ACA Business Planning: Highlights of Best Practices

Phoenix Area Indian Health Service
Service Unit ACA Teams

Overview

- Business Plan Template Conversion

- Development of a Team

- Leadership: Your Coach and Quarterback

- Your Offense and Your Defense

- Experience: Best Practices

- The Play-by-Play and Scoreboard

- Reporting: Your Record

Business Plan Template Conversion

Affordable Care Act Business Plan Template

Evaluate and address the following (as a minimum) as part of your operating units Business Plan. The expected outcome is a business plan targeted at: 1) Ensuring that the number of patients receiving services from IHS health care facilities remains stable or increases; 2) Ensuring that third party collections remain stable or increase each year; and 3) Ensure customer service and quality of care, as well as efficiency and effectiveness of the Indian health care system continues to improve over time.

1. Assess Local Environment for Health Insurance Marketplace (Exchanges and Medicaid Expansion) — Resources
   * Assign operating unit Subject Matter Expert (SME). — NIHOE ACA Information
   * Assess premium payment possibilities. (Exchange, Part B, Part D)
   * Assess potential competition. (services offered, hours of operation, etc.)
   * Assess need for contracts with major payers / primary referral points for specialist.
   * Assess customer service levels. (patient satisfaction, wait times, etc.)

2. Assess Patient Workload and Revenue Impact (+ and -) — Resources
   * Determine baseline for current 3rd party active users. (Medicaid, Medicare and Private Insurance) — U.S. Census Bureau
   * Determine baseline user population. — IHS Operational Summaries
   * Determine baseline for current claims. — RPMS Period Summary Report
   * Determine baseline for current collections. — UFMS Allowances
   * Determine growth potential by reviewing local community demographics.

3. Assess current staffing and workload levels, along with facility space based on outcome of assessments and develop strategies to handle possible changes in workload. — Resources
   * Staffing - Consider possible changes in:
     * Patient Benefit Coordinator (PBC) - coordinates with Health Insurance Marketplace Exchange Navigators and In-Person Assistors — RRM Module: Business Office
     * Billers — IPC Green Book
     * Providers / support / ancillary staff - if increased hours are considered under #1 above. — Revenues Operational Manual
     * Voucher examiners (claim denials could increase due to IHCIA protections) — RRM Module: CHS
     * Referral processor assistance for increased referral processing (not CHS).
     * CHS staff (CHS staff normally get involved with approval processes, too, along with coordination of care)
     * Finance staff (increased batching, reconciliations)
     * Patient Registration (increased workload to identify new eligibles so screening may take longer – patient wait time for screening)
     * Credentialing / Provider applications could increase if multiple contracts are signed.
   * Recognize and implement best practices for improving efficiencies.
   * Consider possible electronic verses manual processes due to possible increased volume.

Strategy	Due Date	Responsible Party	Current Status (Progress To-Date)	Next Steps
Section 1: Assess Local Environment for Health Insurance Marketplace				
a. Assign operating unit Subject Matter Expert (or Team Lead) and Service Unit Team (with representatives from each component of the Revenue Cycle)	YELLOW – March through June	Service Unit Leadership		
b. Assess premium payment possibilities (e.g., Advance Premium Tax Credits for the Health Insurance Marketplace, Medicare Savings Program for Medicare Part B, and Low Income Subsidy for Medicare Part D)	YELLOW – March through June	Benefits Coordination		
c. Assess potential competition (e.g., services offered, hours of operation)	YELLOW – March through June	Contract Health Services		
d. Assess need for contracts with major payers / primary referral points for specialists (Contracts need to be coordinated with the Area Office – See Section II)	YELLOW/ORANGE – March through September	AREA OFFICE: CHS		
e. Assess customer service levels (patient satisfaction, wait times, etc.)	YELLOW – March through June			
Section 2: Assess Patient Workload and Revenue Impact (Positive and Negative)				
a. Determine baseline for current 3rd party active users (Medicare, Medicaid, Private Insurance)	YELLOW – March through June	Patient Registration Supervisor and Business Office Manager		
b. Determine baseline user population	YELLOW – March through June	AREA OFFICE: Statistician		
c. Determine baseline for current claims; track on a monthly basis thereafter	YELLOW – March through June	Third Party Billing Lead and Business Office Manager		
d. Determine baseline for current collections; track on a monthly basis thereafter	YELLOW – March through June	AREA OFFICE: A/R – Lori		
e. Determine baseline for billed to collected; track on a monthly basis thereafter	YELLOW – March through June	Days to Collection; Business Office Manager		
f. Determine current daily visit count; track average daily visit count on a monthly basis thereafter	YELLOW – March through June	Patient Registration or HIM, Scheduling Package (O/P) and ADT Package - Census (I/P)		
g. Determine baseline coding queue; track on a monthly basis thereafter	YELLOW – March through June	AREA OFFICE: HIM		
h. Determine baseline denial management workload; track on a monthly basis thereafter	YELLOW – March through June	AREA OFFICE: A/R provides list; Service Unit Revenue Cycle ensures errors are corrected		
i. Determine growth potential by reviewing local community demographics	YELLOW – March through June	Area Office will assist Service Units		

