Indian Health Service
PR and PBC Training - 2024
Realignment of the Revenue Cycle and Your Facility

CYNTHIA LARSEN, PROGRAM/MANAGEMENT ANALYST, ORAP/DBOE

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Topics of Discussion

Purpose of this Presentation (Takeaways)

What is Realignment and Rebranding?

Why do we need to Realign or Rebrand? See things differently.

Where are we now? Revenue Cycle versus Revenue Wheel

How have our Roles, Responsibilities, and Risks Changed?

Knowing your WORTH

Proof is in the Data Pudding

How to get leadership to say Yes

Leadership's Role in Rebranding

Training and Workforce Development Workgroup

Discussion, Feedback, and Q&As

Purpose of this Presentation

This session will provide an overview of the **steps in the health care revenue cycle**. Attendees will gain basic understanding of all aspects of the revenue cycle, such as; scheduling, registration, insurance verification, benefits coordination, pre-authorization, charge capture, coding, clinical documentation improvement and auditing, billing, compliance, denial management, collections, payment posting, **reporting and benchmarking** activities, and the importance of internal and external reviews and compliance audits. **What it looks like now versus 30 years ago**. We are currently a billion dollar industry! It may be time to **realign** our Revenue Program! What is necessary to support and increase this process? How do we currently **analyze** the process, how can we **grow and protect** our revenue streams with a finite population? Detailed information review from demographic collection, where does each key **indicator** play out, how can we continue to grow with what we have? This session begins the realignment! How do we get **Management to understand our Ask** with **supporting analytics**? How do we "**rebrand**" our Revenue Cycle Program. **Know your WORTH.**

What is Realignment? What is Rebranding?

Realignment

The action of *changing something or restoring something* to a different or former position or state. (We are not who we were years ago)

To put back into proper order or alignment

Rebranding

Change the corporate image of (a company or organization). (Revenue Cycle) (How are we viewed, where do we fit in with the Agency)

Establish One Team with Shared Goals

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

Why do we realign and what is the process?

Why do we realign?

- Improve collaboration;
- **Improve Patient Care and Access to Care**
- Streamline efforts;
- Remove inefficiencies;
- Coordinate efforts;
- Optimize reimbursements; and
- Fulfill IHS Mission

What are the steps in the Process?

1. Analyze plans and Objectives
2. **Establish skill/competency requirements**
3. Audit your current resources
4. Fill Needs/gaps
5. **Improve interoffice relationships and build trust;**
6. **Create and cultivate a culture that supports constant, open communication, feedback and innovation; GET INVOLVED. BE HEARD**
7. Use metrics and key performance indicators (KPIs) to determine how well staff are aligned with business needs. Get objective reviews.
8. Take Action

How have our Roles, Responsibilities, and Risks Changed?

- Changes to our Environment
  - Increased Workload
  - Increased Types of Services offered
  - Authorities have changed
  - Complexities have evolved
  - Risks have increased (Audits, Usage of Revenue Cycle, etc)
- **Changes in how we view our selves, and how we project the program to others (externally and internally)**

Realignment – What does that mean to us?

- **Renewal, Reorganization, Evolution/Growth, Improvement CHANGE**
- **The Theme of the Training is Train to Retain, and Grow Your Own**
- Patient Registration (demographics and eligibility) data capturing has been a part of IHS from day one.
- Patient Benefits Coordination has been a part of our patient services for some time, but really picked up with implementation of the Business Offices, then again later, with State Medicaid Expansion and Unwinding and ACA expansion of many Alternate Resources opportunities.
- Billing and Account Management has been around for some time; for Medicaid and Medicare - look how it has expanded.

Where are we now? Revenue Cycle versus Revenue Wheel

We are not who we were 30 years ago, or 20, or 10, or even 5?

