash Discovery (HealthAnalytics report) - meets HFMA standard; includes payments for up to 7 days after the encounter.</td>
<td>No generally available reports at this time.</td>
<td>KPI - Insurance Verification Rate report available from PowerInsight/Operational Reporting.</td>
<td>Pre-registration Rates report does not meet the NAHAM definition; it looks for the pre-reg conversation to be completed, but not each of the 11 tasks. Report is available with PowerInsight/Operational Reporting</td>
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<td>Cerner Soarian Financials</td>
<td>Executive Metrics Report:</td>
<td>No generally available reports at this time. If Experian is part of the workflow, this calculation would need to be done via a custom report/extract.</td>
<td>Executive Metrics Report: Insurance Verification Rate</td>
<td>Pre-registration Rate metric below, does not meet the NAHAM definition; it does not evaluate each of the 11 tasks.</td>
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<td>Point of Service Guarantor Collection Rate (meets HFMA standard; includes payments for up to 7 days after the encounter).</td>
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<tr>
<td></td>
<td>Numerator metric: Point of Service Cash Collected (7 days) Denominator metric: Patient Cash Collected</td>
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<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>Numerator metric: Number of Patient Encounters Preregistered Denominator metric: Number of Scheduled Patient Encounters</td>
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<tr>
<td>Paragon</td>
<td>POS Collections: System Report based on POS Payment Codes Developed by Facility; Net Pt Service Rev: System Report from Finance</td>
<td>Estimate: Use Vendor Report; Total Registrations report is created by IT from Paragon data.</td>
<td>Pre-Reg Initiated: Create mnemonic and build a report using the mnemonics; Scheduled patients: manual or vendor report</td>
<td>Pre-Reg Initiated: Create mnemonic; Completed Pre-Reg: Create mnemonic</td>
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</table>
P1, P4 – Create a mnemonic to indicate the Pre-Registration has been started/completed. A data base report can be built by IT to capture the data
Variable Data Fields can be built by IT. This is a Medicare Days example but it can be used for any data capture needed.
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<td>Epic *Depending upon the version, dashboard may need to be tweaked to provide the necessary information</td>
<td>1) Payment summary report. Update in report settings service area, post-date/deposit date, location, payment types, source, posting user. Can customize the grouping up to 3 options. Recommend post-date, user and payment type 2) Transaction Query Report. Update in report settings service area, source, transaction type, posting users if appropriate, location/cost center if appropriate. Can customize group order. Be mindful of users who may post refunds or credits and do not include them in here. It will skew the daily totals. Use the EB Estimate Query snapshot to build a report, utilizing the inclusion/exclusion criteria as outlined in the User’s Guide. Can customize to include all finalized price estimates by location, department or by user.</td>
<td>1) Coverage eligibility: RTE Daily/Weekly/Monthly by Payer or User: Update outgoing interface profile with RTE batch out. Select grouping, sorting and MRN type preferences. Will need to sort out duplicates to avoid over-calculating eligibility queries. For example, RTE was run on 3 different payers for 1 patient--count as 1. Will have to customize this report to exclude emergency departments, urgent/emergent add-ons and direct admits if tracking for just scheduled patients</td>
<td>Custom report: includes HAR creation date, HAR verif date, service date and verification status to be calculated from Tier 1 components as a minimum. Exclude emergency departments, urgent/emergent add-ons with 48 hours and direct admits.</td>
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Some EHR systems do not have the reports needed to measure Patient Access activities to meet reporting needs. Options for those hospitals to meet their reporting needs are to utilize Patient Access vendors who provide services and additional functionality, which includes reporting, or to purchase Analytics Services.

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<td>HBI (McKesson extraction tool used by STAR to meet reporting needs)</td>
<td>Use system payment transaction codes* to separate POS payments from post-billing payments. Use hospital reports or payment vendor reports to identify and report POS payments. *You may need to work with accounting to set up codes if they are not available</td>
<td>PEA integrates with STAR through FCW (Financial Clearance Work Station) which can run estimates based on contracts</td>
<td>Create a Unique Defined Fields: Pre-Reg: Y/N; Obtain statistics from HBI, use a pivot table to remove same day and weekend scheduled patients, admitted on the same day.</td>
<td>Create Unique Defined Field for levels of pre-reg, ex: 1=started; 2=partial; 3=complete</td>
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AccessKeys® Data Source Guide

• Are you tracking these KPIs using another system? If so, please share your wisdom! Email info@naham.org if you are willing to help.
• The Data Source Guide will be a work-in-progress, with regular updates and new inclusions.
• Renew your membership for continued access!
Questions?
NAHAM Best in Keys Award
The Basics

• Deadline: Monday, March 9, 2020
• Application will open January 6, 2020
• Eligibility:
  – One individual from your institution must be an active NAHAM member (with dues paid through 2020)
  – Any individual hospital or health system
  – Must meet, at minimum, the GOOD benchmark for each KPI included in the award

https://www.naham.org/AccessKeysAward
Why Should I Apply?

• Awardees receive:
  – Complimentary registration and one night hotel at NAHAM Annual Conference (May 19 – 22, Cleveland, OH)
  – Recognition at Award Ceremony at Annual Conference
  – A Best in Keys Award Plaque for display at your Organization
  – Recognition in NAHAM Journal, NAHAM website, NAHAM social media
  – Comparison data of other applicants
The Application

• Signed attestation form from your CFO or VP of Revenue Cycle
  – “As verified by my signature below, I attest to the validity of the data submitted for the NAHAM Best in Keys Award.”

