

The following presentation was presented during the
Indian Health Service

Patient Registration & Patient Benefits Coordination Training

July 12-15, 2022

If you have questions about this presentation you may contact the presenter(s) or you may send an email to ihsbusinessoffice@ihs.gov

Please note: The aim of this presentation is to share and facilitate the sharing of helpful information, but please note that it may reflect presenters' opinions and not necessarily those of the Indian Health Service or the U.S. Department of Health and Human Services.

Best Practices for Collaboration

What Makes Our Collaboration Work

- All parts of collaboration between departments must have the same mission and goal to improve process and maintain the collaboration
 - ✓ Bridging gaps
 - ✓ Role clarity and overlapping roles
 - ✓ Creating and maintaining relationships between stakeholders
 - ✓ Model for process improvement (small test of change, PDSA)

Call Center

- Is an extension of the clinical care team and the primary entry for access to care for many of the patients.
- Receives calls for patients seeking general information regarding services at PIMC, and patients seeking services from a variety of clinics.
- Is an important role in the revenue cycle and patient care.



Call Center

Action	Options
Notes	Visit: 04/06/18 PRC REFERRAL UPDATE, INFORMATION ONLY, TANYA A YELLOWHAIR (Apr 06,18@10:40)
Nov 14,18 PREVIOUS PREGNANC	LOCAL TITLE: PRC REFERRAL UPDATE
Nov 14,18 PREVIOUS PREGNANC	STANDARD TITLE: ADMINISTRATIVE NOTE
Nov 08,18 LETTER TO PATIENT, C	DATE OF NOTE: APR 06, 2018@10:40:31 ENTRY DATE: APR 06, 2018@10:40:32
Jul 20,18 INHOSP NURSE PROGRI	AUTHOR: YELLOWHAIR, EXP COSIGNER:
Jul 20,18 INHOSP NURSE PROGRI	URGENCY: STATUS: COMPLETED
Jun 21,18 CHART REVIEW, DAY S	*** PRC REFERRAL UPDATE Has ADDENDA ***
Jun 21,18 NURSE ED INTERVENT	PRC Referral Update
Apr 06,18 PRC REFERRAL UPDAT	
Apr 03,18 PRC REFERRAL UPDAT	DEMO,PATIENT JANE HRN:99-99-88
Mar 28,18 INHOSP NEPHROLOGY	NONE (home)/NONE (office)
Mar 28,18 INHOSP NEPHROLOGY	Referral #:6066000001
Mar 28,18 HOSPITALIST CONSULT	Purpose of Referral:
Jan 09,18 BH PIMC-Refer to BH Cor	This referral cannot be processed because:
Jan 09,18 BH PIMC-Refer to BH Cor	The patient does not have medical insurance and will need to see a Benefits Coordinator.
Dec 27,17 PIMC PAIN AGREEMEN	/es/ YELLOWHAIR
Dec 08,17 BH COUNSELING CLINI	Signed: 04/06/2018 10:49
Dec 07,17 BH COUNSELING CLINI	
Dec 06,17 BH PIMC DNKA, INFOR	05/07/2018 ADDENDUM STATUS: COMPLETED
Nov 30,17 BH PIMC DNKA, INFOR	Patient completed AHCCCS application on 5/6/18. ID#201812300XXXX application pending for unemployment benefits and proof of residence for Jane. Documents due by 5/23/18. Importance of applying for AHCCCS explained to patient for her PRC referrals. PRC staff notified-D.Padilla.
Nov 29,17 PCMC, WELL WOMAN,	/es/ MORRIS
Nov 17,17 BH PIMC DNKA, BEHAV	Signed: 05/07/2018 13:53
Nov 17,17 BH PIMC DNKA, BEHAV	
Nov 15,17 BH COUNSELING CLINI	05/07/2018 ADDENDUM STATUS: COMPLETED
Nov 09,17 CHART REVIEW, CHAR	Patient called to let BC know that she will be faxing requested information today to complete her AHCCCS application.
Nov 01,17 BH COUNSELING CLINI	Unemployment benefits denial letter and utility to clarify residence received by fax today. Forwarded documents to HEA to complete her AHCCCS application.
Oct 19,17 CHART REVIEW, CHAR	
Oct 18,17 CHART REVIEW, CHAR	
Oct 18,17 CHART REVIEW, CHAR	
Oct 18,17 WOMENS CLINIC, OB, C	
Aug 09,17 PATIENT RECORD FLAI	
Aug 09,17 PATIENT RECORD FLAI	
Aug 09,17 EMER DEPT PROVIDEF	
Jul 12,17 CHART REVIEW, BEHAV	
Jun 28,17 CHART REVIEW, CHAR	
May 23,17 CHART REVIEW, CR-W	
Apr 18,17 CHART REVIEW, CR-W	
Mar 31,17 NURSE SCREENING, W	
Mar 29,17 CHART REVIEW, ZZPC	
Jan 26,17 CHART REVIEW, VISTA	