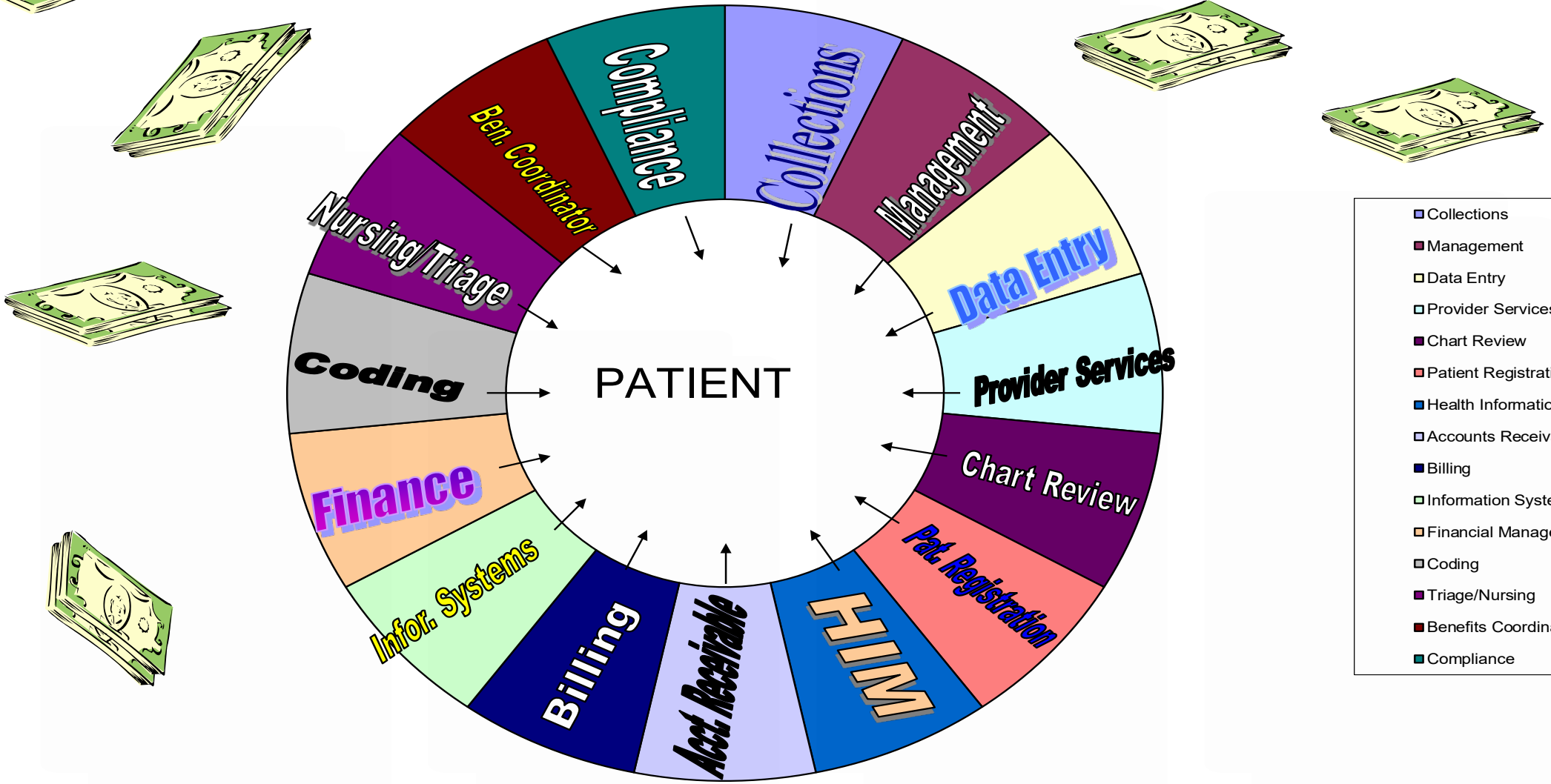
We work in an environment that continues to evolve, grow, improve, and change.

