

# Indian Health Service

## Data Integrity: Why capture it all?

---

APRIL GOODAY

BUSINESS OFFICE MANAGER

MARCH 14, 2024



# Presentation Overview

---

Knowing your role in the revenue cycle

Patient Registration Data and impacts of inaccurate data

How Patient Registration Data is used

How to improve data integrity



# Knowing Your Role In The Revenue Cycle

---



# Patient Registration Functions

---

**Customer Service** . Registration staff are the first point-of-contact.

**Interviews** the patient (ask open-ended questions).

Patient Registration **creates the patient record** and patient identification system. Inaccurate information can adversely affect other departments and cause unnecessary reworks by the BO staff and HIM staff. Registration staff are the GATE KEEPERS of the facility.

**Updates** the patient record on **every visit**, including but not limited to, demographic information and third party eligibility information.

**Collects** third party resource information, verifies, enters and sequences.

**Documents** the patient encounter.



# Patient Encounter/Interview

---

Purpose: To ensure data collected is upto-date for patient safety, third party internal control compliance, prevention of fraud, prevention of duplicate patients, etc.

- Initial Interview
  - Obtain demographic information
  - Determine eligibility
  - Scan all eligibility documents
  - Obtain PI information
- Subsequent Patient Interview
  - Done on EVERY visit



# Patient Registration Data and Impacts of Inaccurate Data

---



# Who is impacted by inaccurate data?

Health Information Management (HIM)

Purchased/Referred Care (PRC)

Billing

Accounts Management (A/R)

Finance

Ancillary Services

National Data Warehouse

EHR/Coding



# Demographics

**Demographics**

Social Security Number [required] Reason For No SSN  
00000002 Please Select

Date of Birth [required] Birth Sex [required] Place of Birth [City] Place of Birth [State]  
01-01-1949 FEMALE ANYTOWN OKLAHOMA

Marital Status  
NEVER MARRIED

Employment Status Employer Spouse's Employer  
FULL-TIME Search NOT APPLICABLE

Religious Preference  
TRADITIONAL

Ethnicity Information  
Ethnicity [required] Collection Method  
NOT HISPANIC OR LATINO SELF IDENTIFICATION [Remove](#) | [Add](#)

## Important Data Fields

- Social Security Number
- Date of Birth
- Birth Sex
- Ethnicity

## Other Data Fields

- Employment Status
- Employer
- Spouses Employer

These fields impact Billing, Clinical, PRC, PBC, HIM and reporting





# Demographics

Race Information

Race [required] Collection Method

AMERICAN INDIAN OR ALASKA NATIV  UNKNOWN  [Remove](#) | [Add](#)

Primary Language [required] Preferred Language [required] English Proficiency [required] Interpreter Required

ENGLISH  ENGLISH  NOT WELL  YES

Other Language(s)

[Add](#)

Migrant Worker

Yes  No

Homeless

Yes  No

## Important Data Fields

- Race
- Primary Language
- Preferred Language
- English Proficiency

## Other Data Fields

- Interpreter Required
- Migrant Worker
- Homeless

These fields impact reporting,  
UR, Clinical and Patient  
Registration.



# Address/Email/Internet

Address/Email/Internet

Street Address [Line 1] <span>[required]</span>	Street Address [Line 2]	Street Address [Line 3]	
5465 SCISSOR TAIL RD			
City <span>[required]</span>	State <span>[required]</span>	Zip Code <span>[required]</span>	Rx Patient Residence <span>[required]</span>
YUKON	OKLAHOMA	73099	HOME
Residence Phone	Cell Phone	Work Phone	Other Phone
000-000-0000		000-000-0000	000-000-0000
Date Moved <span>[required]</span>	Current Community <span>[required]</span>	Email Address	Permission to Send Generic Information
01-01-2017	YUKON	demo17@yahoo.com	Yes No
Preferred Method of Communication			
DO NOT NOTIFY			

## Important Data Fields

- Street Address
- City
- State
- Zip Code
- Date Moved
- Current Community

These fields impact almost every department and reporting.