- Register new patients and conduct full registration over the phone.
- Will complete an update for returning patients.
- Pre-determine PRC eligibility for every appointment scheduled.
- Verify and enter private insurance for every appointment scheduled.
- Help provide PRC's scheduling information via EHR PRC Note.

Front Desk Registration

- Update patients at check in - pre-determine PRC eligibility
- Issue necessary forms - PRC Direct Care letter
- Refer to a Benefit Coordinator
 - Issued pre-vetted applications up front
 - Issued a visual queue for clinical staff to see if they need to see a BC
- Participate in PRC Committee
- Decentralized registration layout
 - Strict standards
 - Regular training

Registration and PRC



DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Services

Phoenix Area Indian Health Service
Phoenix Indian Medical Center
4212 North Sixteenth Street
Phoenix, Arizona 85016

Dear Patient:

You have been identified as not being eligible for Purchase Referred Care benefits at the Phoenix Indian Medical Center. PIMC PRC Program is regulated by the Code of Federal Regulations Title 42 Part 136 Subpart C. For more information please visit the Indian Health Service website at the web address, https://www.ihs.gov/prc/?module=chs_resources.

In accordance with above regulation, you are **INELIGIBLE** for PRC Funds to cover total or partial health care related costs for services received off the main PIMC campus as:

- ☐ You do not reside on any of the tribal reservations within Maricopa County and you are not an enrolled tribal member or descendent of any of these tribes.
- ☐ You are not affiliated with any of the local tribes within Maricopa County via tribal employment or marriage (socioeconomic ties).
- ☐ You have established residency outside of your tribal reservation PRC boundary (outside CHS delivery area) and its been more than 180 days (6 months) and lost your PRC benefits with your tribe and/or home service unit.
- ☐ You are a full time student and you have not informed your home service unit of your student status. You are eligible for continued PRC eligibility through your home service unit however you are required to provide a Letter of Acceptance from the educational institution you are attending. Please communicate with your home service unit as they may require additional information.
- ☐ Your PRC eligibility will continue with your identified home service unit, _____, from _____ to _____.

THIS DOES NOT IMPACT HEALTH CARE SERVICES RECEIVED AT THE PHOENIX INDIAN MEDICAL CENTER OR ANY INDIAN HEALTH SERVICE FACILITY.

If the above information is incorrect, please submit required documents (Tribal Identification card, Employee ID and Pay Stub if employed by local tribes, tribal utility bill with address or marriage license) to make corrections.

Sincerely,

Phoenix Indian Medical Center Purchase Referred Care Program

What Can You Do, If Denied PRC Funding?

If payment is denied, a letter will be sent to you by the PRC Department. This denial letter give the reason(s) for denial and explains your rights to appeal the decision.

You have 30 days from the receipt of the denial letter to appeal at the local level (PIMC/PRC). If you have additional information that was not already provided to the PRC Department, you may submit it with your appeal.

If you are not satisfied with the response from the local level, you may send a letter of appeal to the second level at the Phoenix Area Director within 30 days of receiving the local level decision.

Your final appeal may be made to the Director, IHS, and their decision constitutes the final administrative action of the IHS.

Important Things to Know:

It is important for you to find out from PRC who will be responsible to pay for your medical bills before you get health care outside of PIMC. If you do not get PRC approval before you go outside of PIMC, you may be financially responsible.

PRC is only available to eligible patients as long as funds are available (42 CFR 136.23).