Are we working with the same volume of human resources and technical resources, capabilities, and competencies as we were 20 years ago? (Discussion)

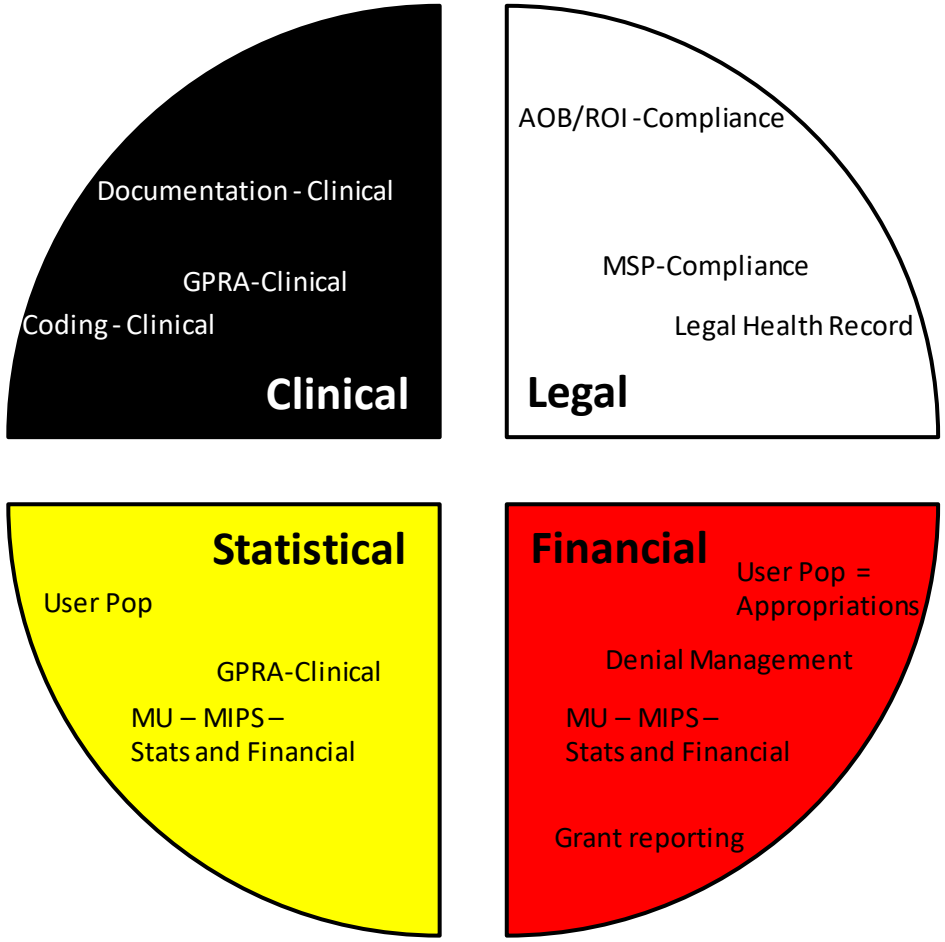
We too (internally) have to change how we view our Role, Responsibilities and Risks and more than anything, we have to understand the IMPACT and WORTH of US and this Program as a whole.

How has our thought processed changed?

"WHEEL OF FORTUNE"



It’s more than collections….
contributing to the stability of the Agency



Knowing your WORTH

What do you need to know to show what your worth is to the agency?

Are Collections the only measure that show what the impact of your role, responsibilities, and risks are to the Agency? Your Communities? The Healthcare of your Patients? Your Families?

The answer is **NO**.

If we do not continue to have the successful Revenue program that you all have made it, what will that do to the Healthcare of our Patients?

Its not just about "increasing your revenue". We do not have a "MAGIC" button that we push that makes Revenue flow through our doors.

BUT, you have to know what you do and how it impacts all that we do.

In other words, You have to **"KNOW YOUR WORTH"**

Patient Registration – Documented Roles and Responsibilities

- Interviews patients to obtain/update identifying demographic and **eligibility information** on EVERY visit; **105 questions, with possible 3 more,** completion time - 3 minutes?
- Responsible for **verifying eligibility** information;
- Gathers **required signatures** and documents from the patient; **which Changes All the Time**
- Often Responsible for obtaining **pre-certification** (approval) for certain procedures;
- **Refers** 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")
- Establish eligibility for, and, coordinate with PRC Program;
- Promotes **Positive image** for the entire patient visit;
- **Determines Coordination of Benefits** and sequences;
- ***Collects 50%*** *of Billing Information;*
- ***Records*** Alternate Resources;
- Provides outreach and education of ALL alternate resources;
- Maintains data integrity

