

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](mailto: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.



# Effective Use Of Patient Registration Reports

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# Patient Registration Roles & Responsibilities

- Customer Service
- Create Patients Profile
- Determine Patients Eligibility
- Maintenance of Patients Profile
- Review and update demographics
- Collection and verification of insurance
- Obtain Authorizing Signatures - (HIPAA- Health Insurance Portability and Accountability Act, Assignment of Benefits (AOB), Release of Information (ROI)
- Prior Authorizations
- Referral to Patient Benefits Coordinator (duties may be assigned, referral process may vary)





# Patient Benefits Coordinator (PBC) Roles & Responsibilities



- Customer Service
- New Patient Orientation (varies per facility)
- Identifying uninsured/underinsured patients
- Assist, track patients with application process to obtain third party resources
- Patient advocacy (tribe, transportation, etc.)
- Research federal, state, local programs, and pharmaceutical programs for additional resources
- Collaboration with Patient Registration and PRC Department





# The Impression All Starts With You!

**Patient Registration and Patient Benefits Coordinators play a vital role in the revenue cycle and patients access to healthcare.**

First person contact:



- First Impression/Set the tone
  - Courteous/ Attentive
  - Prepared-Respectful
  - Maintain Professional

Old Saying “You can attract more bee’s with honey”

- The higher quality consumer experience, the increase in patient satisfaction

**Happy Patients = Healthier Patients**



# Data Collection All Starts With You!

## First person to collect patient data:

- The RPMS Practice Management Application Suite, Registration, and Scheduling **modules must be utilized** at the time of registration and check-in.
- A patient account will be established at the time of service regardless of status, Non-Beneficiary, Beneficiary, Insured, Uninsured
- Professionalism aids in building a patients trust/confidentiality. (assist in collection information and documentation)





# Accurate Information



## Accurate and complete patient information is crucial!

- Patient demographic information is an important part of healthcare quality and patient outcomes
  - Safety - Patients age is a contributing factor when prescribing medication (dosages), preventative screenings
- Revenue Generation
  - Accurate billing starts with accurate information, making patient registration vital to the overall success of the billing process and revenue cycle



# Why Patient Registration and PBC Reports?



**Overall routine generation and analysis of reports are essential for tracking and identify the following;**

- Trends
- Gaps in process
- Errors/Incomplete Profiles
- Revenue Resources
- Revenue potential gain/loss
- Cycle Times
- Training Needs/Competency
- Performance





# What Data is Retrievable From Pat Reg PBC Reports?



**Patient Registration and PBC reports identify the following;**

- Patient Volume – Register Patients
- Patient Demographics –Age, Gender, County, Tribe, Non-Beneficiary,
- Eligibility Counts- Veterans, Medicaid, Medicare, Private
- Insured/Uninsured/Underinsured
- Incomplete Patients Profile





## What Data is Retrievable From Pat Reg PBC Reports? cont.;



- Time Around Time Report - Process Flow
- Provider Productivity
- Schedule vs Seen (no shows), Walk In's, Same Day, Overbooking
- Clinic Workload





# IHS Third Party Revenue Accounts Management and Internal Controls



## IHS Third Party Control Policy Section 5-1.3 Procedures Section E.4:

### Patient Registration.

- Identify if a prior authorization is needed and refer to the appropriate office for processing. Third-party eligibility and patient demographic data is to be determined and/or verified at **each and every patient encounter**. This includes: Collecting and/or updating patient information/demographic data and third-party eligibility in RPMS at the time of registration and check-in
- Referral to the Benefits Coordination Office for reviewing and evaluating a patient's eligibility for alternate resources.

## IHS Third Party Revenue Accounts Management and Internal Controls Chapter 1 Part 5.1B

Management Reviews will include components of the revenue cycle

Weekly reviews must be performed to determine the current status of or on the backlog of; Patient Registration (data verification, eligibility counts, audit reports), Benefits Coordinator (productivity and application types)



# How To Effectively Utilize Data

The information identified from Patient Registration and PBC reports can be utilized for ;

- Leadership - Data Driven Decisions
  - Program Development - Patient volume, gender, age, third party resources
  - Data Assist Third Party Projections
  - Capacity
  - Program Sustainability
  - Planning, Budgeting (outreach/program expansion)
  - Staffing
- Quality Improvements
  - Process Flow
  - Individual Performance Plan
  - Staff Productivity





# How To Effectively Utilize Data cont.;

## Correction and Maintenance of Patient Profiles

- Patient Safety – location of home, E-Contact, medications (age), GPRA screenings,
- PRC Correspondence
- Timely Claim Processing – minimizing errors-avoiding pending claims, denials and aging accounts
- Avoid Rework
- Cost Reduction

## Maximize Third Party Revenue

- Increase Access to Care
- PRC Offset
- Medical Equipment





# How To Effectively Utilize Data cont.;

- Demographic Analysis - Social Determinants of Health - Healthcare System Housing
  - Community
  - Health Coverage
  - Quality of Care
  - Access to Care
  - Employment
- Patient Overall Experience
  - Patient Satisfaction
  - Trust/Loyalty





