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
### Affordable Care Act Business Plan Template

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Assessment Criteria</th>
<th>Resources</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Assess Local Environment for Health Insurance Marketplace (Exchanges and Medicaid Expansion)</td>
<td>Resources: NIHOE AIA Information</td>
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<tr>
<td>2</td>
<td>Assess Patient Workload and Revenue Impact (+ and -)</td>
<td>Resources: U.S. Census Bureau, IHS Operational Summaries, RHMS Final Summary Report, LFMS Allowances</td>
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<td>3</td>
<td>Assess current staffing and workload levels, along with facility space based on outcome of assessments; and develop strategies to handle possible changes in workload.</td>
<td>Resources: Patient Benefit Coordinator (PBC) - coordinates with Health Insurance Marketplace Exchange Navigators and In-Person Assistants, RRM Module, Business Office, IPC-Green Book, Revenues Operational Manual, ARMS Module, CHIS</td>
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#### Section 1: Assess Local Environment for Health Insurance Marketplace

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#### Section 2: Assess Patient Workload and Revenue Impact (Positive and Negative)

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#### Section 3: Assess Current Staffing and Workload Levels

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#### Section 4: Assess Growth Potential by Creating New Community Connections

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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
- Natasha 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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<tr>
<td><strong>Section 1: Assess Local Environment for Health Insurance Marketplace</strong></td>
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<tr>
<td>a. Assign operating unit Subject Matter Expert (or Team Lead) and Service Unit Team (with representatives from each component of the Revenue Cycle)</td>
<td>YELLOW – March through June</td>
<td>Service Unit Leadership</td>
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<tr>
<td>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)</td>
<td>YELLOW – March through June</td>
<td>Benefits Coordination</td>
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<td>c. Assess potential competition (e.g., services offered, hours of operation)</td>
<td>YELLOW – March through June</td>
<td>Contract Health Services</td>
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<td>d. Assess need for contracts with major payers / primary referral points for specialists (Contracts need to be coordinated with the Area Office – See Section B)</td>
<td>YELLOW/ORANGE – March through September</td>
<td>AREA OFFICE: CBO</td>
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<td>e. Assess customer service levels (patient satisfaction, wait times, etc.)</td>
<td>YELLOW – March through June</td>
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<td><strong>Section 2: Assess Patient Workload and Revenue Impact (Positive and Negative)</strong></td>
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<tr>
<td>a. Determine baseline for current 3rd party active users (Medicare, Medicaid, Private Insurance)</td>
<td>YELLOW – March through June</td>
<td>Patient Registration Supervisor and Business Office Manager</td>
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<td>b. Determine baseline user population</td>
<td>YELLOW – March through June</td>
<td>AREA OFFICE: Statistician</td>
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<td>c. Determine baseline for current claims; track on a monthly basis thereafter</td>
<td>YELLOW – March through June</td>
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<td>d. Determine baseline for current collections; track on a monthly basis thereafter</td>
<td>YELLOW – March through June</td>
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<td>e. Determine baseline for billed to collected; track on a monthly basis thereafter</td>
<td>YELLOW – March through June</td>
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<td>f. Determine current daily visit count; track average daily visit count on a monthly basis thereafter</td>
<td>YELLOW – March through June</td>
<td>Patient Registration or HIM, Scheduling Package (OP) and ADT Package – Central (IP)</td>
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<td>g. Determine baseline coding queue; track on a monthly basis thereafter</td>
<td>YELLOW – March through June</td>
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<td>h. Determine baseline denial management workload; track on a monthly basis thereafter</td>
<td>YELLOW – March through June</td>
<td>AREA OFFICE: HIM</td>
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<tr>
<td>i. Determine growth potential by reviewing local community demographics</td>
<td>YELLOW – March through June</td>
<td>Area Office will assist Service Units</td>
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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?
Q6 It is highly recommended that the Service Unit meet more frequently than on a monthly basis. How often is the Service Unit ACA Team meeting?

Answered: 9  Skipped: 0

Q43 Which staff have received education and training regarding the three major changes in ACA, i.e. Medicaid Expansion, Health Insurance Marketplaces, and VA/IHS Reimbursement? Please check all that apply. (Responsible Party: Service Unit ACA Team and Leadership)

Answered: 8  Skipped: 1
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

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  Indian Health Service, Phoenix Area Office
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  carol.chicharello@ihs.gov