- The basic errors that can get a medical claim returned are:
  - Errors in information about the patient (Sex, name, DOB, insurance ID number, and other insurance-related information, etc.), provider (address, name, contact information, etc.), and insurance provider (policy number, address, etc.). (Denial Management) (PR and PBC)

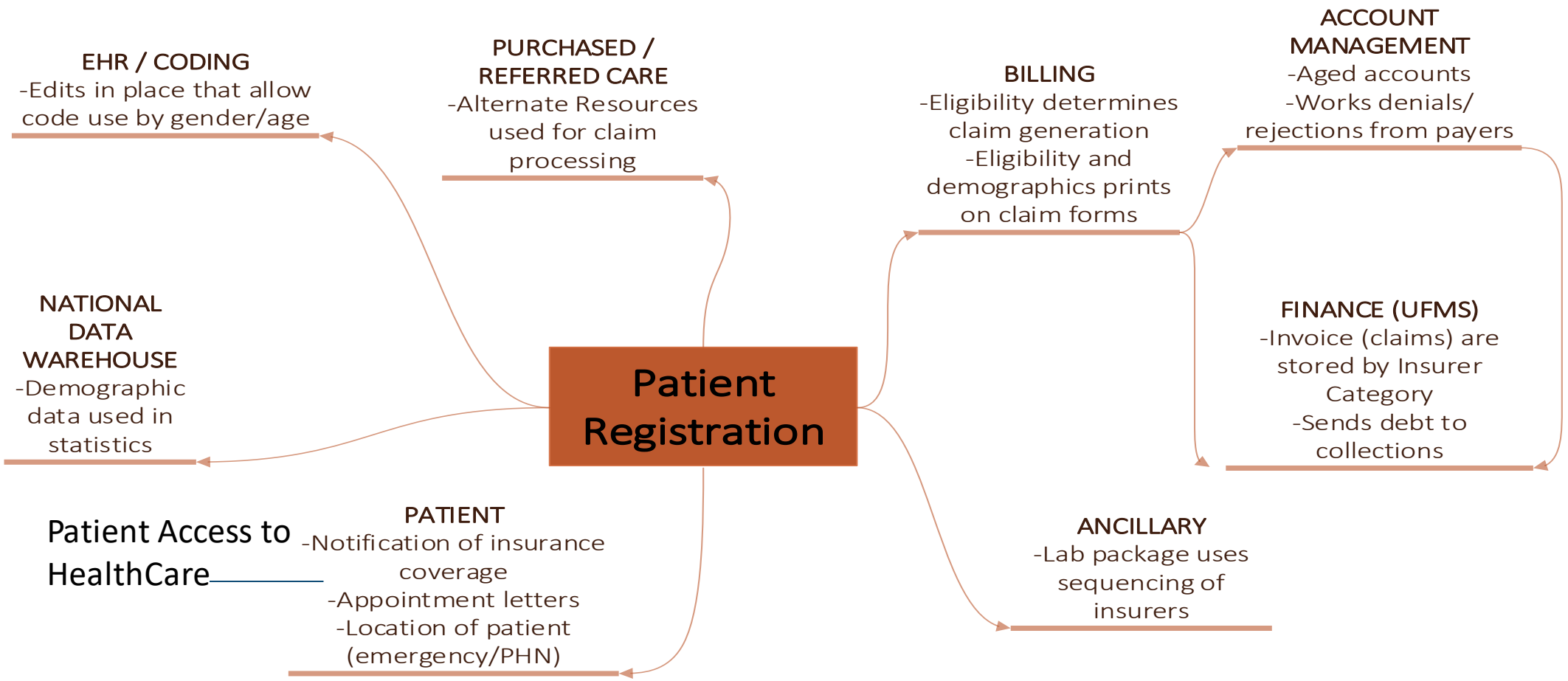
THIS JOB CONTINUES TO EXPAND/GROW/EVOLVE – GIVE CREDIT WHERE CREDIT IS DUE

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)
- Coordinates with PRC Program.
- Assists with Application process for Alternate Resources (Medicaid, Exchanges, VA, etc.)
- Follows up on submitted application with both State/Federal resources and patient
- 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.
- **MAINTAINS Patient Access to HealthCare**

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

Effects of Registration and Benefits Coordination on the Patient



Why versus What?

