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Indian Health Service



PATIENT REGISTRATION/PATIENT BENEFITS COORDINATION TRAINING

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Principles of Patient Registration



- Instrumental for giving a first impression for the organization.
- Streamline check-in process.
- Improved patient satisfaction.
- Accurate registration helps keep patient data complete and clean as it moves throughout the organization; includes PRC – Purchased/Referred Care.
- PRC relies on what is updated in registration which populates to the purchase orders and denials.



Principles of Benefits Coordination



- Researching, analyzing, and administering the healthcare plans for medical and other benefits.
- An effective benefits communication highlights costs savings and increased revenue and costs savings. (Direct & PRC)
- Normally a benefits coordinator is responsible for obtaining insurance pre-authorizations; obtaining and maintaining health care coverage.
- Assisting patients and families through application and enrollment process.
- Assists Business Office and PRC with insurance and coverage issues
- Coordinates with communities, governmental agencies, including Social Security, Medicare, Medicaid other private insurance companies in resolving insurance benefits and coverage concerns.



Impacts and effects - samples



DIRECT CARE

- No update means loss revenue
- No prescreen results in possible loss in revenue
- No update of current/accurate information causes loss of revenue and rework or delays in billing
- No prior authorization impacts revenue
- No record of what transpired or completed results in inaccurate information; no trail of occurrence for others to verify current status of demographic and 3rd party.

PRC – PURCHASED/REFERRED CARE

- No update of 3rd party information – PRC makes incorrect eligibility decisions.
- No prescreen – PRC pays unnecessary costs.
- No update of current/accurate information means PRC issues an unnecessary POs and Denials
- When alternate resource not updated, creates delays for PRC providers to bill timely (timely filing).
- Claim pends causing delays of processing payment; due to difference of 3rd party information, no term dates or effective dates or change of insurer
- Patients referred with Out of Network provider and no prior authorization causes PRC to pay for unnecessary costs.



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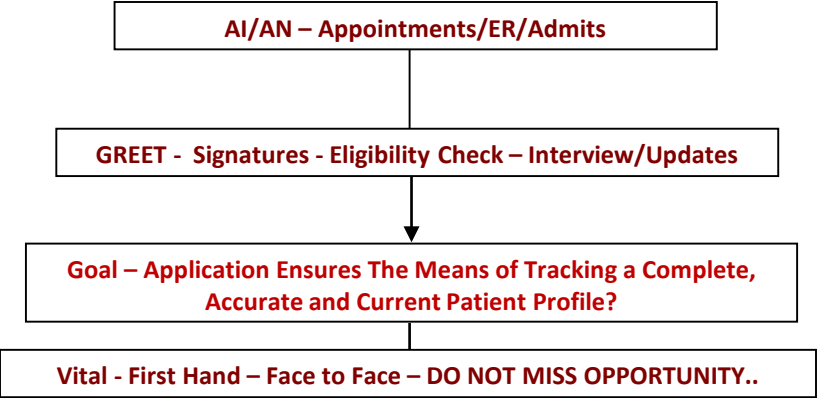


DIRECT CARE

- No updates or changes to mailing address causes notification of important information to be delayed
- No updates to physical location of home results in unnecessary home visits by PHN or CHRs with important information or follow up
- No updates to telephone #s result in no patient contact with important patient information by all disciplines

PRC – PURCHASED/REFERRED CARE

- Patients in need of transports or durable medical equipment; with no enrollment to an alternate resource means PRC may pay unnecessary costs.
- Pended claims at the fiscal intermediary due to alternate resources – alternate resource not updated or changed to reflect current coverage; a lot of rework for PRC to re-verify.
- No updates to addresses results in returned mail (hundreds) PRC trying to make contact with denial notice which has an appeal timeline
- Physical location of home not updated may results in inaccurate PRC decision, which is an eligibility factor for PRC – Residency.
- Community of residence may have changed which affects a facility user population count. May mean you lose out on PRC funds. PRC funds is distributed based on user pop.