# Address/Email/Internet

Internet Access - Last Updated 06-29-2022

Can You Access The Internet

Yes  No

Internet Access From

- HOME
- WORK
- SCHOOL
- HEALTH CARE FACILITY
- LIBRARY
- TRIBE/COMMUNITY CENTER
- MOBILE DEVICE

Location Of Home

## Important Data Fields

- Location of Home

Obtaining the patient's Location of Home (physical address) should be obtain when the patient's mailing address is a post office box.

This field can impact PRC and Clinical staff



# Tribe and Eligibility Status

**Tribe and Eligibility Status**

Eligibility Status [required] INELIGIBLE  
Classification/Beneficiary [required] INDIAN/ALASKA NATIVE

Native American cannot be ineligible  
Classification/Beneficiary cannot be 'INDIAN/ALASKA NATIVE' for Eligibility Status 'INELIGIBLE'

Eligibility Reason(s)  
[Add](#)

Tribe of Membership [required] NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)  
Indian Blood Quantum [required] NONE  
Tribe Quantum NONE

Classification/Beneficiary is set to 'INDIAN/ALASKA NATIVE' update Tribe to any except "NON-INDIAN"

Tribal Enrollment Number  
NONE

Other Tribes  
[Add](#)

## Important Data Fields:

- Eligibility Status
- Classification
- Tribe of Membership
- Indian Blood Quantum

This information can impact PRC, HIM, reporting and Patient Registration



# Legal and Preferred Name

Legal Name - DEMO,PATIENT			
DOCUMENT NUMBER	NAME CHANGED TO	DATE NAME CHANGED	PROOF PROVIDED
<i>No data for Legal Names</i>			
Preferred/Other Names			
Preferred Name	PATIENT		
Other Names	DEMO,PATIENT		



# SO/GI

---

Sexual Orientation/Gender Identity

Director Tso, signed the policy on June 16, 2023

Staff should be trained before implementing

Training materials are available on the RPMS Training Repository and additional training will be coming soon.

<https://www.ihs.gov/rpms/training/recording-and-material-library/>

SO/GI	
Pronouns	FEMININE - SHE,HER,HER,HERS,HERSELF
Legal Sex	UNKNOWN/OTHER- STATE BIRTH CERTIFICATE
Sexual Orientation	OTHER - (OTH)
Gender Identity	OTHER - (OTH)



# Emergency Contact and Next of Kin

Emergency Contact/Next of Kin			
Emergency Contact	Name HOME,MY	Relationship GRANDMOTHER	Address 5465 SCISSOR TAIL RD DEMO, OKLAHOMA, 00000
	Phone Number	Work Phone	
Next of Kin	Name DEMO,SUSIE	Relationship DAUGHTER	Address 5555 MOCKINGBIRD LANE DEMO, OKLAHOMA, 00000
	Phone Number 555-555-5555	Work Phone	



# Family Information

Incorrect parental information can impact Patient Registration, HIM and Clinical staff. Obtaining birth certificates and/or court orders for minors help keep this information up-to-date and accurate.

Family Information			
Father's Information	Name DOE,FATHER	Place Of Birth	Employer DECEASED
	Primary Phone	Alternate Phone	Email Address
Mother's Information	Maiden Name DOE,MOTHER	Place Of Birth	Employer DECEASED
	Primary Phone	Alternate Phone	Email Address
Household Information	Number In Household	Total Household Income \$1.00	Income Period YEAR





# Death Information/NPP

Obtaining this incorrect Death Information can effect the Business Office, Patient Registration, HIM and Clinical staff. Patient Registration should request a death certificate to verify the patient's information and to have valid documentation for the date of death.

Death Information		Edit	
Death Information	Date Of Death	Last Edited	Death Certificate No
	State Of Death		
Notice of Privacy Practices		Edit	
Received By Patient	YES on 01-01-2019		
Acknowledgement Signed	NO		
Reason	PATIENT DID NOT SIGN PACKET.		
PHR Access		Edit	
PHR Access			
PHR Handout	YES on 02-14-2022		



# Death Information

Three things need to happen when entering a date-of-death.