• Demographic Questions:
  – Organization Name
  – Address
  – Name of submitter
  – Name of NAHAM member (if not submitter)
  – Whether applying as a healthcare system or individual hospital

https://www.naham.org/AccessKeysAward
The Application

• Demographic Questions:
  – Net Operating Revenue
    • Small (Less than $500M net operating revenue)
    • Mid-Sized ($500M - $1B net operating revenue)
    • Large (Greater than $1B net operating revenue)
  – Payer Mix
    • Medicare
    • Medicaid
    • Managed Care (HMO or PPO)
    • Commercial/Indemnity Plans
    • Worker’s Compensation and other Government Programs
    • Self-Pay

https://www.naham.org/AccessKeysAward
• Demographic Questions:
  – Pre-Arrival Services
    • **Centralized:** Managed by a single department for multiple hospital locations, either regionally or corporately; usually Patient Access OR have standard processes throughout the system.
      
      *If you are applying as a centralized system, only one application will be accepted.*

    • **Decentralized:** Managed by various departments; not limited to Patient Access OR have varied standards throughout the system.
      
      *If you are applying as a decentralized system, each submitting hospital must submit unique data and narratives.*
The Application

- Demographic Questions:
  - NAHAM Pre-Reg Tier

https://www.naham.org/AccessKeysAward
The KPIs

POS -1 (POS Collections to Revenue)
'Good' Benchmark = 1.0%

• Numerator: POS Collections ($)
  – Data Source: Payment Posting System
• Denominator: Net Patient Service Revenue ($)
  – Data Source: AR System
• Resulting Percentage
  – POS Collections divided by Net Patient Service Revenue ($)

https://www.naham.org/AccessKeysAward
• POS-1 (POS Collections to Revenue) Narrative:
  – 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? *
The KPIs
POS-6 (Estimate to Registration Rate)
'Good' Benchmark = 30%

- Numerator: Estimates Generated
  - Data Source: Payment Posting System
- Denominator: Total Registrations
  - Data Source: AR System
- Resulting Percentage
  - Estimates Generated divided by Total Registrations

https://www.naham.org/AccessKeysAward
POS-6 (Estimate to Registration Rate) Narrative:

Please describe how your organization either systematically (with help from a vendor solution) or manually (through an internal processes of leveraging CPT codes, Diagnosis and Contractual rates) creates estimates.

For example, how do you create an estimate for all patients even if multiple insurance coverages? How far in advance to you create an estimate? Do you post estimates in your EHR portal, etc.
The KPIs

P-1 (Insurance Verification Rate)
'Good' Benchmark = 80%

- **Numerator**: Verified Registrations
  - Data Source: Insurance Verification System
- **Denominator**: Total Registrations
  - Data Source: ADT Registration Volume
- **Resulting Percentage**
  - Verified Registrations divided by Total Registrations

[Link to NAHAM website]
https://www.naham.org/AccessKeysAward
• **P-1 (Insurance Verification Rate)**

**Narrative:**

– Please describe how your organization verifies registrations. How do you handle the process when electronic verification procedures provide inadequate information? i.e. what other ways do you obtain this information?

https://www.naham.org/AccessKeysAward
The KPIs

P-4 (Pre-Registration Completion Rate)
'Good' Benchmark = 80%

- **Numerator:** Pre-Registrations Completed
  - Data Source: ADT/Pre-Reg or QA System
- **Denominator:** Pre-Registrations Initiated
  - Data Source: ADT/Pre-Reg or QA System
- **Resulting Percentage**
  - Pre-Registrations Completed divided by Pre-Registrations Initiated

https://www.naham.org/AccessKeysAward
• **P-4 (Pre-Registration Completion Rate)**
  
  **Narrative:**
  
  – 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.

  *Be sure that your narrative demonstrates how your practices fit into the NAHAM Pre-Registration Tier you indicate.*

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Additional Narrative Questions

• 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?

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Additional Narrative Questions

• 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?

https://www.naham.org/AccessKeysAward
Additional Narrative Questions

• In what ways did you struggle in tracking and reporting metrics?
Application Tips

• Be sure that one member of your organization has an active, paid NAHAM membership
  – Email info@naham.org if you’re not sure

• Have all data available when you begin the application; you won’t be able to save and return to the form

• Use data from your most recently completed fiscal year

• Double check what you enter into the application

https://www.naham.org/AccessKeysAward
Application Tips

• Be sure that you have met the “Good” benchmark for all four KPIs before you begin your application
  – POS Collections to Revenue (POS-1): 1.0%
  – Estimate to Registration Rate (POS-6): 30%
  – Insurance Verification Rate (P-1): 80%
  – Completed Pre-Registration (P-4): 80%

• Be sure that your narratives are descriptive, informative and concise. Your narrative should help the award committee understand your processes and how you are performing at a high level.

https://www.naham.org/AccessKeysAward
How are the winners chosen?

• Initial review of eligibility, membership status and completeness of application by NAHAM staff
• Applications reviewed and scored by Award committee of Industry Standard Committee members
  – Award committee members are ineligible to submit an application for the award
  – Applications are reviewed and scored blindly

https://www.naham.org/AccessKeysAward
How are the winners chosen?

• The review is two-tiered
  – Data
  – Narratives

• The award committee will consider data and narratives for all four KPIs

*Both data and narratives will be considered, so be sure to put care and thought into your narratives!
• Be sure to submit your application by 11:59 pm ET on Monday, March 9.
• Late applications will not be accepted!

Winners will be notified in mid-April

https://www.naham.org/AccessKeysAward
Questions?

• Email info@naham.org; NAHAM staff will answer your question or connect you with a member of the Industry Standards Committee for assistance

https://www.naham.org/AccessKeysAward
good luck