

Indian Health Service

Patient Benefit Coordinator Basics

DUSTIE CUMMINS

PATIENT BENEFIT COORDINATOR

MARCH 2024



Introduction

- Patient Benefit Coordinator (PBC) in the Revenue Operations Manual (ROM)
- PBC Purpose
- PBC and the Revenue Cycle
- Be Knowledgeable
- Plan & Organize
- Reports
- Programs
- COVID & Long COVID
- Best Practices
- How-Tos
- Self Care

PBC in the ROM

ROM - Patient Benefit Coordinator – Part 1, 4.1.6

- Work with Patient Registration to identify uninsured patients.
- Screen patients to determine which programs they are eligible for.
- Stay knowledgeable on program regulations and eligibility requirement changes.
- Educate patients on available programs.
- Provide program information, application assistance and referrals.
- Respond to referrals from Patient Registration, Purchased Referred Care, and others.
- Educate staff about programs and any changes.
- Provide community outreach & education.
- Partner with local & Tribal organizations.
- Assistance with application, document gathering, and renewal.
- Follow-up, update insurance in HRN, alert PRC.
- Document
- Reports



ROM - Patient Benefit Coordinator – Part 1, 1.7.3

The Benefit Coordinator obtains alternate resources for patients with no insurance.

Registration refers potential eligible patients to the Benefit Coordinator, and the Benefit Coordinator assists and educates patients on obtaining alternate resources. This process at the facilities optimizes third party revenue.

It is important for the Benefit Coordinator to stay actively involved with Patient Registration, Billing, and Purchased Referred Care (PRC) Service. The identification of insurance eligibility is vital for extending PRC funding and its accuracy highly influences the promptness of payment within the PRC system. Benefit Coordinators should be proactive and utilize available reports (i.e., PORP report) to identify patients without insurance and actively screen for eligibility.

https://www.ihs.gov/sites/businessoffice/themes/responsive2017/display_objects/documents/ROM_Part1.pdf



PBC Purpose

PBC Purpose

PBCs play an important function, they are advocates and voice for patients but also perform a key function in the revenue cycle.

- Identify and assist community members in obtaining health coverage & other benefits.
- IHS is not a for-profit entity, however PBCs should keep revenue as a priority and simultaneously have patients' best interest in mind.

Revenue generation can lead to better overall patient care – increased funds allow more staff & equipment, expanded services and improved clinical services.

A PBC's purpose is broader than revenue generation.