1. Term out all insurance for the date-of-death. This will remove the patient from all reports.
2. Enter your documentation.
3. Enter the date-of-death information.

### Death Information

Date Of Death [required] Time Of Death Death Certificate No State Of Death



# Veteran Status

This is a requirement for reporting purposes and to determine if the patient is enrolled in VA benefits. Patient's should be asked, "Have you ever served in the military?"

Veteran Status				Edit	
Veteran	YES				
Service Branch	AIR FORCE	Service Entry Date	06-11-2005	Service Separation Date	06-11-2007
Vietnam Service Indicated	UNKNOWN	Claim Number		Is Service Connected	NO
Description of VA Disability	OPEN TEXT FIELD			Valid VA Card	



# AOB/ROI

The AOB/ROI dates will cross over to the billing package. An out dated AOB/ROI will cause billing delays.

Assignment of Benefits/Release of Information		<a href="#">Add AOB</a>	<a href="#">Add ROI</a>
Assignment of Benefits (AOB)	02/08/2023 <a href="#">View AOB History</a>		
Release of Information (ROI)	02/08/2023 <a href="#">View ROI History</a>		



# Insurance Data

What data is pulled from the Patient Registration package to the Billing package?

## Patient's Information

- ▶ Name
- ▶ Address
- ▶ Date-of-Birth
- ▶ Gender
- ▶ Phone Number
- ▶ Relationship to the insured

## Insured's Information

- ▶ Name
- ▶ Address
- ▶ Date-of-Birth
- ▶ Gender
- ▶ Phone Number

\*\*\*\*50% of information collected by Patient Registration will crossover on claims\*\*\*



# Insurance Data

Private - BC/BS FEDERAL EMPLOYEES

Relationship to Insured **[required]**  
Please Select

Name as Stated on Policy **[required]** Policy Number or SSN **[required]** Effective Date **[required]** Expiration Date  
DEMO,PATIENT UFMS MEDICAID

Policy Holder Sex **[required]** Date Of Birth **[required]** Primary Care Provider CD Name  
FEMALE 02-02-2022

Holder's Employer Info  
Status Employer  
Please Select Search

Holder's Address  
Street **[required]** City **[required]** State **[required]**  
1234 UFMS DRIVE CLINTON OKLAHOMA

Zip Code **[required]** Phone Number  
73036 000-000-0000

Insurer Information  
Group Name/Number **[required]** Coverage Type Card Copy on File  
Search Please Select

Discard Save

The information on this form needs to be accurate in order not to causes delays in Billing and re-work by A/R staff.

The Insurer file in Table Maintenance should also be up-to-date to prevent delays and re-work.

The Policy Name, Relationship and Group Number should be verified often to ensure the information is accurate.



# Insurance Data

**Medicaid**

Medicaid Name [required] Medicaid Number [required] Date Of Birth [required] Relationship

DEMO.PATIENT | | 06-06-1980 | Self

Plan Name State [required]

OKLAHOMA MEDICAID | Please Select

Group Name/Number [required] Primary Care Provider Rate Code

Search | |

Card Copy on File

**Eligibilities** Add

START DATE	END DATE	COVERAGE TYPE
No data		

Discard Save

The Medicaid Name and DOB need to match with the patient's state Medicaid enrollment information. If these do not match, this will cause claims to reject.

This form will auto-populate the patient's name. However, you can change the patient's Medicaid Name on the form to match their enrollment information with the state.



# Insurance Data

Medicare

Medicare Name [required] Medicare MBI Number [required] Date Of Birth [required] Medicare Release Date [required]

DEMO.PATIENT [ ] 06-06-1980 [ ] [ ] [ ]

Medicare HICN Number Suffix Primary Care Provider QMB/SLMB

[ ] Please Select [ ] Please Select

Advance Beneficiary Notice Obtained IMP MSG FORM SIGN Obtained Date Card Copy on File

[ ] [ ] [ ]

Eligibilities [Add]

START DATE	END DATE	COVERAGE TYPE
No data		

Discard Save

Medicare, like Medicaid, needs to match with the patient's Medicare information with the SSA and CMS.