- We often ask "**Why** do we do this in this way?" or "**Why** do we have to do this?"
- We should approach our roles and responsibilities with: "**What** more can I do to impact the Financial, Clinical, Statistical, and Legal stability of the Agency?"
- Set your obtainable goals and work to 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. Your efforts go beyond that!
- Get involved with the evolution/growth/improvement to the entire program. Be innovative and share your ideas and knowledge.

Proof is in the Data Pudding

You have to know what you are looking at, what you are counting, why you are counting it, and what picture it is painting?

We do not know what to ask for if we don't know what we don't know.

The Revenue Cycle is not measured by Collections alone.

You have to know: (to name a few)

- Workload (the example hospitals OP workload increased by almost 14% from 2001 to 2022)
- User Pop (remained almost the same from 2001 to 2022)
- Payer Mix (see example)
- Productivity (see example)
- Collection Ratios
- Collection Trends (see example)
- Staffing Patterns
- Complexity Changes
- Opportunities
- Etc

EXAMPLES OF CHANGE

Volume of Claims – Oh how we have changed

Hospital	IP	535	Hospital	Oth	963
	Anc	1		IP	337
	OP	19936		OP	32595
	ASC	77		Immun	3351
	Pharm	8		Observation	65
	Dental	691		PT	4
	Prof Comp	1246		ER	63
				MV	4
		22494		OPT	16
				TM	216
				ASC	98
				POS	50666
				MH	127
				Rad	2692
				Med/Surg	1139
				Anes	8
				Opt	1444
				Rad	390
				Lab	1031
				Pharm	664
				Dental	1537
				Prof Comp	3401
					100811
					78317
					348.17%

Alternate Resources to Consider – How can we help out Patients? Understanding these programs. — Oh how we have changed.

- 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)
- Health Exchanges (ACA)
- Veterans Administration
- Tribal Self Insurance
- Tribal Sponsored Premium Programs
- HRSA (during COVID)
- Non-beneficiaries
- ***THIS JOB CONTINUES TO EXPAND/GROW/EVOLVE – GIVE CREDIT WHERE CREDIT IS DUE***

Payer Mix (User Pop) – Oh how we have changed

AGSM (Payer Mix)			
	FY 2001		FY2021
Medicaid Only	3655		6241
Priv Ins Only	1830		1730
Medicare A Only	126		201
Medicare B Only	1		0
Medicare A and B Only	576		634
Medicare D	1		576
Medicaid and Medicare	307		28
Medicaid and PI	59		55
Medicare and PI	188		238
Medicare, Medicaid, and PI	5		2
	6748		9705
			2957
			43.82%

Collections – Oh how we have changed

Collections by Allowance Category						
13 year comparison						
	2010	% of Total		2022	% of Total	% Inc/Dcr
Agency Wide						
Medicaid	$487,231,553.58	69.20%		$1,206,302,011.76	71.75%	147.58%
Medicare	$133,433,838.50	18.95%		$253,618,588.52	15.09%	90.07%
Priv Ins	$81,006,390.72	11.50%		$210,496,803.11	12.52%	159.85%
VA	$0.00	0.00%		$7,201,505.73	0.43%	NA
Other	$2,428,832.49	0.34%		$3,594,955.79	0.21%	48.01%
Total	$704,100,615.29			$1,681,213,864.91		138.77%
Hospital A						
Medicaid	$10,150,532.46	56.29%		$28,905,103.47	82.22%	184.76%
Medicare	$4,483,297.32	24.86%		$4,098,288.00	11.66%	-8.59%
Priv Ins	$3,267,191.20	18.12%		$1,860,566.58	5.29%	-43.05%
VA	$0.00			$232,425.60	0.66%	NA
Other	$130,995.49	0.73%		$60,865.25	0.17%	-53.54%
	$18,032,016.47			$35,157,248.90		94.97%