Your Responsibility:

It is your responsibility to register with the local IHS hospital or clinic. When you register, your eligibility for "direct" care is determined.

When you register, you will need to show proof of your Indian decent and you will be asked to verify where you live.

PIMC Purchased & Referred Care

Access to your care team for:

- Outside Appointments
- Care Coordination
- Referral Status
- Billing Questions

Save time by using this direct phone number instead of the main operator:

☎ 602-263-1569 PRC Phone

☎ 602-263 1589 PRC Fax

✉ pimcprc@ihs.gov PRC Email

Office hours: 8:00AM-4:30PM



PHOENIX INDIAN MEDICAL CENTER
4212 NORTH 16TH STREET
PHOENIX, AZ 85016



Last Updated: February 2020

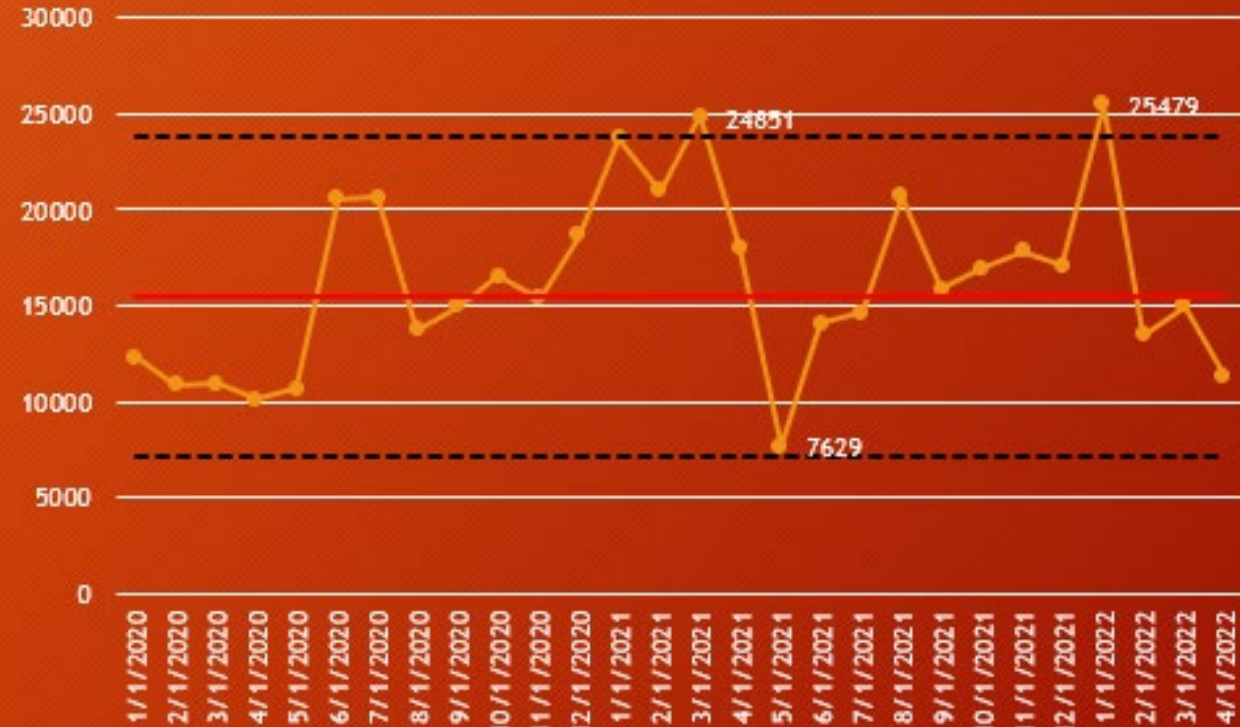


PURCHASED & REFERRED CARE (PRC)

Call Center - Challenges During COVID

- Physical space - social distancing
- Access to care
- Managing the revenue cycle
- Evolving clinics all over campus
- Bringing in new aspects due to COVID - Testing, Results, and Vaccine
- Compassion Fatigue

Number of ACD Calls Offered by Month



Front Desk Registration - Challenges During COVID

- Being pulled for other aspects and added extra clinic screening process.
- Lack of registration due to need for social distancing, or new physical barriers.
 - Form collection, Tribal verification collection
 - New patient registration for non-call center related area's
- Telemed visits - managing registration increasing telemed visits.