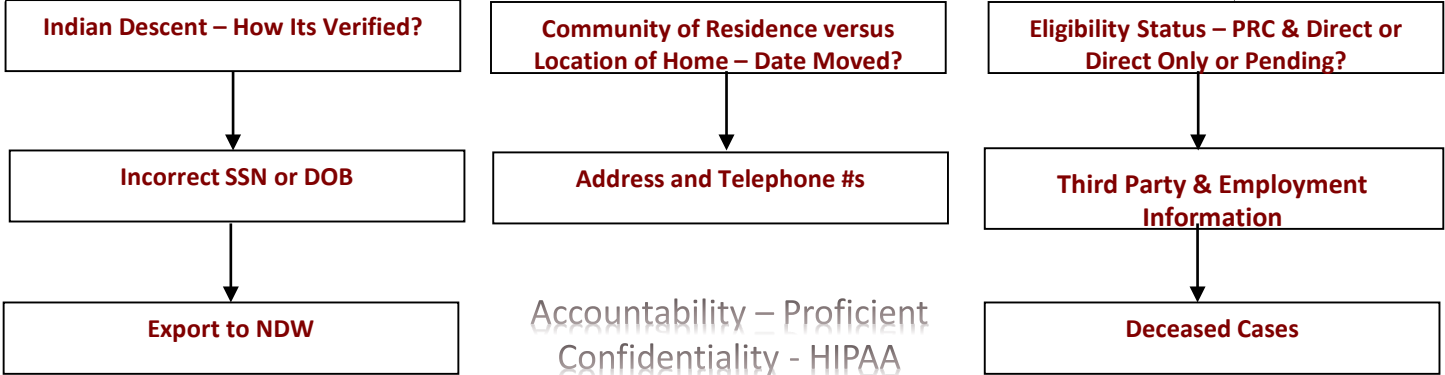
Direct Care versus PRC (Referred Care) Requirements

The Registration Face Sheet – Feeder System For PRC

CIB or other certified copy of Tribal enrollment

*Who uses?
What is vital to PRC?
Who edits information?*

This Status Indicates Eligibility for Care At I/T/U



Accountability – Proficient
Confidentiality - HIPAA
Integrity - Protect



Customer Service



- The support you provide your customers – before and after is vital.
- Empathy is key to customer service success; listening to your customers
- A positive attitude; listen to good rather than bad
- Being patient; especially with irate customers
- Communicate clearly and repeat if you need to
- Persuasive speaking skills; convince and influence
- Self control not over reacting and do not argue



Educate Yourselves and Others



- Wider prospective of the mission and goals.
- What is your role and responsibility? How can you make a difference?
- Why it is important to have patients provide the information?
- Be a “Champ” at interviewing and gather all information which must be updated.
- Learn as much about other programs within your facilities to answer questions appropriately or to direct patients to correct departments/individuals. Especially PRC regulations/eligibility, guidance and protocols.

CFR Title 42, Section 136.21 – 136.25, Part 2, Chapter 3 Subpart C of the Indian Health Manual



- **1. Indian Decent:** 42 CFR 136.23 – you must show proof of being an enrolled member or descendent of an enrolled member of a federally recognized tribe,
- **2. Residency:** 42 CFR 136.23 – permanent residence on a reservation or you must have permanent residence in a CHSDA and as a member of that tribe; if you are not a member of that tribe – you must have close social and economic ties to that tribe or have certification of eligibility by that tribe. If you have been away from your CHSDA/reservation for more than 180 days, you are no longer eligible. Exception is students, transients, children placed by the tribe or through court orders outside of their CHSDA.
- **3. Medical Priority:** 42 CFR 136.23 (e) – “Not all services are covered” referrals from the Indian Health Services for further care will be in accordance with established National PRC Medical Priorities and/or Area specific Medical Priorities. Occasionally, IHS providers refer cases outside of IHS facilities that are not necessarily covered, such as cosmetic plastic/reconstructive surgeries, orthodontics, bridges/crown, root canals, durable medical equipment, etc.
- **4. Notification/Prior Authorization:** 42 CFR 136.24 – Emergency care, the patient or someone on behalf of the patient **MUST** notify an IHS facility within 72 hours of admission and/or outpatient services. Non-Emergency, you must obtain prior authorization prior to getting medical care. If you have a follow up care to the initial referral, you **MUST** go back to your primary care provider at the IHS to see whether you need to go back to the private hospital/physicians for care or IHS may take care of this in-house. Exception is 30 day notification for disabled and elderly.
- **ALTERNATE RESOURCES:** 42 CFR 136.23 (f) states that IHS will not authorize payment for PRC to the extent that the patient/family is eligible for Alternate Resources, **upon application or would have been** eligible if they applied or made an effort to apply. There are various categories of alternate resources that a person may apply to and qualify for and depending on the circumstances at hand; such as; Medicare, Medicaid, Private Insurance and others: **(Priority to get everyone screened for Medicaid)**
- **IHS Facility Available:** 42 CFR 136.23(a) IHS facility is considered an alternate resource; therefore PRC funds may not be for services reasonably accessible or available at the I/T/Us. Facility available capable of providing services within 90 minute one way.
 - Veteran’s Benefits
 - Workman’s Compensation – if injured on the job, they have to apply through their employer.
- Other persons eligible for PRC
 - Non-Indian woman pregnant with an eligible Indian’s child for duration of pregnancy through postpartum.
 - Non-Indian member of an eligible Indian’s household for public health hazard.
 - Adopted, foster & step children up to 19 years old.



QUESTIONS?

