

Patient Registration and Patient Benefits Coordination Training

July 12, 2022



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IHS Mission

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level



Successful Organizations

- Teamwork and collaboration
- Transparency
- Innovation: Thinking outside the box
- Workforce development
- Accountability
- Learning organization
- Recognition of everyone's contributions





Skin in the game



- Trauma Informed Care
- Work place safety
- First impression
- Customer service



Long COVID



Long COVID-19

- Persistent symptoms and/or delayed or long term complications of SARs CoV-2 infection beyond 4 weeks from the onset of symptoms
 - Subacute COVID-19 which includes symptoms and abnormalities present from 4-12 weeks acute COVID-19
 - Chronic or Long COVID-19 syndrome, includes symptoms and abnormalities persistent or present beyond 12 weeks from the onset of acute COVID-19 and not attributable to alternative diagnosis



Symptoms

- Fatigue
- Headache
- Shortness of breath
- Chest pain or discomfort
- Cough
- Persistent loss of smell and/or taste
- Joint pain; muscle aches and pain/weakness
- Sore throat
- Memory loss
- Brain fog (difficulty concentrating, sense of confusion or disorientation)



Symptoms (continued)

- Dizziness
- Low-grade, intermittent fever
- Rapid or irregular heartbeat (palpitations)
- Anxiety
- Depression
- Post-traumatic stress disorder (PTSD)
- Insomnia
- Earache, hearing loss, and/or ringing in ears (tinnitus)
- Rashes
- Diarrhea, nausea, and/or abdominal pain
- Diminished appetite
- Hair loss



Long COVID-19 sequelae

- Pulmonary
- Hematologic
- Cardiovascular
- Neuropsychiatric
- Renal
- Endocrine
- Gastrointestinal
- Dermatologic
- MIS-C



Long COVID-19 Code

- U09.9
- Post COVID-19 condition, unspecified
- U07.1 for acute COVID-19



Specific conditions related to COVID-19

- Chronic Respiratory failure J96.1
- Loss of smell R43.8
- Lost of taste R43.8
- Multisystem Inflammatory syndrome M35.81
- Pulmonary Embolism I 26.
- Pulmonary fibrosis J84.10



Disability

Guidance on “Long COVID” as a Disability Under the ADA, Section 504, and Section 1557