# Patient Registration Reports cont.;



## Eligibility Counts/Productivity:

- AGSM – Summary of Third Party Resources - RPMS Pathway HEAL-AGM-PTRG-RPT-THR-AGSM
- DAI-Daily Activity Report (eligibility/productivity) - RPMS Pathway HEAL-AGM-PTRG-RPT-DAI
- PGEN-Patient General Retrieval Report (customized report) – RPMS Pathway HEAL-PCC- ^6-PGEN
- VET-Veterans – Registered Veterans (eligibility/counts) - RPMS Pathway HEAL-AGM-PTRG-RPT-VET
- COM- List of Commission Officers and Dependents (eligibility/counts) RPMS Pathway HEAL-AGM-PTRG-RPT-COM





# Summary of Third Party Resources AGSM



## 3rd Party Eligibility Stats

For Patients with Eligibility: JUL 00,2000 and having a visit in the past 3 years. Report Date/Time: JUL 00,2000@00:47:10  
UNDUPLICATED PATIENT COUNTS

•	Medicaid Only:	365
•	Private Insurance Only:	793
•	Medicare A Only:	8
•	Medicare B Only:	0
•	Medicare Part A & B Only:	59
•	Medicare Part D:	73
•	Medicaid & Medicare:	60
•	Medicaid & Private Ins.:	265
•	Medicare & Private Ins.:	127
•	Medicaid, Medicare, & PI:	20
•		-----
•	TOTAL	1770







# Registration Daily Activity – DAI Report

## The DAI Report - Total Registered Patients, New Registered, Edit, Statistical/Patient Names

DEMO SERVICE UNIT  
NEW PATIENT REGISTRATION REPORT

UCI:  
as of : JUL 00, 2021 @ 12:35:53

Report from JUN 00, 2000 thru JUL 00, 2021

**New Patients Registered from 06/13/20 to 07/00/21 Totaled : 5**

**TOTAL PATIENTS REGISTERED : 16,500**



# Patient Retrieval Report - PGEN

Patients can be selected based upon any of the following items. Select as many as you wish, in any order or combination. An (\*) asterisk indicates items already selected. To bypass screens and select all patients hit Q.

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| 1) Name/Chart #/SSN        | 45) User Updating PCP      | 89) Most Recent TOBACCO HF |
| 2) Sex                     | 46) Date PCP Updated       | 90) Most Recent TB STATUS  |
| 3) Date of Birth           | 47) Other Specialty Prov ( | 91) Most Recent ALCOHOL HF |
| 4) Birth Month             | 48) Date Oth Spec Prv Upd  | 92) Most Recent STAGED DM  |
| 5) Birth Weight (grams)    | 49) Oth Spec Prv User Upd  | 93) Most Recent Barriers H |
| 6) Birth Weight (Kgs)      | 50) EDD (ANY/ALL TYPES)    | 94) Most Recent LEARNING P |
| 7) Race                    | 51) Definitive EDD         | 95) Most Recent RUBELLA HF |
| 8) Ethnicity               | 52) EDD (LMP)              | 96) Most Recent ACTIVITY L |
| 9) Age                     | 53) EDD (ULTRASOUND)       | 97) Date Last Alcohol Scre |
| 10) Age in Months          | 54) EDD (CLINICAL PARAMETE | 98) Date Last Depression S |
| 11) Veteran Status Y/N     | 55) EDD (METHOD UNKNOWN)   | 99) Date Last IPV/DV Scree |
| 12) Date of Death          | 56) EDD (Last Documented)  | 100) Date Last Colonoscopy |
| 13) Date Patient Establish | 57) Contraception Method   | 101) Date Last Flex Sig    |
| 14) Mlg Address-State      | 58) Last Menstrual Period  | 102) Date Last Mammogram   |

+ Enter ?? for more actions

S	Select Item(s)	+	Next Screen	Q	Quit Item Selection
R	Remove Item(s)	-	Previous Screen	E	Exit Report

Select Action: S//



# Patient Registration Reports



## **AUDIT REPORTS: Missing, incorrect and expired information/documents**

- FAUD- Audit Report – Errors/warnings – RPMS Pathway HEAL-AGM-PTRG-RPT-FAUD (taskman/overnight)
- ERP- Audit Report Print – FAUD Printed - RPMS Pathway HEAL-AGM-PTRG-RPT-ERP
- INV-Invalid Data Entries- Missing information - RPMS Pathway HEAL-AGM-PTRG-RPT-INV





# Field Audit Report - FAUD



**FAUD Report –Audits patients profiles for fields within a patients profile that are either incomplete, or have expired that have an error/warning code**

- Marital Status
- Ethnicity
- AOB/ROI
- Address
- Minor Parents Employment Information
- Medicare Secondary Payer (MSP)
- Language
- Coverage Type