PRC collaboration with Patient Business

- PB staff reviews patient demographic information prior to PRC review committee. They verify alternate resources, place of residence, household members, and add new chart numbers for newborns. Result is approval of patient referrals within 3 business days.
- PB staff assist the PRC accounts payable section. They verify alternate resources and enter AZ Medicaid coverage for both prospective and retrospective, add information in Page 8 and insert new private insurance information. Result is cost saving of PRC funds and identify primary payor.
- PRC staff utilizes a PRC note in EHR - document is available for the call center, medical teams and Pharmacy to review status of patient referrals. Benefits Coordinators enter a PRC note and make addendum to complete PRC determination. Result is improved communication, dispense of medications and coordination of care. See example:

PRC collaboration with Patient Business

The screenshot displays the IHS-EHR v1.1 patch 31 interface. The top menu bar includes options like Lock, Clear, Refresh, Options, Patient, Websites, Telnet, Practice Management (BPRM), Chat, Calculators, ESigTool, Vistalming, Handouts, POSH, PSU Education, User, 64 Bit, Win 10, MS 19, Training, and Help. The patient information bar shows 'Demo, Patient Babygirl' with ID 999979, dated 25-Jan-2022 (5 months), and a visit status of 'Visit not selected'. The patient's name is ZAH, BRIAN L, and the provider is Cruise, Tom X. The interface is divided into several tabs: ED-Dash, PRIVACY, Notifications, Visit Elements, IPL, Meds, Labs, Orders, Notes, Reports, Consults, DC Summ, Patient Goals, Broadcast, RPMS, RCIS, and DIRECT Webmail. The 'Notes' tab is active, showing a list of notes on the left and a detailed view of a note on the right. The note is titled 'Visit: 09/27/18 PRC REFERRAL UPDATE, INFORMATION ONLY, CAROLYN R TAPAHE, RN (Sep 27, 18@09:51)'. The note content includes a local title 'PRC REFERRAL UPDATE', a standard title 'ADMINISTRATIVE NOTE', and a date of note 'SEP 27, 2018@09:51:46'. The author is TAPAHE, CAROLYN R, and the status is 'COMPLETED'. The note body contains a section for 'PRC Referral Update' with a referral number '00000000000000000000' and a purpose of referral 'PEDS CARDIOLOGY'. It lists required documentation for all PRC staff, including identifying the patient as being PRC ELIGIBLE or NOT PRC ELIGIBLE, identifying any resources the patient has or does not have, documenting the PRC DECISION - PRC FUNDS AUTHORIZED or PRC FUNDS DENIED, identifying where the patient was referred with address (if possible), telephone number, and fax number, and documenting how this was communicated to the patient. The note concludes with a diagnosis: 'Chart evaluation by healthcare professional | CHART REVIEW (Primary)'. The bottom status bar shows the patient's name ZAH, BRIAN L, the PHXPIMC.D1.NA.IHS.GOV link, and the PHOENIX INDIAN MEDICAL CENTER. The system clock indicates 2:08 PM on 7/12/2022.

IHS-EHR v1.1 patch 31 ZAH, BRIAN L PIMC DEFAULT TEMPLATE -- with IHS DIRECT Webmail

Lock Clear Refresh Options Patient Websites Telnet Practice Management (BPRM) Chat Calculators ESigTool Vistalming Handouts POSH PSU Education User 64 Bit Win 10 MS 19 Training Help

Demo, Patient Babygirl 999979 25-Jan-2022 (5 months) F Visit not selected ZAH, BRIAN L Cruise, Tom X

Health Summ Postings A Label HS Problem L Advs Rea Medication PWH Peds PWH Pharmacy Mail Out

ED-Dash PRIVACY Notifications Visit Elements IPL Meds Labs Orders Notes Reports Consults DC Summ Patient Goals Broadcast RPMS RCIS DIRECT Webmail