Incorrect MBI's and Medicare names will cause delays in the Billing and cause claims to reject.





# Medicare Secondary Payer

**MSP Surveys** [Add MSP Survey](#)

**Errors**

- Medicare Secondary Payer expired

DATE SURVEY GIVEN	SIGNATURE DATE	MSP PATIENT	MEDICARE SECONDARY REASON	COMPLETED BY	
01-16-2021		NO		GOODAY,APRIL	<a href="#">Edit</a>
11-20-2017		NO			<a href="#">Edit</a>
08-16-2017	08-16-2017	NO		POOLAW,CAROL	<a href="#">Edit</a>
08-16-2017	08-16-2017	NO		LUTTRELL,AFTON LCSW	<a href="#">Edit</a>
01-04-2017		NO			<a href="#">Edit</a>
03-24-2015		NO			<a href="#">Edit</a>



# Sequencing

Sequencing impacts the Lab package.

Also, depending on your billing practices, can impact the Billing.

Medical Sequence							<a href="#">Add Medical Sequence</a>
This sequence reflects the latest priority sequence date.						Sequence Date: 01-01-2023	<a href="#">Delete</a>
SEQUENCE NUMBER	INSURER	SUBSCRIBER	COVERAGE TYPE	POLICY NUMBER	ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE	
1	D-RXAMERICA B:012189 P:5000 PO BOX 22690, SALT LAKE CITY, UT 84122	DEMO,PATIENT	D	123456789	01-01-2010		
2	OK - OKLAHOMA MEDICAID PO BOX 18430, OKLAHOMA CITY, OK 73154	DEMO,PATIENT	OK	B01234567	10-01-2020		



# Prior Authorizations

Prior authorization is required for most inpatient stays and some outpatient visits. Entering the Authorization Number is important for the billing staff, as they will have to hand key this information into the billing package. Not obtaining prior authorizations will cause denials and re-work for the A/R staff and/or Patient Registration staff.

**Prior Authorization**

Encounter Date <span style="color: red;">[required]</span>	Authorization Type <span style="color: red;">[required]</span>	Insurer	
<input type="text" value="03-16-2022"/>	<input type="text" value="OUTPATIENT"/>	<input type="text" value="BC/BS FEDERAL EMPLOYEES"/>	
Authorization Status	Authorization Number	Authorization Date	Authorized Visits
<input type="text" value="RE-SUBMITTED"/>	<input type="text" value="AA12356789"/>	<input type="text" value="04-01-2022"/>	<input type="text" value="1"/>
Service Category			
<input type="text" value="MRI"/>			
Encounter Notes			
<input type="text" value="031622 PER BC/BS REP&lt;br/&gt;THIS CASE IS APPROVED FOR CPT 77777 (DX11111) CONFIRMATION #&lt;br/&gt;APG"/>			



# How Patient Registration Data Is Used

---



# How is the data used?

Data is used for Administrative and/or reporting purposes.

Third Party payer Area wide data is often requested for an overview of the 3<sup>rd</sup> party resources available within the service unit, an Area or all of IHS.

There is a data field to check if a Patient has any VA benefit status (yes or no). This aggregate data is used to determine if there is a need for VA outreach in certain areas of the state.

Helps with planning of health care facilities



# How is the data used?

Congressional Reporting and Budget formulation/justification

Decision making and strategic planning

Program evaluation

Administrative review, productivity, accountability

Performance and quality improvement

Grant applications

Funding formulas



# User Population Data

IHS User Population counts patients who are active users of the Indian Health System within a three-year period. The Indian Health system includes IHS, Tribal or Urban health facilities.

The data comes from patient registration and workload encounter data that is exported to the IHS National Data Warehouse (NDW).

The NPIRS team prepares the unduplicated patient count by each Area. The data sources are from the time a patient registers to the actual visit; all of the components are important and need to be as accurate and timely as possible.