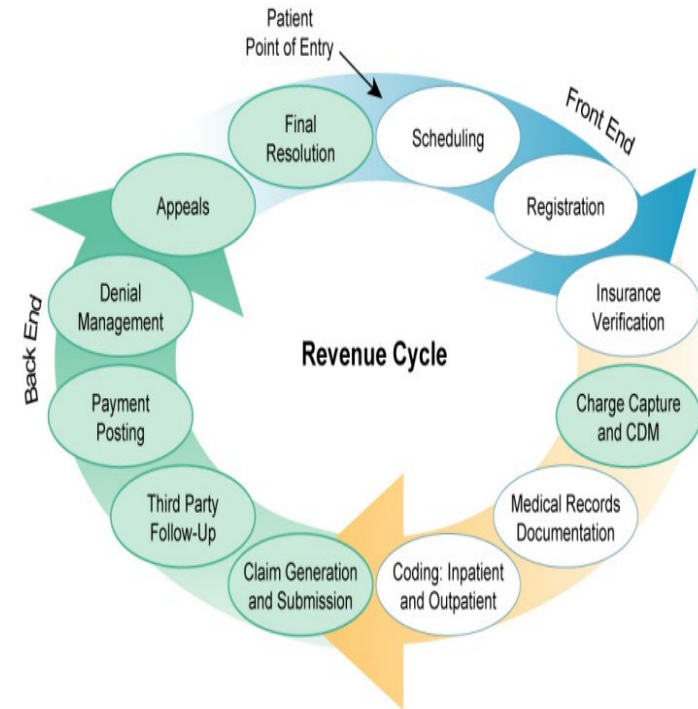
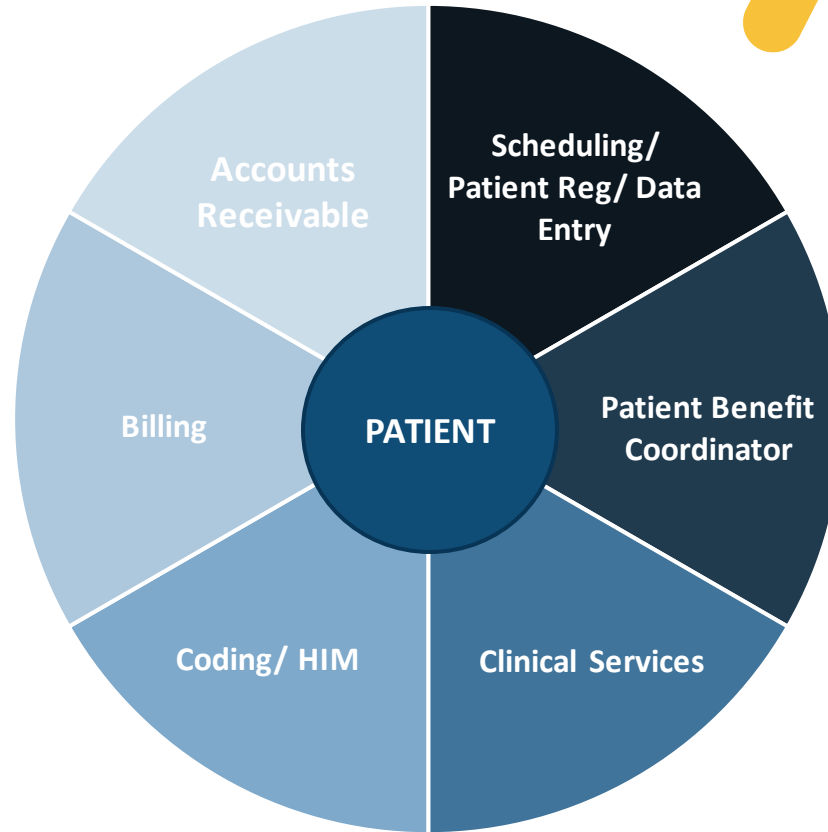
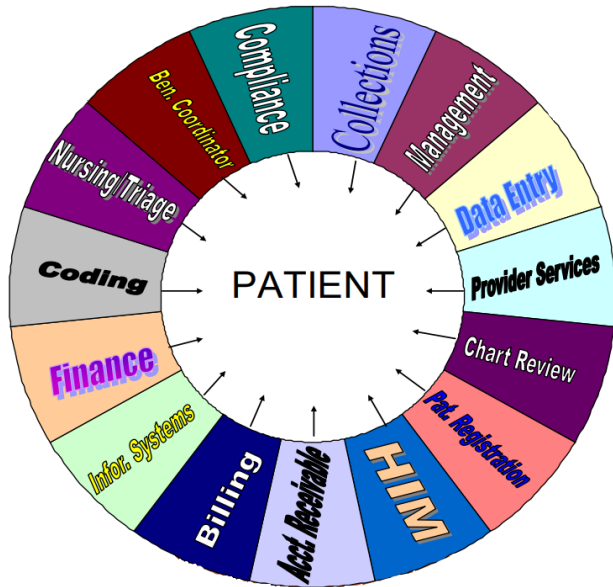
- PBC's are in the Business Office (and other areas), but perform human services type work – they connect community members to programs like Cash, Nutrition and Energy Assistance, make referrals to outside agencies, or to in-house services like Behavioral Health.
- They help communities become stronger and healthier.
- If a community is healthy, they can focus on other issues.

We want to empower – instead of enable.



PBC and the Revenue Cycle

Revenue Cycle



Be Knowledgeable

PLAN AHEAD/ORGANIZATION

PROGRAMS

MEDICAID UNWINDING

COVID-19

CHECKING FOR ALTERNATE
RESOURCES

BEST PRACTICES

Be Knowledgeable



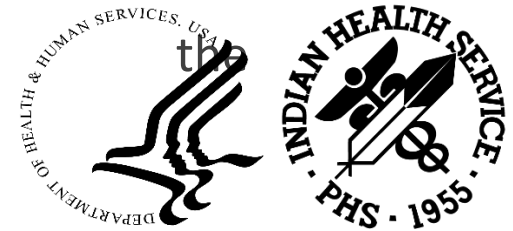
Stay up to date to provide key program information to the community and staff.

What trainings should you be taking?

- CMS Certified Application Counselor (<https://portal.cms.gov/portal/>)
- State Health Insurance Program (<https://www.shiphelp.org/ship-resources/training-staff>)
- Veteran's Affairs (<https://www.benefits.va.gov/persona/veteran-minority.asp>)
Buck Richardson conducts Tribal Veteran Representative trainings, William.Richardson@va.gov.
- Local, State, and Area trainings.
- IHS, CMS, SSA & NIHB webinars.

Understand how insurance works to assist community members navigate the unfamiliar subject.

Sign up for CMS, SSA, IHS, NIHB, and other listservs to attend calls and webinars to stay informed.



Plan Ahead & Stay Organized

- Plan ahead.
 - Keep and use a calendar, preferred electronic so you can receive reminders.
 - Prescreen patients prior to application appointments to know what they will be eligible for and what documents will be necessary.
 - Schedule time for documentation.
- Schedule time for:
 - Regular tasks: referrals, follow-up, PRC, etc.
 - Recurring meetings.
 - Reports.
- Training.
- Leave.
 - Allows other staff to plan for your absence.
 - Gives you something to look forward to.



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PROGRAMS

- [Medicaid](#)
- [Medicare](#)
- [Marketplace Insurance](#)
- [VA Health](#)
- [Private Insurance](#)
- [Social Security Administration](#)
- Other programs: SNAP, TANF, GA, Energy, etc.