Constant Changes: Risk and Complexities

- Health Care Services Provided
  - Telehealth – new Revenue Stream 'due to COVID', lets' maximize!
- Financial Obligations
  - Appropriations – increasing with us? Not so much….
- Debt Management
  - Protect our efforts; implement; collect, strengthen our denial management
- Provider Documentation
  - High risk area, audit, monitor, correct, retrain
- HIM Legal Requirements
  - Changing with the times; need to keep up
- Records Retention – need to monitor
- Different Types of Facilities – expansion?
- Tribal versus Federal Requirements
- Signatures and Form Requirements
- Eligibility Requirements

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

Oh, How we have Evolved and Grown!

- The Revenue Cycle roles and responsibilities, knowledge levels, and impacts to the organization have expanded beyond what we ever imagined.
- Everything we do plays a very important role in the Agency success in continuing to provide Health Care to our People.
- Most programs are dependent in one way or another in using patient information captured, verified, billed and collected on.
- More authorities and opportunities for alternate resources
- Serving more patients (volumes have increased)
- Expanding the size and the services provided
- Need to capture and protect more patient demographic and eligibility information
- Our work is **NOT ALL** about Revenue.
- **Financial, Statistical, Clinical, Legal Requirements (our expanded Wheel of Fortune)**

- 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.
  - 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.
  - If we don't collect the money, we can't provide the Healthcare.
- **Financial** - Every Bill/Debt that leaves the Agency is dependent on the data. We know how important the Revenue generated is in providing quality health care to our patients.
  - 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.
- **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.
  - Hopefully building on this to include Financial (Billing and AR) data
- **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

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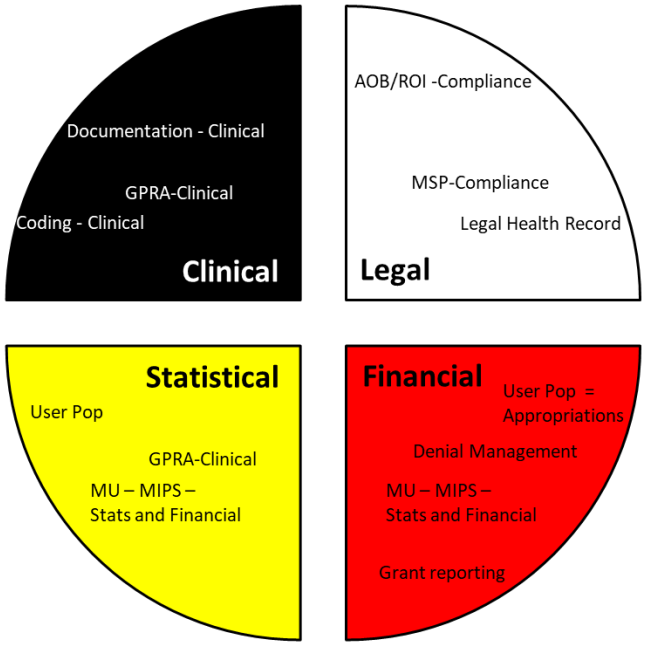


