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.
Effective Use Of Patient Registration Reports

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Nashville Area Office

July 15, 2022
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 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 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 Toted : 5

TOTAL PATIENTS REGISTERED : 16,500
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.

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

Enter ?? for more actions

Select Item(s) + Next Screen Q Quit Item Selection
Remove Item(s) - Previous Screen E Exit Report
Select Action: S/
AUDIT REPORTS: Missing, incorrect and expired information/documents


- 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 LIST

<table>
<thead>
<tr>
<th>Error Number</th>
<th>Description</th>
<th>Total # of Patient w/Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>005</td>
<td>Medicare Secondary Payer expired</td>
<td>141</td>
</tr>
<tr>
<td>006</td>
<td>Patient's address incomplete</td>
<td>8</td>
</tr>
<tr>
<td>035</td>
<td>Mother's or Father's Employer Information Missing For</td>
<td>1</td>
</tr>
<tr>
<td>043</td>
<td>Patient's Household Income Period incomplete</td>
<td>1</td>
</tr>
<tr>
<td>049</td>
<td>Patient's Preferred Language incomplete or not in patient</td>
<td>12</td>
</tr>
<tr>
<td>050</td>
<td>Patient's Primary Language, Proficiency or Interpreter</td>
<td>32</td>
</tr>
<tr>
<td>051</td>
<td>Patient's Ethnicity/Method of Collection incomplete</td>
<td>8</td>
</tr>
</tbody>
</table>

### WARNING LIST

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

### 035 ERROR:

**CORRECTIVE ACTION:**

The patient is a minor and the parental employer data is missing. Complete the appropriate fields on Page 2.

<table>
<thead>
<tr>
<th>Name</th>
<th>IHS #</th>
<th>FACILITY</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO,PATIENT ERROR ONE</td>
<td>XXXXX</td>
<td>CLINTON INDIAN HEALTH CENTER</td>
<td>SEP 20,20XX</td>
</tr>
<tr>
<td>DEMO,PATIENT ERROR TWO</td>
<td>XXXXX</td>
<td>CLINTON INDIAN HEALTH CENTER</td>
<td>JUN 2,20XX</td>
</tr>
<tr>
<td>DEMO,PATIENT ERROR THREE</td>
<td>XXXXX</td>
<td>CLINTON INDIAN HEALTH CENTER</td>
<td>SEP 13,20XX</td>
</tr>
</tbody>
</table>

### 002 WARNING:

**CORRECTIVE ACTION:**

Employer Information Incomplete

Enter the employment status. Also, make sure the employer file in Table maintenance is complete.

<table>
<thead>
<tr>
<th>Name</th>
<th>IHS #</th>
<th>FACILITY</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO,PATIENT WARNING ONE</td>
<td>XXXXX</td>
<td>CLINTON INDIAN HEALTH CENTER</td>
<td>SEP 20,20XX</td>
</tr>
<tr>
<td>DEMO,PATIENT WARNING TWO</td>
<td>XXXXX</td>
<td>CLINTON INDIAN HEALTH CENTER</td>
<td>JUN 2,20XX</td>
</tr>
<tr>
<td>DEMO,PATIENT WARNING THREE</td>
<td>XXXXX</td>
<td>CLINTON INDIAN HEALTH CENTER</td>
<td>SEP 13,20XX</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>DOB</th>
<th>SEX</th>
<th>TRIBE</th>
<th>QUANT.</th>
<th>COMMUN.</th>
<th>CODE</th>
<th>CHART</th>
<th>NOK</th>
<th>EMER</th>
<th>MAIL</th>
<th>HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

* 2019
* 2020
* 2021
* 2022

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25
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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