**U.S. Department of Health
Human Services**
Office for Civil Rights

U.S. Department of Justice
Civil Rights Division
Disability Rights Section

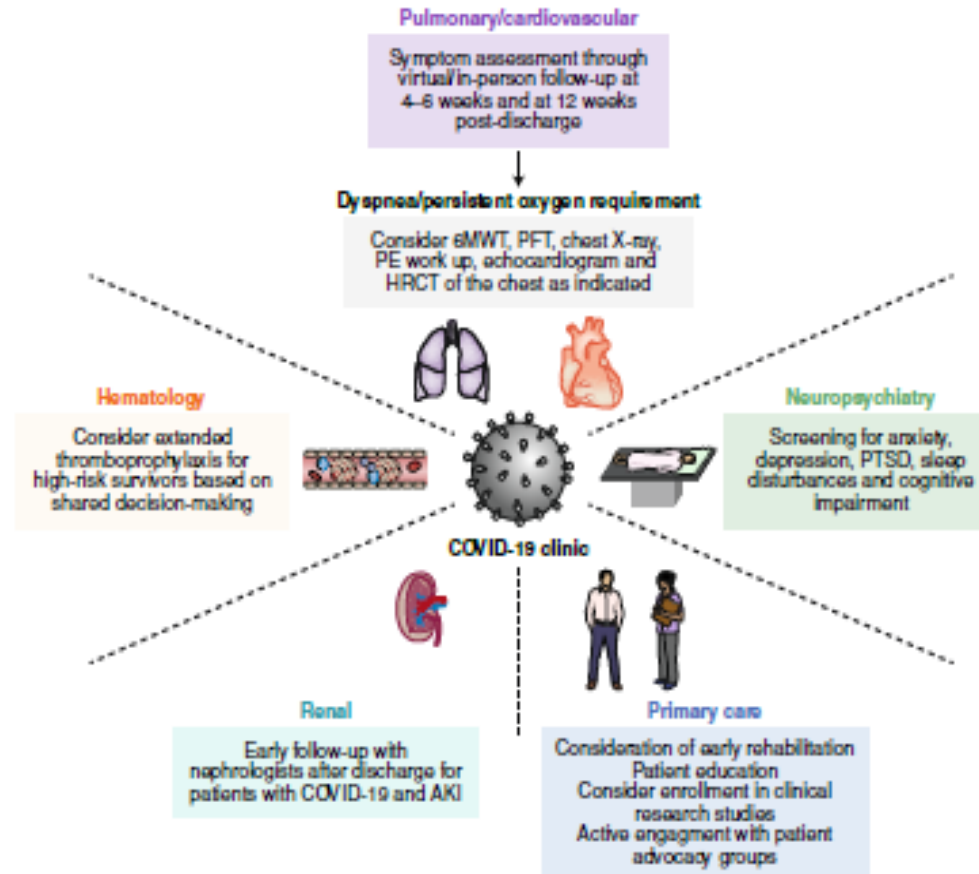


Definition of disability

- Define a person with a disability as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of such individual (“actual disability”); a person with a record of such an impairment (“record of”); or a person who is regarded as having such an impairment (“regarded as”). A person with long COVID has a disability if the person’s condition or any of its symptoms is a “physical or mental” impairment that “substantially limits” one or more major life activities



Interdisciplinary Management



Nature Medicine | VOL 27 | April 2021 | 601–615 | www.nature.com/naturemedicine



Summary

- Long COVID-19 Syndrome has an impact on the life of the affected person
- There is an increased need for medical and social services resources
- A well integrated plan of care will result in improved outcomes
- There is still much to be learned about the sequelae of COVID-19
- All healthcare providers should factor in the needs of this Post-COVID-19 population for resources, cost and possible long term care implications



THANK
you
for the fantastic job
You do every day





Realignment of the Revenue Cycle

Patient Registration and Patient Benefits Coordination
Contributions and Impacts on the Revenue Cycle