Business Plan Template Conversion

Goals

- Area Office and Service Unit Coordination
  - Ensure that the number of patients remains stable or increases
  - Ensure that third party revenue remains stable or increases
  - Ensure priority customer service and quality of care and an Indian health care system that continues to improve over time

Strategies

- Assess Local Environment for Health Insurance Marketplace
- Assess Patient Workload and Revenue Impact
- Assess Current Staffing, Workload, Facility Space
- Assess Referral and Prior Authorization Processes
- Determine Eligibility Process New Changes
- Assess Data Reporting Requirements
- Determine Marketing Strategy
- Qualified Health Plan Relations

Development of a Team

- Chief Executive Officer
- Clinical Director
- Business Office Manager
- HIM Supervisor
- CHS Manager
- Finance Manager
- Information Technology

- Patient Registration
- Benefits Coordination
- Third Party Billing
- Accounts Receivable
- Case Management
- Utilization Review
- Other

Leadership

Coach

- Support
- Guidance & Direction
- Development of Staff
- Build upon Existing Resources
- Training
- Meetings
- Celebrate and Recognize

Quarterback

- Leading the Offense
- Communicating the Play
- Running or Passing
- Dynamic
- Communication
- Team Environment
- Spokesperson

Your Offense and Your Defense

Offense

- Determining what course of action to take
- Utilizing EVERY productive member of your team
- Giving team members a chance
- Anticipate what's ahead
  - Projected Impacts
  - Challenges
  - Barriers
  - Weaknesses
- Minimize Risk
- Scoring

Defense

- Determining what course of action to take
- Monitoring
  - Productivity
  - Workload
  - Staffing
- Anticipate what's ahead
  - Projected Impacts
  - Challenges
  - Barriers
  - Weaknesses
- Minimize Risk
- Scoring

Best Practices

- Phoenix Area Office
- Phoenix Indian Medical Center
- San Carlos Indian Hospital
- Parker Indian Hospital
- Hopi Health Care Center
- Southern Bands Health Center

Phoenix Area Office

- Area Office Workgroup
- Area-Wide Workgroup
  - Outreach & Education Subcommittee
  - SharePoint; Outreach Toolkits
  - Material Distribution and Mailgroup
- ACA Training for Tribes & Service Unit Engagement
- Area Level Contracts
  - Qualified Health Plans
  - Health-e Arizona Plus
- NBOC ACA Subcommittee

Phoenix Indian Medical Center

Phoenix Indian Medical Center

- **Brian Zah** — Director, CHS
- **Rinda L. Bradley** — ACA Team Lead
- **LaShawn Ruiz** — Lead Patient Registration
- **Sandra Champagne** — Case Manager
- **Michelle Tso** — Outpatient Coding Supervisor
- **Patricia Saenz** — Supervisor, Patient Registration & Benefit Coordination
- **Nancy Talywood** — Provider Enrollment
- **Beverly Zuniga** — Benefit Coordinator
- **Doreen Pond** — Patient Accounts
- **Sherrilyn Allison** — Outpatient Coding Supervisor

