FINDING YOUR WAY THROUGH THE REGISTRATION MAZE

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It always amazes me just how much information must be gathered and processed at patient registration time; information such as insurance plan code, insurance eligibility, demographics, credit risk, charity availability, deductible amount and much more. Patient registration not only involves the creation of the patient's medical record, which must be accurate in order to provide appropriate treatment and care, but, in addition, a healthcare provider's ability to collect payments directly correlates to an efficient and accurate registration process.

There are many resources available that provide access to this wide assortment of data, and most healthcare providers subscribe to some of them. But successful patient registration requires a lot more than just being able to access the information. What is crucial is how to deal with the data and how to integrate it with other patient information in order to make a patient registration program work effectively. An innovative approach to solving this problem is to enable hospitals to not only access the information needed, but to customize the information to fit the required process, and then intelligently and automatically guide the patient-facing employees to use the information effectively through easy-to-use screen prompts.

To understand what I mean by the patient-facing employees being "intelligently guided", let's examine one of the many processes that are key to the hospital's revenue cycle: the insurance verification process. When a registrar has gathered enough information for the insurance verification process to be carried out, a message is sent to the appropriate data source to validate that the patient does have that particular insurance plan and it is in force at that point. The system then validates the terms of the plan and what the co-pay amounts are. During the registration, it sends that information back to the registrar, who would be automatically prompted to use that information, and then be guided to the next set of relevant questions.

With other methods, the information received from the different sources is not readily available in an easy-to-use format. The registrar has to interpret the information and glean whatever information is relevant. On the other hand, with a system like the one described here, the data is automatically interpreted and the appropriate set of prompts is shown to the registrar to seamlessly continue to the next step in the registration process.

An additional requirement for such a system is that it seamlessly integrates with a healthcare provider's existing patient registration system, thus allowing the hospital to have a patient registration system that determines who is going to pay for the treatment and in what shares it is going to be paid - part insurance, part Medicare, part Medicaid or part co-pay or if it is the growing number of people who are self-paid or self-insured. And when there are multiple insurance companies, the claim needs to be submitted in the right order.

This innovative registration system also makes sure the registrar is dealing with the right person. Demographic checking is done to make sure they've been given a correct name and address. And if there is a patient payment required, it determines if it should be a partial amount or the full amount. With access to credit information, there is an assessment of the person's ability to pay, and the registrar is prompted to ask for the appropriate amount of money that the patient is able to pay at that point.

In summary, the challenges of today's healthcare environment demand a solution that ensures accurate patient registration and also provides comprehensive management of the hospital's revenue cycle. The result? Less claims will be denied and the correct amount of billing will be collected from the patient at the right time. For it is this initial patient contact, which must be accurate and complete, that is the key driver of successful medical treatment, claims payments and revenue management.

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