File View Action Options

Last 100 Signed Notes

Jul 05,22 NURSE INTERVENTION, PEDS-ON-CALL SAME DAY, Myra M
Jul 05,22 NURSE SCREENING, PEDS-ON-CALL SAME DAY, Myra M
May 31,22 PEDS WELL CHILD, CHART REVIEW, ELIZABETH C LE
Mar 11,22 IMMUNIZATION-FLU/COVID, CHART REVIEW, ABIGAIL
May 03,21 OUTSIDE CONSULTANT NOTE, VISTA IMAGING.
Mar 17,21 HOLTER, VISTA IMAGING.
Jan 13,21 FAMILY PRACTICE CLINIC, REVISIT, EDR-SRTRIBE, MIC
Aug 20,20 INHOSP PHARM ANTICOAGULATION, PHARM-MAIN/W
Aug 20,20 EMERGENCY CONTRACEPTION PER IHS POLICY, PHA
Jul 08,20 LETTER TO PATIENT, INFORMATION ONLY, TANYA GO
Jul 08,20 PHN TELEPHONE CARE, PHN-TELEPHONE CARE, TANY
Apr 06,20 PHARM-RECALL, NOTIFICATION, CHART REVIEW, JULIA
Dec 12,19 NURSE INTERVENTION, DAY SURGERY, KARYN STAF
Aug 07,19 PIMC-RETURN TO SCHOOL, INFORMATION ONLY, VINI
May 30,19 AUDIOLOGY, VISTA IMAGING, RECHENDA F HILL
Mar 05,19 PEDS CARE COORDINATION PROGRESS, CHART REVI
Mar 04,19 NURSE INTERVENTION, PEDS-NURSE WALK IN, KARE
Mar 04,19 NURSE TELEPHONE ASSESSMENT AND ADVICE, TELE
Mar 04,19 CHART REVIEW, CHART REVIEW, KAREN F LANG, RN
Feb 08,19 NURSE SCREENING, ZZSTAR (NURSE VISIT), LISA WA
09/27/18 PRC REFERRAL UPDATE, INFORMATION ONLY, CAROLYN R TAPAHE, RN
Sep 12,18 INHOSP HISTORY AND PHYSICAL, NEWBORN, CHART
Jul 02,18 BH PIMC-Refer to BH Consult Note, ZBEHAVIORAL HEALT
Jul 02,18 BH PIMC-Refer to BH Consult Note, ZBEHAVIORAL HEALT
May 22,18 CHART REVIEW, CHART REVIEW, BRANDY L CLOUD, J
May 21,18 NURSE INTERVENTION, CHART REVIEW, LYNETTE C
Apr 09,18 PEDS WELL CHILD, BEHAVIORAL HEALTH-CHART REV
Mar 13,18 TELEPHONE CARE, BEHAVIORAL HEALTH-CHART REV
Oct 12,17 NURSE INTERVENTION, PCMC-WALK-IN-CLINIC, Sarah
Oct 12,17 NURSE SCREENING, PCMC-WALK-IN-CLINIC, Sarah Mar
Aug 17,17 DISCHARGE INSTRUCTIONS, CHART REVIEW, MATTH
Aug 08,17 CHART REVIEW, CARDIAC MONITOR, LYNDA VON BIB
Aug 08,17 CHART REVIEW, CARDIAC MONITOR, LYNDA VON BIB
Jul 27,17 CHART REVIEW, LAB-NO VISIT (LNV), LYNDA VON BIB
Mar 08,17 CHART REVIEW, CHART REVIEW, TONY NAZARIO, NIF
Mar 08,17 BH PIMC GENERAL, CHART REVIEW, GIANE T PHAN, I
Jul 22,16 PEDS GENERAL, ZZPEDS-SD (CLOUD), BRANDY L CLOU
Jul 12,16 NURSE CCC PRE VISIT PLANNING, INFORMATION ONLY
May 06,16 PEDS GENERAL, CHART REVIEW, LEILANI WHITE, CP
Apr 26,16 NURSE INTERVENTION, CHART REVIEW, TORIYANA M
Jan 15,16 TELEPHONE CARE, PCMC-OCOTILLO-NURSE ONLY, TC
Jan 15,16 NURSE SCREENING, PCMC-OCOTILLO-NURSE ONLY, T
Jan 15,16 NURSE INTERVENTION, PCMC-OCOTILLO-NURSE ONCL
Nov 03,15 BREASTFEEDING, BREASTFEEDING SUPPORT, BREA
Oct 23,15 TELEPHONE CARE, TELEPHONE CARE (HOSPITAL WIL