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July 12, 2022





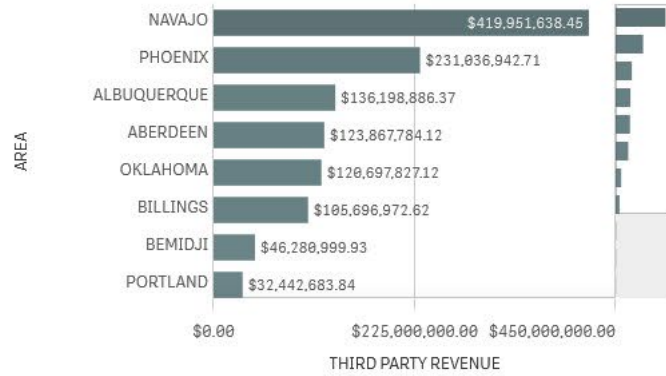
IHS Revenue FY 2022 YTD

ORAP: 3RD PARTY REVENUE: SUMMARY - UFMS DATA

Third Party Revenue by Fiscal Year



Third Party Revenue by Area

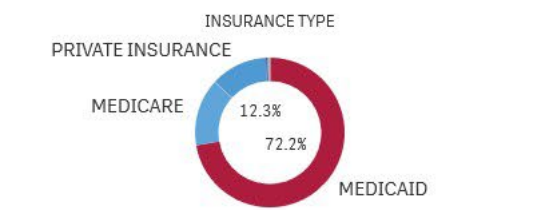


Third Party Revenue by Location Description

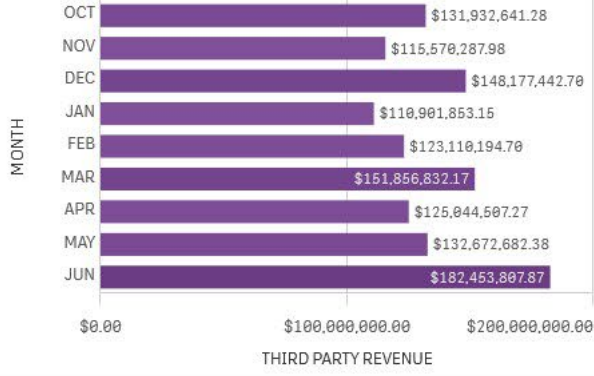


TOTAL THIRD PARTY REVENUE
\$1,221,720,249.50

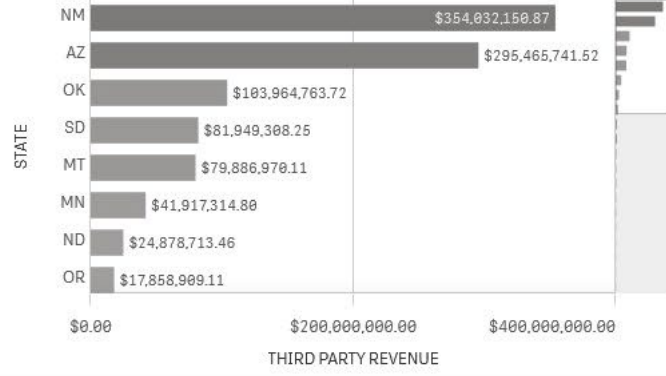
Third Party Revenue by Insurance Type



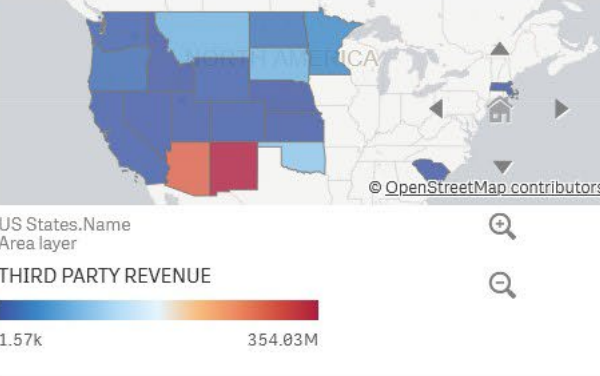
Third Party Revenue by Month



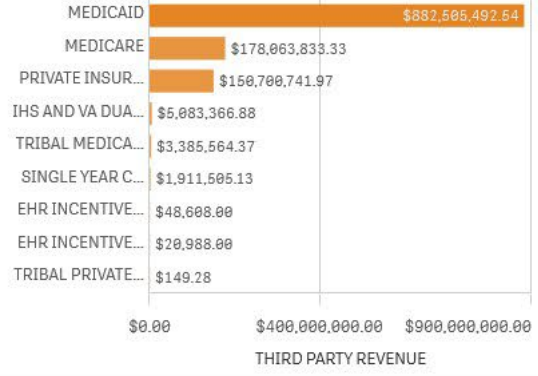
Third Party Revenue by State - Tied to Facility Location