PROGRAMS: Medicaid

Medicaid

- **ACA**: Medicaid, CHIP, Parent/Caretaker, Pregnant Women, Medicaid Expansion, Former Foster Care, Dept. of Corrections.
- **Family**: Family Medically Needy, Child Medically Needy, Qualified Pregnant Woman, Breast/Cervical Cancer, Foster Care/Subsidized Adoption.
- **Aged, Blind, Disabled**: Medicare Savings Programs, Categorically Needy, Medically Needy, Nursing Home, Workers with Disabilities, Home and Community Based Services-Waiver.

Medicaid.gov
Keeping America Healthy



PROGRAMS: Medicaid

Medicaid Income Guidelines and Asset Limits

| HOUSEHOLD SIZE | Program & Federal Poverty Limit | | | | | | | | | |
|----------------|---------------------------------|----------------------|------------------------------|-----------------------------|-----------------------------------|----------|----------|-----------|--------------|--------------|
| | Healthy Montana Kids PLUS | Healthy Montana Kids | MT HELP Plan apply.mt.gov | PW Medicaid apply.mt.gov | ACA/Marketplace healthcare.gov | | | | | |
| | 143% | 261% | 138% | 157% | ZERO COPAY/ DEDUCTIBLE | | | | MONTHLY/400% | YEARLY/ 400% |
| | MONTHLY/100% | YEARLY/100% | MONTHLY/300% | YEARLY/300% | | | | | | |
| 1 | \$1,737 | \$3,171 | \$1,677 | \$1,908 | \$1,215.00 | \$14,580 | \$3,645 | \$43,740 | \$4,860 | \$58,320 |
| 2 | \$2,350 | \$4,289 | \$2,268 | \$2,580 | \$1,643.33 | \$19,720 | \$7,740 | \$59,160 | \$6,573 | \$78,880 |
| 3 | \$2,962 | \$5,407 | \$2,859 | \$3,253 | \$2,071.67 | \$24,860 | \$9,758 | \$74,580 | \$8,287 | \$99,440 |
| 4 | \$3,575 | \$6,525 | \$3,450 | \$3,925 | \$2,500.00 | \$30,000 | \$11,775 | \$90,000 | \$10,000 | \$120,000 |
| 5 | \$4,188 | \$7,643 | \$4,041 | \$4,597 | \$2,928.33 | \$35,140 | \$13,792 | \$105,420 | \$11,713 | \$140,560 |
| 6 | \$4,800 | \$8,761 | \$4,632 | \$5,270 | \$3,356.67 | \$40,280 | \$15,810 | \$120,840 | \$13,427 | \$161,120 |
| 7 | \$5,413 | \$9,879 | \$5,223 | \$5,942 | \$3,785.00 | \$45,420 | \$17,827 | \$136,260 | \$15,140 | \$181,680 |
| 8 | \$6,025 | \$10,997 | \$5,814 | \$6,615 | \$4,213.33 | \$50,560 | \$19,845 | \$151,680 | \$16,853 | \$202,240 |

| Household Composition | ABD Medicaid | QMB | SLMB | QI |
|-----------------------|----------------------------------|---|---|-----------------------------|
| | SSI Income Standards | Pays for MCR A and/or B premium, copay & deductible | Pays for MCR B premium & partial copay & deductible | Pays for MCR B premium only |
| Individual | \$914 | \$1,215 | \$1,458 | \$1,641 |
| Couple | \$1,371 | \$1,644 | \$1,972 | \$2,219 |
| Asset Limits | SINGLE \$2,000 COUPLE \$3,000 | \$9,090/\$13,630 | | |



Medicaid Unwinding

One of the biggest occurrences to affect Medicaid in some time halting of renewals and now the Medicaid Unwinding.

Since the onset of the COVID19 Pandemic, Medicaid renewals have been halted. Last spring, states have restarted Medicaid renewal processes. Which means if patients have not updated their contact information, disregarded mail, have increased income or household changes that cause them to no longer be eligible, there will be a large drop in active Medicaid patients in the coming months.

Some states have partnered with ITUs to share information to assist in a proactive plan to lessen the amount of Medicaid terminations in Indian Country.

If your state has shared information what have you, the Service Unit, or Area done the data?

IHS Medicaid Unwinding site:

<https://www.ihs.gov/coronavirus/medicaid-unwinding/>



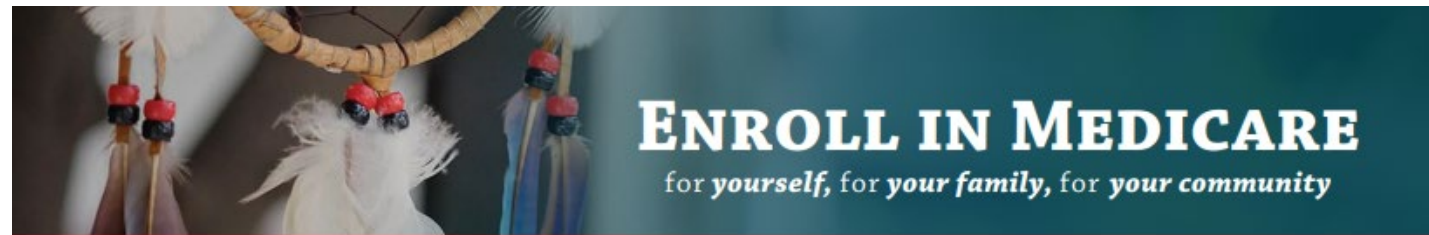
PROGRAMS: Medicare

Medicare

Basics

- **Part A**: Hospital
 - **Part B**: Medical
 - Medicare Savings Program
 - **Part C**: Advantage Plan
 - **Part D**: Prescription
 - Extra Help
 - IHS Notice of Creditable Coverage
 - **Medigap**: Supplement
- Original Medicare

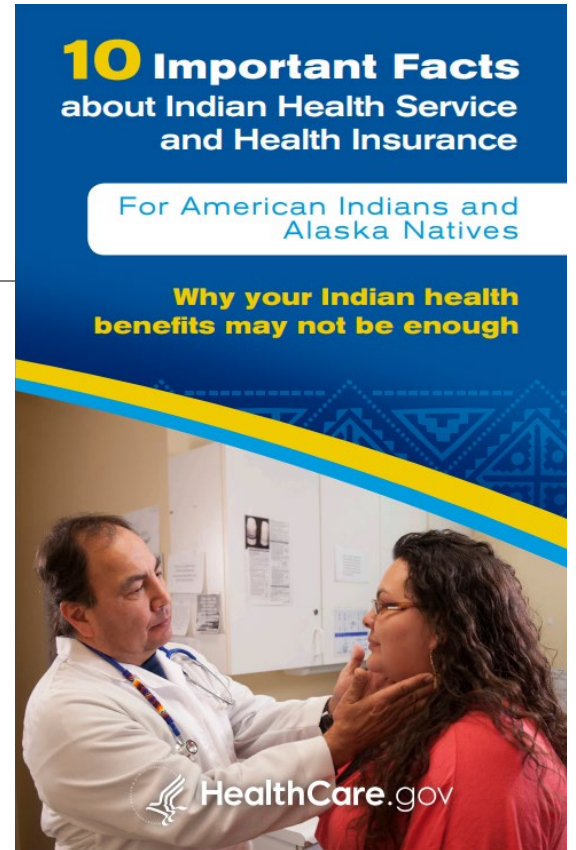
Medicare.gov



PROGRAMS: Marketplace

Marketplace Insurance

- [Special protections for Native Americans](#)
- [Health Coverage Basics](#)
- [Premium Tax Credit](#)
- [Certified Application Counselor](#)
 - [Training](#)
- [Ordering Tribal Products](#)
 - [Coverage to Care Roadmap](#)
 - [Tribal Glossary](#)
 - [Information for AI/ANs Applying for Coverage](#)



PROGRAMS: VA

[VA Health](#)

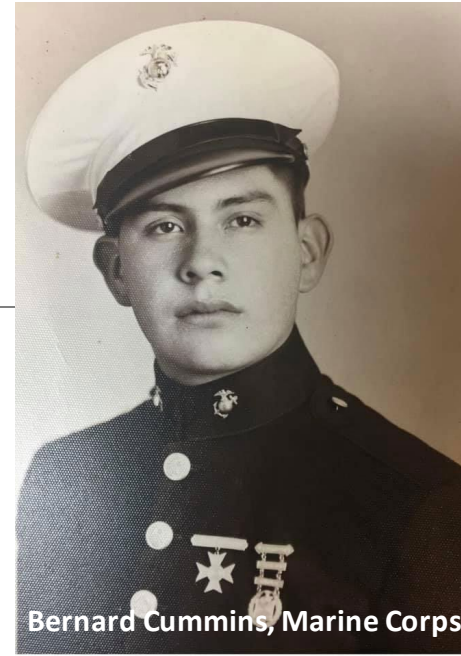
[VA and IHS](#)

[VA Copay Exemption - form](#)

[VA for Native American Veterans](#)

[Native American Direct Loan \(NADL\) Program](#)

[Alaskan Native Veterans Land Allotment Program of 2019](#)