Visit: 09/27/18 PRC REFERRAL UPDATE, INFORMATION ONLY, CAROLYN R TAPAHE, RN (Sep 27, 18@09:51)

LOCAL TITLE: PRC REFERRAL UPDATE
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: SEP 27, 2018@09:51:46 ENTRY DATE: SEP 27, 2018@09:51:46
AUTHOR: TAPAHE, CAROLYN R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PRC REFERRAL UPDATE Has ADDENDA ***

PRC Referral Update

DEMO, PATIENT BABYGIRL HRN: 99-99-79
602-263-1200 (home)/602-263-1500 (office)

Referral #: 00000000000000000000

Purpose of Referral: PEDS CARDIOLOGY

REQUIRED DOCUMENTATION FOR ALL PRC STAFF:

1) Identify the patient as being PRC ELIGIBLE or NOT PRC ELIGIBLE.
2) Identify any resources the patient has or does not have.

EXAMPLE:
Patient is NOT PRC ELIGIBLE and does not have health insurance.

3) Document the PRC DECISION - PRC FUNDS AUTHORIZED or PRC FUNDS DENIED.
If DENIED, explain denial reason

EXAMPLE:
PRC FUNDS DENIED. Parents of patient is required to apply for AHCCCS.
PRC FUNDS AUTHORIZED in support of direct care for initial evaluation with
diagnostics. All follow up and continued care costs are the parents financial
responsibility.

4) Identify where the patient was referred with address (if possible),
telephone number, and fax number

EXAMPLE:
Referred to PCH Urology Clinic f: 602-933-4272 p: 602-933-5200.

5) Document how this was communicated to the patient.
Provide the phone number called.

EXAMPLE:
Spoke with father of child, TOM DOE, at 602-263-1584. Explained the PRC decision

Diagnoses: Chart evaluation by healthcare professional | CHART REVIEW (Primary)

/ Templates
New Note

ZAH, BRIAN L PHXPIMC.D1.NA.IHS.GOV PHOENIX INDIAN MEDICAL CENTER

94°F Sunny 2:08 PM 7/12/2022

PRC collaboration with Patient Business

During the pandemic the PRC staff implemented a new electronic process for the PRC review committee. We developed a form, used Adobe Acrobat, members signed form electronically and end result is approval/denial of patient referrals within one day.