Getting Management to Understand

Staff, patients, tribal leaders

Workload

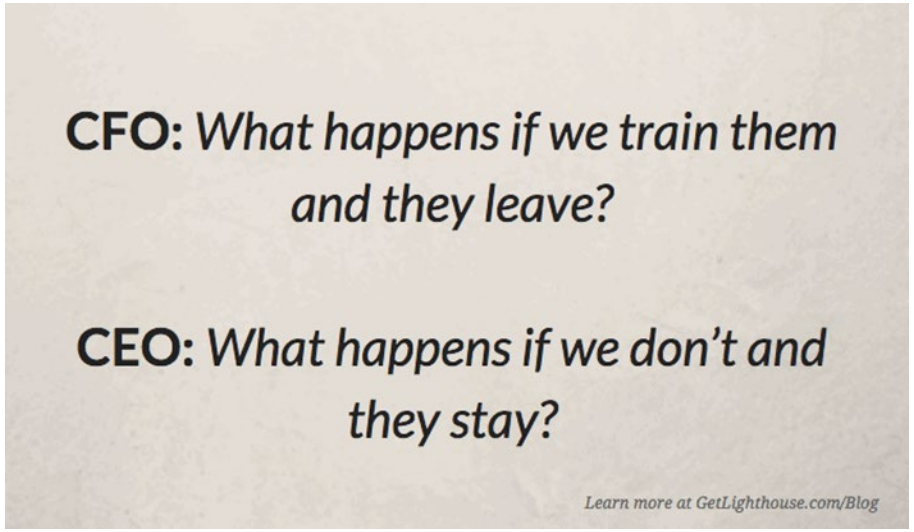
Vacancies

Complexity

3rd Party dollars generated

Contracting costs

Prove Your Worth



Prove Your Worth

- How much does the business office contribute to the operational budget?
- What is the Return on Investment?
- Additional revenue funds salaries, additional services, new equipment, renovations

Prove Your Worth

"THANKS, BUT RIGHT NOW WE'RE JUST LOOKING FOR A WARM BODY."

- Be a model employee
- Volunteer, but know your limits
- Have data
- Share data
- Share information, train others to become Trainers
- Be a team player

Getting Management to Say “Yes”

What if they say YES?

Have a plan.

Stick to the plan.

Track progress and results.

Share progress and results.

Leadership's Role in Rebranding

A good leader knows that a rebranding strategy can improve clarity and engagement.

It can also be an opportunity to inspire a clear and compelling vision/brand - "Know Your Worth"

1. **Know why you are rebranding/realigning**
2. **Create a unified vision;**
3. **Get focused; select champions/advocates**

Leadership's Role in Rebranding (cont.)

1. **Get started; remove barriers; create momentum**
2. **Evaluate and adapt; celebrate successes**
3. **Don't take on every role**

Training and Workforce Development (TWD) Workgroup

- Sub Workgroup of the National Business Office Support Center which is a subcharter of the National Council of Executive Officer.
- Developed to START looking at a lot of the things we have discussed in this presentation.
- The purpose of this workgroup is to analyze where we are today so we have Proof of where we need to be and what it will take to get there.
- This is a working group and will take years to achieve the hefty load of responsibilities that we have put on this group.
- It works in conjunction with the concept of Modernization (***bringing us into the NOW, not focusing on what has been)***
- ***The following list is some of the concepts that have been discussed and we hope to accomplish in the next couple of years:***

TWD Worgroup Format

Workgroup Format

Define Problem/Purpose: "IHS has a need to ensure our Revenue Cycle Workforce is competent, competitive, and retained for long term employment (hire to retire)"

Where are we at Now? "We are working to develop an assessment tool to analyze the current condition and provide recommendations"

Where do we want to be? TBD

Define Success TBD

Develop Action Plan Ongoing

In all Objectives, consider ALL LEVELS of staff. Program Staff, Management Staff, Area Staff, and Hdqtrs Staff.

TWD Workgroup Plan

The following list is some of the concepts that have been discussed and we hope to accomplish in the next couple of years:

Assessment/Enhancement to IHS Federal Facilities Revenue Cycle Workforce (You have to know where you are today in order to determine where you want to be and how your going to get there)

- Develop a phased approach **assessment tool** including what is needed, explanation, and instruction to gather the data.

- User Pop – Last 5 years by Service Unit(Get off of website) Leslie – COMPLETED 2/9/23
- Work Load – Last 5 years by Service Unit (Get off of website) Leslie - COMPLETED 2/9/23
- Payer Mix (Eligibility Trends for 5 years) (run the TPB Elig counts for Oct 1, 2018-2022 Run report and submit – K & Adrian 2/9/23
- Claim Trends by Payer for last 5 years (possibly averages) (Come from TPB Reports) run report and submit – K & Adrian 2/9/23
- Collection Trends by Payer for last 5 years (possibly averages) (Come from AR Reports or Dashboard)run report and submit – K & Adrian 2/9/23
- Think about adding something specific from AR. – Adrian 2/9/23 – Days in AR Report
- **# of Positions in the Revenue Cycle including (use spreadsheet for this information) – Including Certifications**

TWD Plan Continued

Possibly develop a list of generic questions that we would need to get from the Service Unit Management Staff.