# NDW Data Content

---

## REGISTRATION

- Patient Identification
- Chart numbers and locations
- Address
- Community of Residence Code
- Social Security Number
- Tribal membership and benefit class
- Insurance eligibility
- Veteran Status (Y/N)

## ENCOUNTER

- Admission and discharge dates
- Patient data
- Location (Facility/clinic) of the service
- Provider discipline
- Procedure, diagnosis, injury and dental codes
- Lab tests and clinical measurements
- Health factors
- Patient Education
- Medication
- Contract Health Service data such as authorization number, authorizing facility and cost





# How To Improve Data Integrity

---



# Scripting

Can be used for everything!

## Patient Interview

- First, standardize your script.
- Then, determine which questions you are going to ask every visit.
- Questions should be geared toward maintaining the registration data and should be opened-ended.

Example on next slide



## Established Patient Presents

### Greet and Assess

- **Good morning/afternoon/evening?**
- **How can I help you today?**
- **Do you have an appointment today?**
  - Same Day Appointment
  - Scheduled Appointment
  - (Follow clinic procedures to schedule a Same Day Appointment or check-in the scheduled appointment.)

### Patient Interview: Demographics (Open-ended Questions)

- **REQUIRED: Ask patient for two identifiers**
  - Can I have your name and DOB?
  - Can I have your name and HRN?
- **What is your current mailing address?**
  - If PO Box
  - **What is your current physical address?** (Enter information into the Location of Home box.)
    - Verify address/zip code annually or whenever the address is updated.
- **What is a telephone number you would like to the clinic to contact you?**
- **Are you currently employed?**
  - Full/Part time?
    - Current Employer's name
- **Do you have access to the internet?**
  - Home/Cell/Work/School/Library
  - Would you like to add your email address?
- **Who would you like as your Emergency Contact?**
  - Who would you like as your Next-of-Kin?
  - Would you like your Emergency Contact and your Next-of-Kin to be the same person?
- **Migrant/Homeless?**
- **Advance Directive?**

### Patient Interview: Insurance

- **Do you have active insurance?**
  - Medicaid
    - Verify on every visit.
    - No AOB/ROI required.
    - Update AOB/ROI Dates Annually.
  - Medicare
    - Scan card.
    - Obtain signature for the MSPQ and AOB/ROI annually.
    - Update the electronic MSPQ on every visit.
    - Verify coverage on the first visit of every month.
  - Private Insurance
    - Scan card and obtain the AOB/ROI signature annually.
    - Rx coverage only does not require a signature.
  - VA
    - No AOB/ROI signature required, however, obtain annually.
  - Workman's Comp
    - Obtain all information from the patient including worker's comp number, claims mailing address and AOB/ROI signature.
    - Send all information to the BOM once completed.



# Knowing The Types of Patients

During the Patient Interview, identify the Type of Patient you are interviewing to determine what should be included in your documentation, what information should be obtained/reviewed in the record and if additional PI verification is required.

## Types of Patients (6)

- No insurance
- Patient with insurance
  - Medicaid
  - Medicare
  - Private
  - Combination (Dual Coverage)
- New patient/Re-activated patient



# Standardize Documentation

Why is the Patient Registration documentation important?

Rule of thumb: Only use universal abbreviations or abbreviations that are easy to understand.

Documentation should be clear and concise.

Only document relevant information.



# Standardize Documentation

**No Insurance Example: Create a baseline to be used in all documentation**

052517 OHCA VERIFIED, NO ACTIVE MEMBER USING THE NAME/DOB AND SSN/DOB. APG  
VIEWED PATIENT'S TXDL. APG  
NO CHANGES TO THE RECORD. NO ADVANCE DIRECTIVE. APG



# Standardize Documentation

**Medicare Example: Create a “cheat” for yourself within the documentation that serves multiple purposes.**

052517 OHCA VERIFIED, NO ACTIVE MEMBER USING THE NAME/DOB AND SSN/DOB. APG  
VIEWED PATIENT'S TXDL. APG  
NO CHANGES TO THE RECORD. NO ADVANCE DIRECTIVE. APG  
PATIENT RECEIVES MCR BASED ON AGE, RETIRED 01/01/2019, SPOUSE IS A  
HOMEMAKER, MCR IS PRIMARY. APG  
UPDATED MSPQ SURVEY, NO SIGNATURE REQUIRED. APG  
PER ABILITY, PATIENT'S MCR PARTS A AND B ARE STILL ACTIVE. NO  
MCR PART D. APG  
UNABLE TO CLEAR THE PBC WARNING. APG



# Standardize Documentation

Reactivated Record Example: Create a noticeable message for the next visit.