Phoenix Indian Medical Center

- Improving Customer Care
  - Welcome Desk
  - Formal hospital-wide customer service training
  - Increased access to care by extending clinic hours including Saturdays
  - Pilot project: centralized scheduling
  - Expanding CHS Medical Priorities beyond Level I
- Care Management
- Patient Benefit Coordination
  - Use of Health-e Arizona
- Reporting and Monitoring of Efficiency

San Carlos Indian Hospital

San Carlos Indian Hospital

- Vivie Hosteenez — Chief Financial Officer
- Robert Harry, DDS — Acting Chief Executive Officer
- Brian Hamilton — Infection Control Officer
- Beverly Wilcox — Acting Computer Applications Coordinator
- Geraldine Salway — Patient Registration
- Janalyn Nosie — Patient Registration
- Yvonne Lees — Nurse Executive
- Twila Martinez — Patient Registration
- Valerie Chee — Business Office Manager
- Garilynn Hayah — Biller
- Connie Yallup — A/R Technician
- Stephanie Salter — Patient Registration
- Louise Little — Medical Support Assistant
- Shirley Boni — Administrative Officer

San Carlos Indian Hospital

- Patient Registration only refers more complex cases to Benefits Coordination
  - Screening and Application is done at check in
- Appointment Clerks provide weekly schedules for Prenatal to Patient Registration for Insurance Verification and Page 8 updates
- Monthly Report is provided to application assisters to follow-up on applications that are still in pending status

Parker Indian Health Center

Parker Indian Health Center

- Robin Tahbo — Chief Financial Officer
- Loretta Lee — Benefits Coordinator
- Kathleen Nelson — HIM/BO Director
- Ron Milford — Chief Executives Officer
- Natashia Santio, CPC — HIM Coder
- Traci Halligan — Biller, Business Office

Not pictured:
- *Pam Eddy — Contract Health Supervisor*
- *Rockie Laffoon — Patient Registration*
- *Lisa Chamberlain — Benefits Coordinator, Peach Springs and Supai Clinic*
- *Laura Ybarra — Acting Administrative Officer, Peach Springs Clinic*

Parker Indian Health Center

- Improved Efficiencies
  - 20-minute appointment slots
  - Centralized Patient Registration (includes OP Clerks)
  - IPC Primary Providers & Care Management Teams

Hopi Health Care Center

- Tracking of Productivity, Workload & Revenue
  - Analysis
- Collaborations with Tribal Programs
  - Door-to-Door Outreach
  - Reaching Community Members

Southern Bands Health Center

Southern Bands Health Center

- Customer Service
  - Patient Satisfaction Surveys (QILN)
  - Cycle Studies (QILN)
- Patient Registration & Benefits Coordination
- Alignment of Patient Care Improvement Initiatives with ACA Implementation