- Example: How is your Patient Registration Program designed?
- How is claims processing done? Centralized, by payor, IP versus OP, etc.
- Who oversees the collections for your facilities?
- Productivity reports
- Look at Denials (ADJ Report)

And more

Get Management/Leadership buy -in and support, and develop timelines and due dates

Compile the data in a comparison format

Analyze and assess the results.

THEN DETERMINE, where do we go from here? (We have to know where we are at to determine where we want to be).

What's next:

After the picture is clear:

Next Steps: Prioritize and Define individual tasks

- Career ladders/succession planning
- PDs
- OPM Series and Classification
- Retention/Recruitment/Competition/Incentives (Hire to Retire)
- Comparable position (private sector) pay
- PMAPs
- Development of SMEs (Growing our own)
- Revamp the RRM for new facilities AND established facilities
- Set Workforce Productivity Benchmarks

Develop a three -year ***Training/O&E Plan***

Develop ***Assessment/Audit/Review Tools***

Build Resources for Rev Cycle Staff

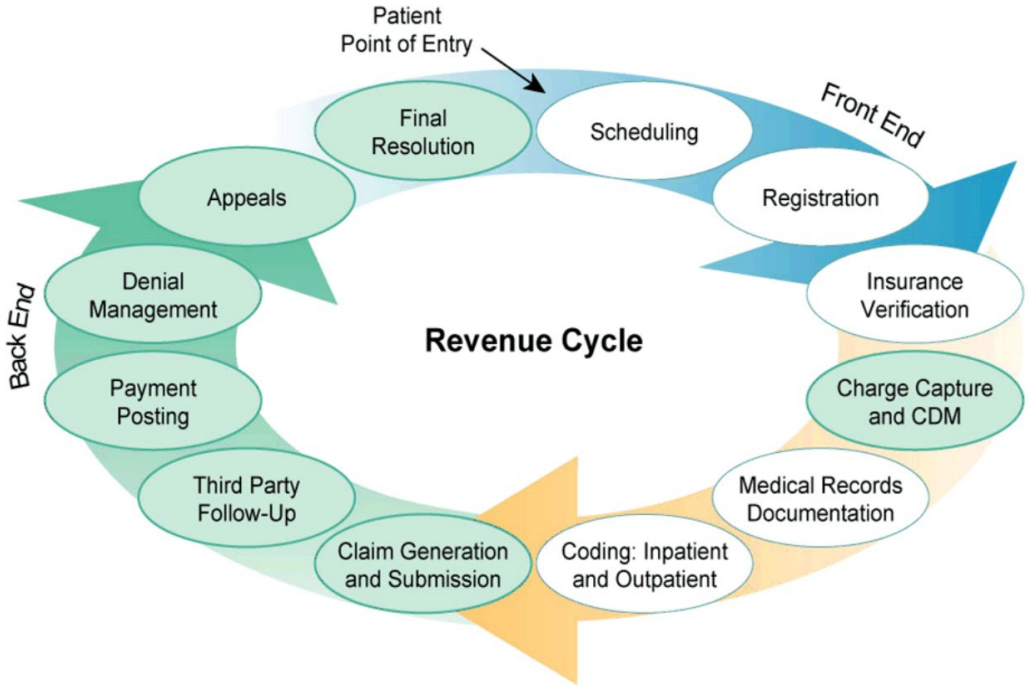
Resources for Revenue Cycle Staff

- Certifications – In-house and known Entities (what is out there to be offered?)
- Competencies (standardize to the level possible)
- Online training modules
- ROM
- Training materials resource
- Orientation Packet (Develop a standard)
- Resources across boundaries (I/T/U)
- Consider local Tribal Colleges and local higher education systems already in existence
- Levels of training (understanding the level of responsibility to provide the training)

Discussion, Feedback, and Q&As

This isn't just about Leaderships Ideas of change and growth. As the valuable resources to our Agency, we want to hear from you? What are your ideas? Thoughts? Innovations? Needs?

Support the Team and Be Part of the Team

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