Bernard Cummins, Marine Corps



LauriDawn Kindness, Army



PC Votonae Photography



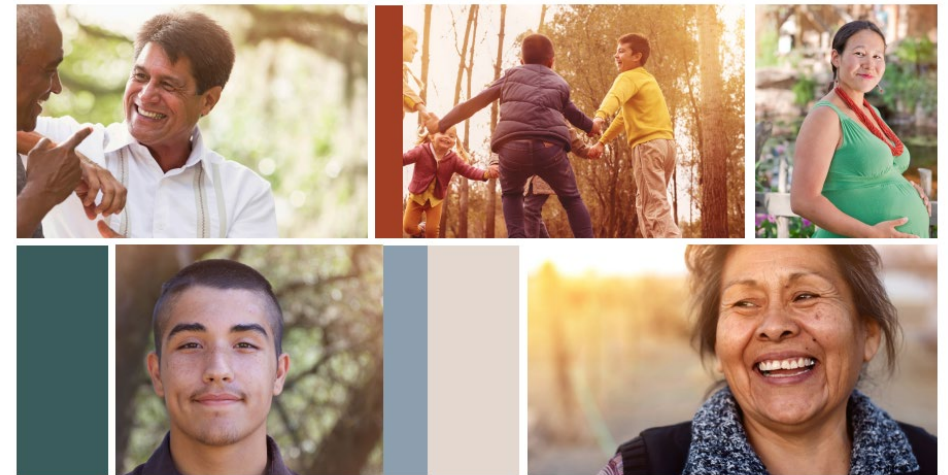


PROGRAMS: Social Security

[Social Security Administration](#)

- [American Indians and Alaskan Natives](#)
- [Patient Benefit Coordinator Guide](#)
- [My Social Security](#)
- [Retirement](#)
 - [Early Retirement](#)
- [Disability \(SSDI\)](#)
 - [Adult Checklist](#)
 - [Qualifications](#)
- [Survivor's](#)
 - [Widow\(er\)/Divorced Spouse](#)
 - [Child\(ren\)](#)
- [Supplemental Security Income \(SSI\)](#)
- Differences between SSI and SSDI and how to know which your patient has.
- [Social Security Cards](#)
 - [Application](#)

Social Security Administration **Tribal Benefits Coordinator Guide 2021**

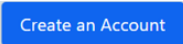



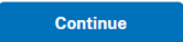
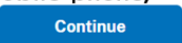
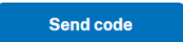
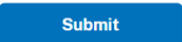

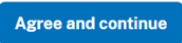









PROGRAMS: Social Security

[My Social Security](#) is key to assisting patient who need help with Medicare and SSA programs. If you are not able to create an account you will need to refer to SSA, which can delay services if hold times are long or appointments need to be made.

Website: [my Social Security](#) | [SSA](#)

1. Go on to site, for a returning user, sign in for a new user, click  .
2. Click [Create an account with Login.gov](#) , then  .
3. Enter email, select language, accept Rules of Use, then  .
4. Check email, click  .
5. Create a password, 12 characters, no common phrases or repeated characters, then click  .
6. Choose the Authentication Method, I would suggest text/voice (landline), unless they do not have a mobile phone, lose/change numbers frequently, click  .
7. Enter phone number, select text or call, click  .
8. Enter **code** from text/call then click  .
9. Click [Skip for now](#) or  , I recommend to skip unless the patient wants to add another.
10. Click  .

-  **Authentication application**
Download or use an authentication app of your choice to generate secure codes.
-  **Text or voice message**
Receive a secure code by (SMS) text or phone call.
-  **Backup codes**
A list of 10 codes you can print or save to your device. When you use the last code, we will generate a new list. Keep in mind backup codes are easy to lose.
-  **Security key**
A physical device, often shaped like a USB drive, that you plug in to your device.
-  **Government employee ID**
PIV/CAC cards for government and military employees. Desktop only.



PROGRAMS: Social Security

[My Social Security](#) is key to assisting patient who need help with Medicare and SSA programs. If you are not able to create an account you will need to refer to SSA, which can delay services if hold times are long or appointments need to be made.

11. Did you receive activation code, select no and continue.

12. Terms of Service, I agree to the Terms of Service then click [Next](#).

13. Enter patients info:

- Name
- Social Security Number
- Birthdate
- Home Address
- Phone Number
- Click [Next](#)

• Sometimes an activation code will be mailed (15-20 days) and you will have to pickup after it is received. If services are urgent you may want to call your local SSA for assistance, to setup an appointment, or schedule on your SSA VSD time slots.

14. Once you are able to access the account there

are 3 main tabs: 

[Home](#) [Messages](#) [My Profile](#)

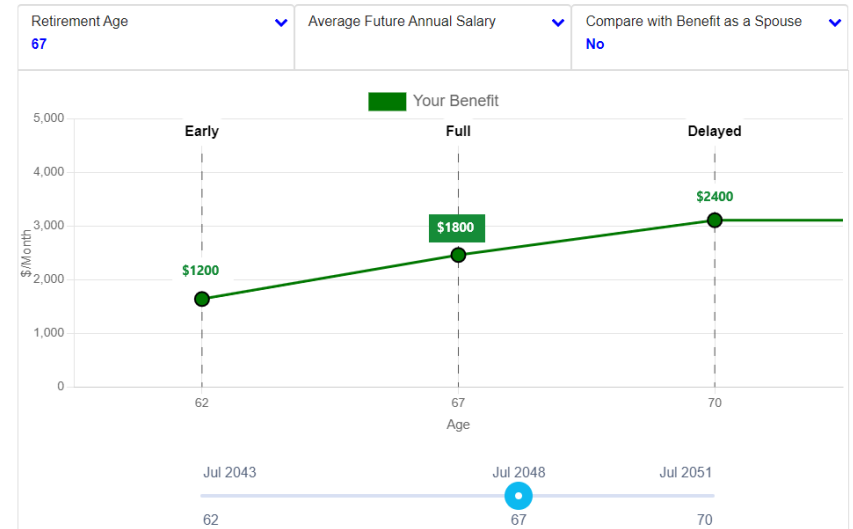
15. On the Home tab is where you see the main information, SS Statement (earnings), request a replacement SSC, view/print Benefit Letter (award), Eligibility, Retirement Benefit Amounts, and apply for benefits like: Medicare and cash benefits.