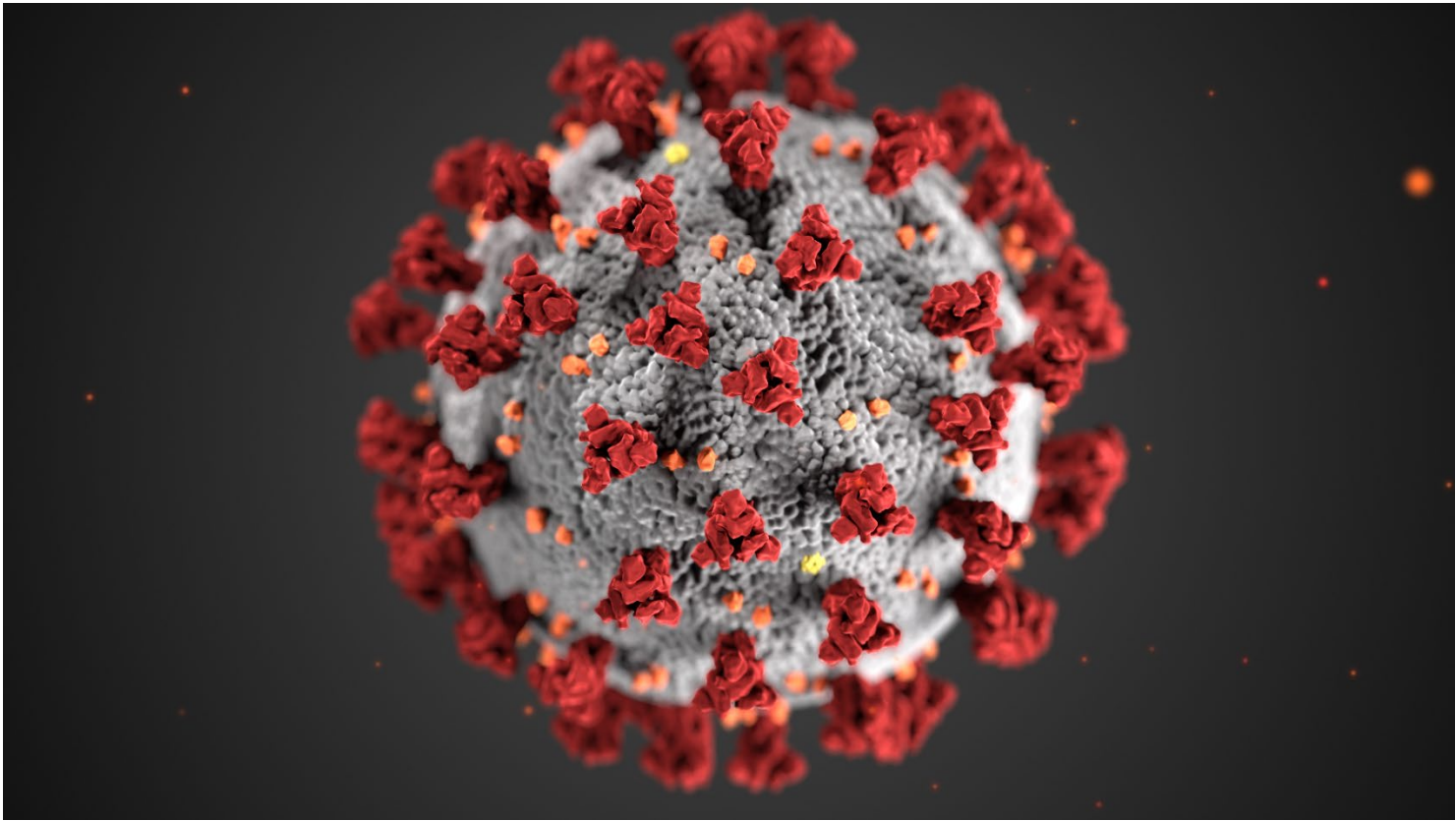
Third Party Revenue by State - Map



Third Party Revenue by Insurance Type



2020, 2021, 2022





The Present





What is Realignment?

Realignment

- The action of changing something or restoring something to a different or former position or state.
- To put back into proper order or alignment





Why Do We Realign?



- Improve collaboration;
- Streamline efforts;
- Remove inefficiencies;
- Coordinate efforts;
- Optimize reimbursements; and
- Fulfill IHS Mission





How Do We Realign?



Overview

- Set goals for revenue streams;
- Understand how revenue stream goals translate into specific roles, skills, and day to day activities;
- Communicate goals and get feedback;
- Determine sufficiency of resources to achieve goals;
- Align staff and resources with revenue stream goals and target efforts;
- Establish One Team with Shared Goals





Set Up for Success



When done correctly, realignment improves a facility's chances at achieving maximum performance, maximum efficiency, and maximum revenue.





Steps in the Process



1. Analyze plans and Objectives
2. Establish skill/competency requirements
3. Audit your current resources
4. Fill Needs/gaps



Steps in the Process (continued)



5. Improve interoffice relationships and build trust;
6. Create and cultivate a culture that supports constant, open communication, feedback and innovation;
7. Use metrics and key performance indicators (KPIs) to determine how well staff are aligned with business needs. Get objective reviews.
8. Take Action