# Field Audit Report - FAUD

## ERP- To print FAUD Report: Errors/Warnings/Both - Summary or Detailed – All/Some

**Summary** includes;

- Error/Warning Codes
- Error Code List (Narrative)
- Total Number of Patients with Errors/Warnings

**Detailed** includes;

- Error/Warning Code
- Corrective Action
- Patients Names
- HRN's
- Facility
- DOB's

Use - Monitoring tool to ensure completion correction actions are taken





# ERP Summary Report



## ERROR NUMBER

## ERROR LIST

total # of  
Patient w/Errors

005	Medicare Secondary Payer expired	141
006	Patient's address incomplete	8
035	Mother's or Father's Employer Information Missing for	1
043	Patient's Household Income Period incomplete	1
049	Patient's Preferred Language incomplete or not in pati	12
050	Patient's Primary Language, Proficiency or Interpreter	32
051	Patient's Ethnicity/Method of Collection incomplete	8

## WARNING NUMBER

## ERROR LIST

total # of  
Patient w/Errors

001	Assignment of Benefits Missing	59
002	Employer Information Incomplete	73
003	AOB expired (past one year) or AOB comes before eligib	184
004	Medicare Secondary Payer information missing	15
008	Patient's marital status incomplete	3
011	Policy is designated as being supplemental to Medicare	28
013	Release of Information is missing	64
014	Release of Information Expired past 1 year	181
015	Emergency contact information incomplete	11
017	Coverage Type(s) not defined for the policy (#)	713
021	Group number/Plan Number incomplete	197
034	Patient has an open case with the Benefits Coordinator	115



# ERP Detailed Report

<b>035 ERROR:</b>	Mother's or Father's Employer Information Missing for minor		
CORRECTIVE ACTION:	The patient is a minor and the parental employer data is missing. Complete the appropriate fields on Page 2.		
=====	=====	=====	=====
Name	IHS #	FACILITY	DOB
=====	=====	=====	=====
DEMO,PATIENT ERROR ONE	XXXXXX	CLINTON INDIAN HEALTH CENTER	SEP 20,20XX
DEMO,PATIENT ERROR TWO	XXXXXX	CLINTON INDIAN HEALTH CENTER	JUN 2,20XX
DEMO,PATIENT ERROR THREE	XXXXXX	CLINTON INDIAN HEALTH CENTER	SEP 13,20XX

<b>002 WARNING:</b>	Employer Information Incomplete		
CORRECTIVE ACTION:	Enter the employment status. Also, make sure the employer file in Table maintenance is complete.		
=====	=====	=====	=====
Name	IHS #	FACILITY	DOB
=====	=====	=====	=====
DEMO,PATIENT WARNING ONE	XXXXXX	CLINTON INDIAN HEALTH CENTER	SEP 20,20XX
DEMO,PATIENT WARNING TWO	XXXXXX	CLINTON INDIAN HEALTH CENTER	JUN 2,20XX
DEMO,PATIENT WARNING THREE	XXXXXX	CLINTON INDIAN HEALTH CENTER	SEP 13,20XX





# Invalid Data Entries-Report



## Invalid Data Entries Reports - Missing information

- DOB
- SEX
- Tribe Quantum
- Community
- Chart#
- Beneficiary Code
- Next of Kin (NOK)
- Emergency Contact
  
- RPMS Pathway - HEAL-AGM-PTRG-RPT-INV







# Invalid Data Entries Report

SERVICE UNIT

INVALID DATA ENTRIES - PATIENT FILES

UCI: Service Unit

as of JUL 00, 2021@11:52:09

DOB	SEX	TRIBE	INDIAN QUANT.	CURRENT COMMUN.	BENEF. CODE	CHART	NOK	EMER CONT	MAIL ADDR	HOME PHONE
=====										
			*			2019		*		
			*			2020				
			*			2021				
			*			2022				





# Benefits Coordinator Reports

## Print Listing Reports: Eligibility Counts

- Medicare A,B,D, A&B, Medicare/Railroad, Medicaid, Private -RPMS Pathway HEAL-AGM-PTRG-RPT –Select One of the Following (MCRA,MCRB,MCR,MCRD,MCD,PVT)

## Benefits Coordinator: Productivity Application Status

- BCPC-Benefits Coordinator Productivity –RPMS Pathway HEAL-AGM-PTRG-RPT-BCPC  
(Application Type and Status - Approved Denied Resub Refused Followup Err Pending Overinc Screen)

## AGE Reports

- AGE (age range, alternate resource) RPMS Pathway HEAL-AGM-PTRG-RPT-AGE
- OVE Print list of patients - 65 yrs and older – RPMS Pathway HEAL-AGM-PTRG-RPT-OVE (Medicare)
- YNG Print List of Patients - 18 yrs and younger RPMS Pathway HEAL-AGM-PTRG-RPT-YNG (CHIP)



# Vital Teamwork

Patient Registration, Patient Benefit Coordination, PRC Technicians should work together to identify patients that have no resources or have resources that have lapsed. Teamwork can streamline the process providing a better customer experience.



# Questions



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