16. Make sure patient has login info saved.

Plan For Retirement

Your monthly benefit at Full Retirement Age (67) is **\$2,456**.

Use our estimator below to discover the best time for you to file for benefits.



 [Your Social Security Statement](#)

You can download your statement as a PDF or XML file.

 [Replace your Social Security Card](#)

 [Your Benefit Verification Letter](#)

Your letter proving you receive or do not receive Social Security Benefits.



COVID-19

COVID-19 changed the way we live. So many everyday things changed from in-person to online and has had an effect on how we conduct business as a PBC. If you hadn't been already – it has forced you to evolve to more online and phone based services. This is a benefit to community members who may have limited resources and transportation.

Programs and services were modified or created for Medicaid, housing, energy, food, financial assistance and now Social Security Administration with new disabilities for Long COVID. We have had to learn what was out there, what the qualifications were and how to help patients apply.

It has also had an effect on staffing and delays processing applications and changes for many agencies and organizations, which may create hardships for out patients.

IHS COVID site: <https://www.ihs.gov/coronavirus/>. Has information by Area on vaccinations given, tests administered and the number of positive cases. How the pandemic forced IHS to evolve technologically. Also provides many resources and information regarding COVID, Long COVID and the Medicaid Unwinding.



Long COVID Programs & Resources

Long COVID can be a disability if it substantially limits one or more major life activities.

You can assist in Disability applications here: <https://www.ssa.gov/apply>. The process is the same as any other Disability application. One thing you may want to check is to ensure medical diagnosis(es) are documented in the patient's HRN to help the process go smoother. If they are not, you may want to assist the patient in talking to their provider.

IHS: <https://www.ihs.gov/coronavirus/long-covid/>

SSA: <https://www.ssa.gov/disability/professionals/documents/EN-64-128.pdf>

HHS: <https://wecandothis.hhs.gov/resource/resources-about-long-covid>; <https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/guidance-long-covid-disability/index.html>



Checking for Alternate Resources

Before reaching out to patients check the resources your Service Unit has to check for health coverage:

- State Medicaid Portal
- Emdeon – CardFinder
- Change/One Health
- My Ability/Inovalon
- Availity
- Individual insurance eligibility portals
- Others



Some require insurance company name, member/policy numbers, others only need patient's identifiers to run eligibility. There may be some investigating once you find an indication of coverage. An insurance card is still needed to properly bill so reach out to the patient/send a letter letting them to provide a copy.

If you know your local employers and what insurances they offer if may help finding coverage. Once you find coverage you may need to call the insurance company to gather more information. Use an Insurance form so you don't forget to ask import details.



Best Practices

- **Time Management:** use your calendar and stick to it the best you can. Schedule breaks, meeting, patient appointments, and other tasks. If you need an hour for an application, may sure to add 15-20 minutes for notes and/or a break between patients or meetings.
- **Organization:** keeping your space tidy, emails in check, and staying on top of referrals helps you work efficiently and can help keep job stress lower.
- **Check Clinic Schedules:** Use those to reach out to patients who will be in the clinic – communicate with patient registration/nursing staff that you would like to visit the patient.
- **Reports:** use preferred reports to contact uninsured patients about alternate resources.
- **Screenings:** complete an income/household/asset screening prior to application appointments – creates an opportunity to apply or give referrals for other programs the household may be eligible for and so you are scheduling enough time for the meeting.
- **Rebuttals** to reasons someone doesn't want health coverage.
- **Interviewing:**
 - Create a flow that works for you and your community members.
 - Find a way to politely reign in conversations that have taken up too much time or are way off topic. Always want to be personable and build rapport but get your goal accomplished within the allotted time.
 - Update contact information, employment, Veteran status, emergency contact & next of kin.
- **Document** during, right after, or at most within 24 hours of encounter.
 - Use a note template.
 - Copy and past in to other household members' HRNs.
- **Self-Care**



PBC How-Tos

BPRM

REPORTS

How-tos



Health Care Screening:

1. Have your income screening guide.
2. Ask questions:
 - Who lives in the home – may need to figure out who will be in the actual *household* for the application and their ages.
 - Tax filing household.
 - Wages and other types of income Use gross amounts. May need to calculate self employment (gross-expenses=net income). If there is SSA income – find out if SSI/Disability – income and assets limits will be different. If there is Per Capita, lease income, cultural income - know what to exclude/include.
 - Expenses - depending on program, may be able to use: housing, utilities, medical, childcare, child support, alimony, and student loan expenses.
3. Results – figure which programs could be of use to the patient/family and apply or make referrals.