PHOENIX INDIAN MEDICAL CENTER
PURCHASE & REFERRED CARE COMMITTEE REVIEW FORM

PIMC Chart #: _____ Patient's Name: _____ DOB: _____

PRC Eligible: ☒ YES ☐ NO Patient's Tribe: _____ Social/Economic Ties: _____

☒ Initial: ☐ Follow Up: PRC Tribe: _____

Purpose of Referral: _____ Diagnosis: _____ ☐ ER Report Attached

Referral # and Referring Provider: _____ PRC STAFF: _____

MEDICAL REVIEW

Medical Priority Rating #: ☐ _____ Reviewing Physician: _____

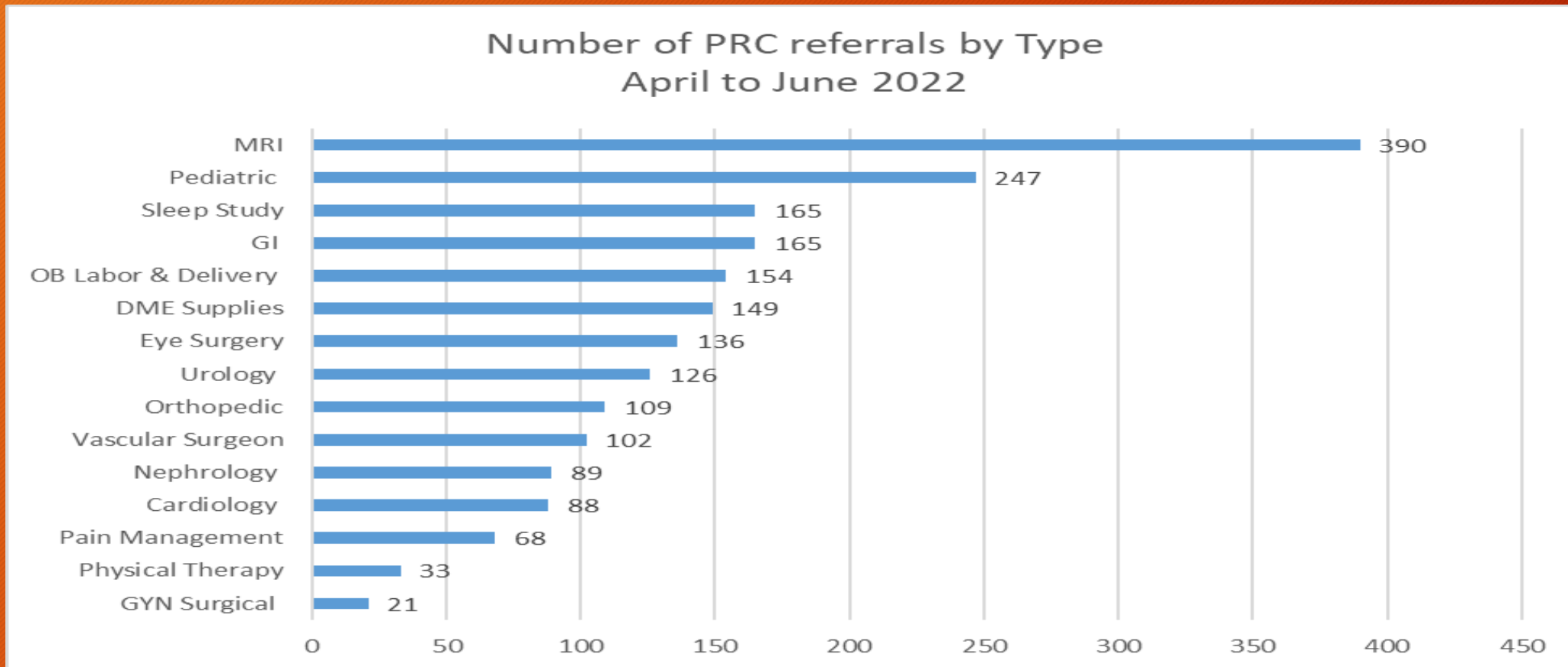
☐ Services Available at PIMC (Identify Clinic): _____

☐ Additional Information Required: _____

APPROVED

☐ PRC FUNDS AUTHORIZED as: ☐ Primary Payor ☐ Secondary Payor ☐ INPATIENT Est. Cost: _____

PRC collaboration with Patient Business



Benefits Coordinator Role

- Plays a very important role between patient and providers/clinicians, finance, PRC & Case Management
- Is the liaison between patient, federal, state, local and tribal agencies
- They are the patients advocate (hospital/clinic/state assistance)
- They are the patients educator
- They are the patient navigator
- They are the “go-to” person

Understanding Alternate Resources Requirements



Indian Health
Service



Health
Insurance

- IHS is considered the payor of last resort . The use of alternate resources is mandated by the Payor of Last Resort Rule 42 C.F.R. § 136.61
- An individual is required to apply for an alternate resource if there is reasonable indication that the individual may be eligible for the alternate resources
- Refusal to apply for alternate resources when there is reasonable possibility that one exists, or refusal to use an alternate resource, requires denial of eligibility for PRC
- A individual is not required to use/expend personal resources to meet resource eligibility or to sell valuables or property to become eligible for alternate resources

Alternate Resources

- All IHS or Tribal facilities that are available and accessible to an individual must be used before PRC.
 - No PRC funds may be expended for services that are reasonably accessible and available at IHS facilities
 - Distance from the IHS facility (mileage/one way rule)
- IHS considers the list of alternate resources as but not limited to: (See 42 C.F.R. § 136.61(c))
 - Programs under titles XVIII or XIX of the Social Security Act:
 - Medicare A (cannot force to get B)
 - Medicaid (AHCCCS, Medi-Cal, Nevada Medicaid)
 - State or local health care programs
 - Crime Victims Act
 - Private Insurance (HMO/PPO)
 - Medicare Advantage Plans (HMO)
 - Veterans Program
 - Children's Rehabilitative Services
 - Workman's Comp