The Play-by-Play and Scoreboard

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Reporting: Your Record

- Quantitative Results
  - How often do you meet?
  - How many community events did you host?
  - How many individuals did you reach and/or enroll?
- Qualitative Results
  - What is the process you implemented?
  - What was the outcome?
  - What do the figures/trends mean?
  - Do you need to modify or improve your process?
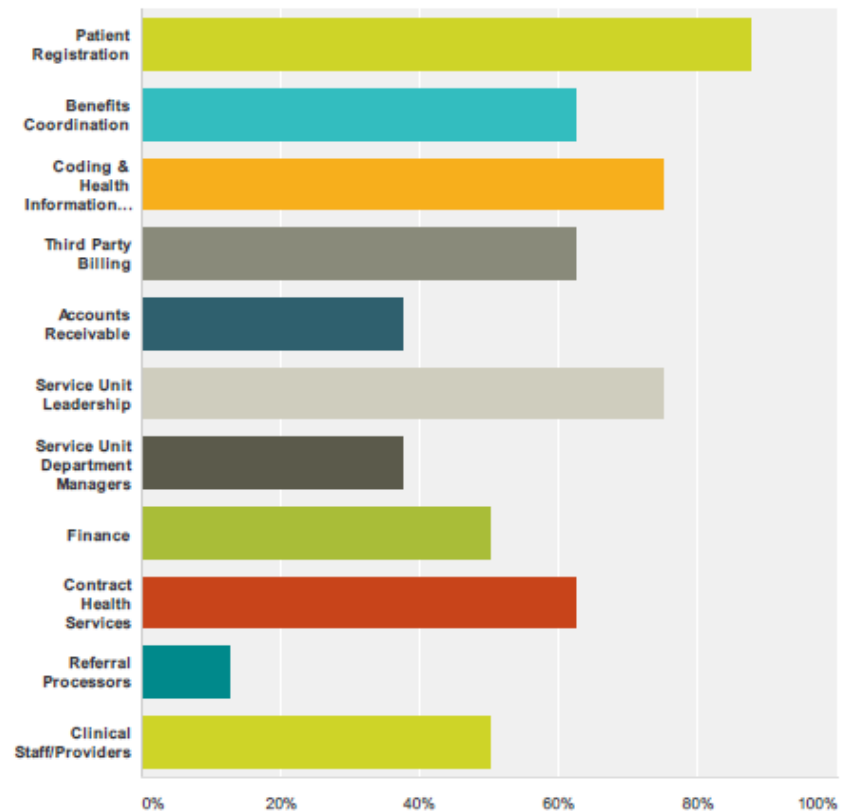
Reporting: Your Record
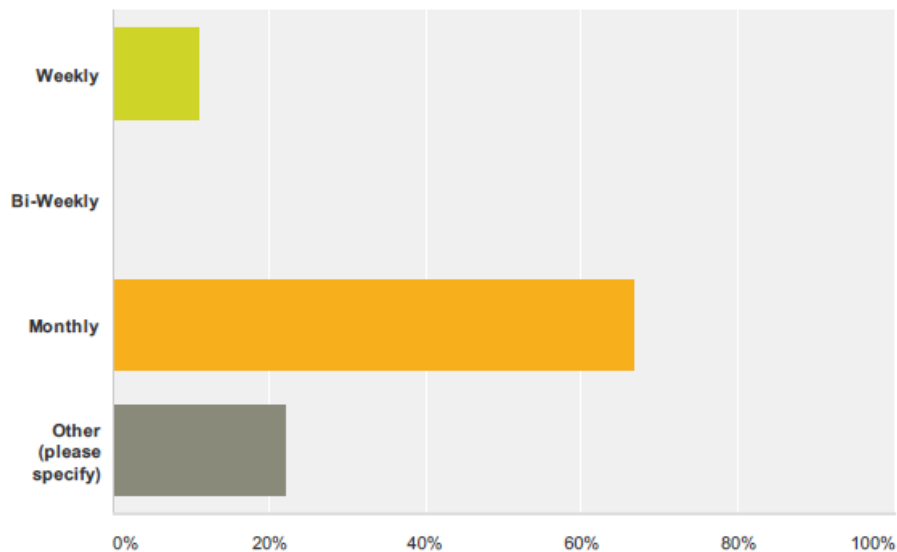
Reporting: Your Record

- Dynamic Process
  - Unexpected Events
  - Re-assess
  - Improve
- Key Dates
  - October 1, 2013
  - January 1, 2014
  - March 31, 2014
  - Post Implementation

- Bottom Line
  - # of Patients
  - Revenue
  - Customer Service and Quality of Care

- Harbaugh v. Harbaugh – We're all in this together

Photo Source: sbnation.com

Questions

- Carol Chicharello

  Deputy Director

  Health Program Improvement and Support Branch

  Indian Health Service, Phoenix Area Office

  (602) 364-5117

  carol.chicharello@ihs.gov