How-Tos

BPRM: Profile Tab

During a patient encounter, ensure the following is updated: contact information, employer, emergency contact, next of kin, insurance (next slide), and Veteran status.

The screenshot shows a patient profile for "DEMO, PATIENT JANE" (11/7/2018, 4 YRS) - FEMALE. The page includes a navigation menu on the left, a top header with patient details and status, and a main content area with tabs for Profile, Insurance, Prior Auth, Benefits Cases, and Appointments. The Profile tab is active, showing sections for Address/Email/Internet, Present Community, Location of Home, Phone, Rx Patient Residence, Email, Permission to Send Generic Information, Preferred Method of Communication, Internet Access, and Tribe and Eligibility Status. A yellow warning banner is visible at the bottom of the profile section.

Arrows point to the following sections in the screenshot:

- Demographics
- Address/Email/Internet
- Emergency Contact
- Next of Kin
- Advance Directives
- Veteran Status

| Section | Value |
|----------------------|---|
| Address | NEED UPDATED ADDRESS CROW AGENCY, MONTANA, 59022 |
| Present Community | CROW AGENCY since 11-13-2018 |
| Location of Home | |
| Phone | Residence: 4064269874 Cell: NONE Work: NONE |
| Rx Patient Residence | HOME |
| Internet Access | NO |

Warnings:

- INTERNET ACCESS INFORMATION PAST ONE YEAR



How-Tos

BPRM: Insurance Tab has 3 options:

1. Insurance Coverage: add/edit insurances (use form), click type and enter all info (ID #, group, etc.)
2. Insurance Sequence: to select primary/secondary insurance if there is more than one coverage
3. MSP Surveys: complete survey for Medicare patients.

1.

DEMO, PATIENT JANE

11/7/2018 (4 YRS) - FEMALE

HRN: T00078

Eligibility Status: DIRECT ONLY

PCP: GILBERT, JONATHAN M

Last Updated: 05/18/2022 By (IRON, THORA)

No Record Flags Not Sensitive No RHI No Insurance Non Veteran

Profile **Insurance** Prior Auth Benefits Cases Appointments Print

Insurance Coverage

Insurance Sequence

MSP Surveys

STATUS

Active

Inactive

All

Insurance Coverage

| INSURER | INSURER TYPE | SUBSCRIBER | COVERAGE TYPE | POLICY NUMBER | ELIGIBILITY BEGIN DATE | ELIGIBILITY END DATE |
|--------------------------------|--------------|------------|---------------|---------------|------------------------|----------------------|
| No data for Insurance Coverage | | | | | | |

No data for Insurance Coverage

3.

Add Medical Sequence

Effective Date

Insurance Sequences

| SEQUENCE # | INSURER NAME | COVERAGE TYPE | ELIGIBILITY BEGIN | ELIGIBILITY END |
|------------|--------------|---------------|-------------------|-----------------|
| No data | | | | |

Discard Save

- Add Insurance
- Medicare/Railroad
 - Medicaid
 - Medicare Part D
 - Private
 - Third Party Liability
 - Workmen's Comp
 - Guarantor

2.

DEMO, PATIENT JANE

HRN: T00078
 Eligibility Status: DIRECT ONLY
 PCP: GILBERT, JONATHAN M

No Record Flags Not Sensitive No RHI No Insurance Non Veteran

Last Updated: 05/18/2022 By (IRON, THORA)

MSP Questionnaire

Date Survey Given

PART I

- Are you receiving Black Lung (BL) Benefits?
 Yes BL IS PRIMARY PAYER ONLY FOR CLAIMS RELATED TO BL
 No
- Are the services to be paid by a government research program?
 Yes GOVERNMENT RESEARCH PROGRAM WILL PAY PRIMARY BENEFITS FOR THESE SERVICES.
 No
- Has the Department of Veterans Affairs (DVA) authorized and agreed to pay for your care at this facility?
 Yes DVA IS PRIMARY FOR THESE SERVICES.
 No
- Was the illness/injury due to a work-related accident/condition?
 Yes WC IS PRIMARY PAYER ONLY FOR CLAIMS FOR WORK-RELATED INJURIES OR ILLNESS, GO TO PART III.
 No GO TO PART II

PART II

- Was illness/injury due to a non-work-related accident?
 Yes
 No GO TO PART III

PART III

- Are you entitled to Medicare based on:
 Age Go to PART VI
 Disability Go to PART V
 End Stage Renal Disease (ESRD) Go to PART VI
Please note that both "Age" and "ESRD" OR "Disability" and "ESRD" may be selected simultaneously. An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously. Please complete ALL "PARTS" associated with the patient's selections.

PART IV - AGE

- Are you currently employed?
 Yes
 No
 Date of Retirement
- Do you have a spouse who is currently employed?
 Yes
 No
 Date of Retirement

IF THE PATIENT ANSWERED "NO" TO BOTH QUESTIONS 1 AND 2, MEDICARE IS PRIMARY UNLESS THE PATIENT ANSWERED "YES" TO QUESTIONS IN PART I OR II. DO NOT PROCEED FURTHER.