Alternate Resource - Tribal Self Funded

- Exception to the IHS Payor of Last Resort - Tribal Self-Insurance Plans
 - For PRC, the Agency will not consider Tribally funded self-insured health insurance health plans to be alternate resource
 - IHS will assume that the Tribe does not wish for it's plan to be an alternate resource for purposes of PRC and IHS will treat the plan accordingly, once IHS receives documentation to show that the plan is tribal self-insurance.
 - Reminder: This process applies to IHS operated PRC programs. Tribes and Tribal organizations operating PRC programs may choose to follow this coordination process or adopt a different process.
 - <https://www.ihs.gov/ihtm/pc/part-2/chapter-3-purchased-referred-care/#2-3.8H>

Eligibility for Alternate Resources

- Refer to the Benefit Coordinator to determine whether the patient is eligible for alternate resources
 - Have a process in place of how you are going to inform, educate, route and communicate the process to the patient
- Advise the patient of the need to apply for alternate resources and refer to the Benefit Coordinator
 - Written notice that EXPLAINS the need to apply for alternate resources (pamphlet, letter, etc) which should include documents needed to complete their case, BC hours, etc
 - Go over the written notice with the patient, do not just hand to them
- Assist the patient in applying
 - Let them know you are here to help!
 - If there is evidence the patient doesn't understand, having difficulty reading, writing, etc. Show examples of documents they are needed (BC/CDIB/check stubs/SSA award letter)

Understanding Your Alternate Resources

- It is important for patients with private insurance, Medicare, Medicaid, etc. to understand their alternate resource coverage. Due to certain health plan requirements and limitations not all alternate resources are eligible for PRC coverage.
- The following are some types of alternate resources PRC is currently unable to service:
 - Tribally Self-Funded Insurance - Gilsbar, Summit, etc.
 - IHS will only treat the Tribe's plan as an alternate resource for purposes of PRC if IHS receives a tribal resolution from the Tribe's GB, which clearly states that the Tribe would like the IHS to treat the self-insured plan as an alternate resource for purposes of PRC (<https://www.ihs.gov/ihm/pc/part-2/chapter-3-purchased-referred-care/#2-3.8H>)
 - HMO Insurance Plans - Humana, United Health Care, etc.
 - Medicaid Manage Care Plans: ex: Mercy Care, Banner University, Health Choice, etc.
 - Under these manage care plans the patient are assigned and/or required to utilize their primary care provider (PCP) in order for the services requested to be paid.

Benefits Coordinator Role - Hospital vs Small Clinic

- Roles may differ on hospital/clinic size
 - Hospital (ED, Admissions, SDS, etc)
 - These are your high cost areas, very important the BC in these assigned areas are starting the application process, submitting the application
 - SDS or any other “planned” stay, must pre-visit plan. Talk to your patients on the importance of applying, do the interview over the phone, check off list of documents to bring to pre-op visit
 - Bit more difficult to create a relationship with patient as you only see them once, maybe twice then they are discharged
 - Must work well with the BC’s in the clinic, have a successful hand-off process
 - Work as a team, know what the other hand is doing, able to explain the SAME process, do not deviate. This can be where trust is broken with the patient (lost paperwork, etc)
 - Communicate, have the hard conversations. Issues? Also bring solutions to process improvements
 - If a process works and data proves it, celebrate!

Benefits Coordinator Role - Hospital vs Small Clinic

- Clinics
 - Planned visits, pre-visit planning can be done, know who is coming in
 - More controlled environment (you start/end process) nobody else involved
 - Easier communication between Pt Reg, clinicians, PRC staff
 - Trust is gained, same person, no handoff
 - You are the only person for process improvement changes, suit to the needs of the patient (fax documents instead of driving in)
 - May also be wearing many hats in a smaller clinic; patient reg, BC and sometimes PRC
 - You are able to adjust process improvement easier without many “higher interventions or blessings” needed/required
 - Able to have buy-in from other departments and break down silos
 - Create a trusting environment of accountability and responsibility



Questions ?