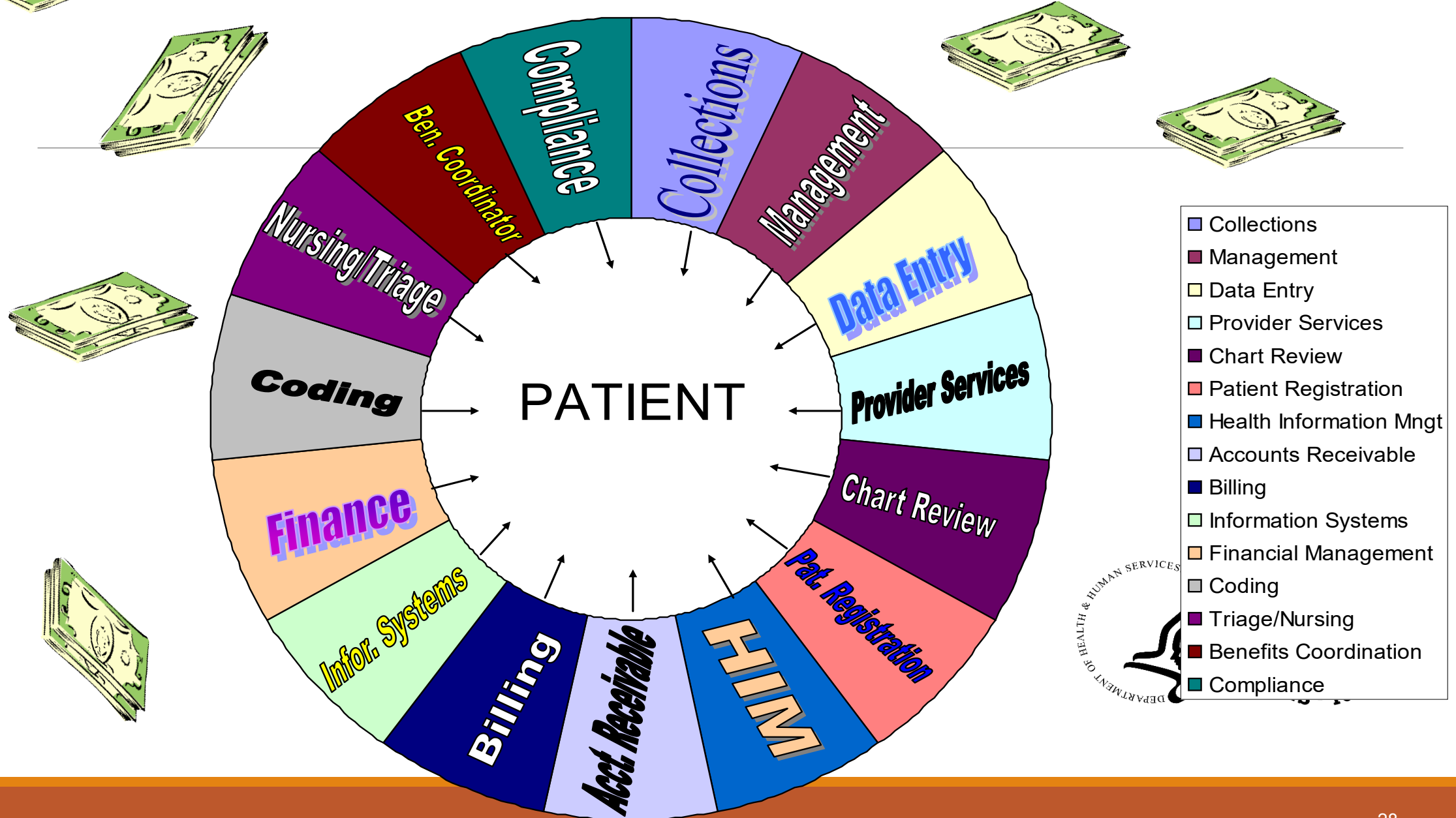
Realignment – What does that mean to us?



- **Renewal, Reorganization, Evolution/Growth, Improvement**
- Patient Registration (demographics and eligibility) data capturing has been a part of IHS from day one. We have always needed patient data for Patient Records and Patient Care.
- Patient Benefits Coordination has been a part of our patient services for quite some time, but really picked up with the implementation of the Business Offices and with the expansion of the many different Alternate Resources opportunities.



"WHEEL OF FORTUNE"





Patient Registration – Documented Roles and Responsibilities



- Interviews patients to obtain/update identifying demographic and **eligibility information** upon EVERY VISIT
- Responsible for verifying eligibility information
- Gathers **required signatures** and documents from the patient
- Often Responsible for obtaining **pre-certification** (approval) for certain procedures.
- **Refer** Patients to Benefits Coordinator when necessary.
- If this is the first point of contact, the **“Check In”** process can be initiated at this time. (Establishing the “Account”)
- Coordinate with PRC Program
- Often promotes **Positive image** for the entire patient visit.
- **Coordination of Benefits**
- *50% of Billing Information*
- **Record** Alternate Resources and Demographics
- Outreach and Education of ALL alternate Resources
- Data Integrity