MSP Patient
 Yes No

Signature Date Completed By

Discard Save



How-Tos

BPRM: Profile Tab - Notes

This is the Page 8 of RPMS.

Document any changes you made to the HRN (contact info, insurance, forms, etc.).

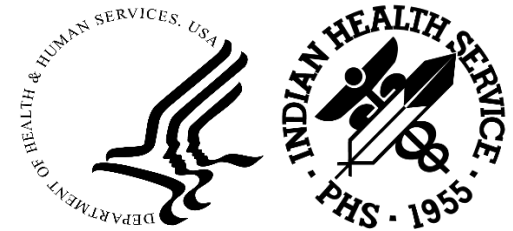
Depending on your Service Unit's policies & procedures you may/may not need to document PBC activities.

Notes

Notes

05/18/22 UPD TD FAUD.TI
3/9/2021 UPDATED PER FAUD REPORT (RD)
3/27/19 UPDATED PHONE CONTACT INFO (LS)
11/13/18 UPDATED PER FAUD REPORT (PG)

Discard Save



How-Tos

BPRM: Prior Authorization Tab:

Enter information regarding information regarding service requiring prior approval from insurer.

Prior Authorization

Encounter Date [required] Authorization Type [required] Insurer

Authorization Status Authorization Number Authorization Date Authorized Visits

Encounter Notes

Authorizing Contact

Contact Date Contact Person Contact Phone Contact Fax

Contact Email

Notes



How-Tos

BPRM: Benefit Cases

Enter information about your patient encounter. Screenings, applications, referrals, attempts, etc.

Benefits Case - OPEN

Date Assigned [required] Assigned To [required] Case Reason [required] Case Number

08-04-2023

Case Type Case Worker Date Completed

Please Select --/--/----

Case Notes

I recommend keeping a cheat sheet of note templates organized by program.

Application

Application Type Date Obtained Received By Application Status

Please Select --/--/---- Search Please Select

Submitted Via Submitted By

Please Select

- Please Select
- 8965 TAX FORM
- ACA-EXEMPTION
- ACA-ONLINE
- ACA-PAPER
- ACA-PHONE
- ALT RESOURCE LETTER SENT
- APPLY.MT.GOV ONLINE ACCOUNT
- ASSISTED LIVING WAIVER
- BREAST/CERVICAL CANCER MCD
- CELGENE PT ASSISTANCE
- COMMODITIES
- COORDINATION OF BENEFITS
- DD 214
- DENTAL INSURANCE
- DISABILITY
- EDD (estimate Due Date Form)
- ELIGIBILITY CHECK

Application:

- Type
- Date
- Received by
- Status: *pending, approved, denied, etc.*
- Submission date
- Submitted via
- Submitted by
- Submission reason



REPORTS

Here are some reports to run to reach out to patients, complete follow-ups for pending applications and referrals from Patient Registration.

- Scheduling/Appointment Lists in BPRM
- Benefit Cases Report (referrals from Patient Registration)
- Benefit Cases Report – Coordinator Productivity
- VGEN- Third Party in RPMS
- PORP in RPMS



Register Patient

Search

REGISTRATION

- Benefit Cases Report
- Benefit Cases Report - Coordinator Productivity
- Daily Activity Report
- Insurance Coverage Report
- Prior Authorization Report

ADT

- Admissions & Discharges Sheet
- Current Inpatient List
- Discharges by Date
- Incomplete Chart list by Provider
- Inpatient Coding Status
- Inpatient Services By Date Range (HSA-202-1)
- Inpatient Services By Month (HSA-202-1)
- Operators' Inpatient List

SCHEDULING

- Appointments Requiring Action Report
- Cancelled Appointment Report

Registration

ADT

Scheduling

Settings

Reports

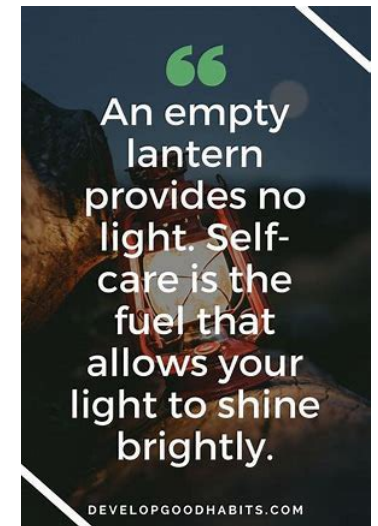
REPORT



SELF-CARE

Self-Care

- Take breaks out of your workspace.
- Plan your leave and “mental health days” in advance.
- Stay organized and manage your time well.
- Don’t take it personal.
- Leave work at work.
- Rest.
- Walk/exercise.
- Eat well.
- Stay hydrated.
- Laugh.
- Make time for hobbies, family, friends, and other things that bring joy.



Questions

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