THIS NEEDS TO EXPAND/GROW/EVOLVE – GIVE CREDIT WHERE CREDIT IS DUE





Benefits Coordination Documented Roles and Responsibilities



- **Determines and *Records*** if the patient is eligible for any “not yet identified” Alternate Resource.
- **Liaison** between facility, patient, and local, State, and Federal Agencies.
- Serves as a **Patient Advocate** for scheduling appointments and follow up with different Alternate Resource Programs. (Applications)
- Coordinate with PRC Program
- Assists with Application process for Alternate Resources (Medicaid, Exchanges, VA, etc.)
- Explains the **benefits** of Alternate Resources to the Patients.
- Beneficial to **both** PRC (cost shifting) and Direct Care (additional revenue) Services.
- Outreach and Education of ALL alternate Resources

THIS NEEDS TO EXPAND/GROW/EVOLVE – GIVE CREDIT WHERE CREDIT IS DUE



Oh, How we have Evolved and Grown!



- Patient Registration and Benefits Coordination roles and responsibilities, knowledge levels, and impacts to the organization have expanded beyond what we ever imagined.
- Everything you all do plays a very important role in the Agency success in providing Health Care.
- Most Programs are dependent in one way or another in utilizing the patient information you all are capturing and verifying.
- More Authorities and Opportunities for Alternate Resources
- Serving More Patients
- Expanding the size and the services provided
- Need to Capture and Protect more Patient Demographic and Eligibility information
- This is NOT ALL about Revenue.
- Looking at Certifications.
- **Financial, Statistical, Clinical, and Legal Requirements**





How the Importance has Grown/Expanded? Take a Different Approach



- Data Integrity – Accurate and Timely Data Capturing and Recording
- **Clinical** – Almost Every Program operates using the Data that is collected and verified during the PR and PBC processes. (EHR, PRC, Billing, Lab, Dental, Pharmacy, etc.)
 - Every visit is identified by data you help collect. EVERYTHING has to be correct, complete, timely that exists in the Patient Data Base.
 - Access to Health Care – Patient Advocate. Alternate Resources identified allows Patients to seek Health Care Services outside of IHS when necessary with minimal financial impact.
 - Telehealth – Additional types of Services Provided
 - Updating and Verifying all data all the time.
- **Financial** - Every Bill/Debt that leaves the Agency is dependent on the data you collect and verify.
 - 50% of claim/bill created comes from the Data collected in PR and PBC.
 - Approximately (based on a past study) 20+% of our revenue was impacted by denials that could have been avoided.
 - Cost Avoidance/Saving for the PRC Program which allows for more services to be covered.
 - Updating and Verifying all data all the time.
- **Statistical** - Workload and User Pop can impact the Financial Aspect of the Organization.
 - Everything that is exported to the NDW (Patient and Visit Data) is used to track, monitor, analyze, and fund the Health Care we provide, and who we provide it to.
 - Updating and Verifying all data all the time.
- **Legal** – Compliance with multiple levels of rules, regulations, requirements, or Legislation
 - We don't do things just to do them. All the signatures, forms, communications with patients, etc are governed by someone we are partnering with to provide the best quality Health Care we can.
 - SOGI
 - Medicare Rules
 - SSN Reduction
 - Mass Vaccination Clinics
 - Etc.



Why versus What

- We often ask “**Why** do we do this is way?” or “**Why** do we have to do this?”
- We should be approaching our roles and responsibilities as “**What** more can I do to impact the Financial, Clinical, Statistical, and Legal stability of the Agency?”
- Set your obtainable goals and achieve them
- Recognize your worth and importance to the success of the Patient Care we provide.
- Know that your positions and what you do ARE an integral part (necessary to the completeness of the whole) of not just the Revenue Cycle. Goes beyond that.
- Get involved with the evolution/growth/improvement to the entire program. Be innovative and share your ideas and knowledge.





Example of how things have expanded.

Alternate Resources to Consider – How can we help out Patients? Understanding these programs.

- Medicare (Part A, B, C, and D)
- Medicaid (with or without Expansion)
- Private Insurance
- Beneficiary Medical Program (Commissioned Officers)
- CHAMPUS/Tricare
- Workmen's Compensation
- CHIP (Children's Health Insurance Program)
- Non-beneficiaries
- Health Exchanges (ACA)
- Veterans Administration
- Tribal Self Insurance
- Tribal Sponsored Premium Programs
- HRSA (during COVID)
- And MORE....
- ETC.