053017 \*\*\*CHART REACTIVATED FOR LIH\*\*\*

OHCA VERIFIED, NO ACTIVE MEMBER USING THE NAME/DOB AND SSN/DOB. APG

SCANNED CDIB, OKDL, MCR CARD AND HUMANA CARD. APG

SCANNED THE HIPAA/PRIVACY AOB/ROI'S CY17 AND MSPQ SIGNATURES. APG

NO ADVANCE DIRECTIVE. UPDATED THE ADDRESS, PRIMARY PHONE NUMBER,  
EMERGENCY CONTACT AND NEXT OF KIN. APG

PER ABILITY, PATIENT HAS ACTIVE MCR PART A EFFECTIVE 04/01/1984,

MCR PART B EFFECTIVE 09/01/1984, AND MCR PART C WITH

HUMANA EFFECTIVE 01/01/2014. APG

PATIENT RECEIVES MCR BASED ON AGE, RETIRED 01/01/1984, SPOUSE RETIRED  
01/01/1984, MCR PART C IS PRIMARY. APG

ADDRESS/ZIP CODE VERIFIED THROUGH MELISSADATA.COM, PATIENT LIVES  
IN CADDO COUNTY. APG

PHR HANDOUT GIVEN TO PATIENT AND DATE DOCUMENTED  
UNDER THE PHR ACCESS TAB. APG

\*\*\*30 DAY NOTICE GIVEN TO THE PATIENT FOR NO SS CARD\*\*\* APG





# Utilizing Reports

## Indian Health Manual, 5-1.5, Compliance-Reporting and Monitoring

1. Perform periodic reviews
  2. Monitoring of pre-defined schedule
  3. Use the data reviewed to prepare reports (monitor, assess and improve integrity)
- Patient Registration
    - Data Verification
    - Eligibility Counts
    - Audit Reports
  - Patient Benefit Coordinator
    - Productivity
    - Application types



# Utilizing Reports

At this time, unfortunately, we are unable to run a Productivity Report that shows the user name for last updated.

## Reports

- PORP (Listing of Patient Eligibility Counts)
  - ABM > ELTP > RPEL > PORP
- FAUD (Full Patient File Audit)
  - AG > PTRG > RPT > FAUD
  - File cleanup
- ERP (Print Field Audit Report)
  - AG > PTRG > RPT > ERP
  - Prints Errors and Warnings (Patient Registration Package) by category



# Utilizing Reports

## PORP Example:

PATIENT ELIGIBILITY STATUS REPORT AUG 15, 2019@09:15:31																		
For Visit Dates:		01/01/2019 to 07/31/2019																
Billing Location(s):		CLINTON INDIAN HEALTH CENTER																
*AGE AS OF REPORT DATE																		
=====																		
REG LOC	HRN	NAME	DEC	BIRTH DATE	SEX	AGE*	BEN	MCR	MCD	PVT	VET	CHS	RESIDENCE	VET Y/N	DATE OF LAST UPD	EMPL STATUS	BILL VISIT	UNBILL VISIT
CL	XXXX	DEMO,PATIENT ONE		12/17/19XX	F	64	1	A				C	CONCHO	N	6/11/2019	UNEMPLOYED	2	8
CL	XXXX	DEMO,PATIENT TWO		3/26/19XX	M	78	1	A			A	C	CANTON	N	7/26/2019	FULL-TIME	1	1
CL	XXXX	DEMO,PATIENT THREE		6/9/19XX	F	65	1			A		D	MUSTANG	N	6/24/2019	FULL-TIME	3	
CL	XXXX	DEMO,PATIENT FOUR		10/5/19XX	M	65	1	A		A	A	C	MUSTANG	Y	7/30/2018	UNEMPLOYED	1	
CL	XXXX	DEMO,PATIENT FIVE		8/9/19XX	M	63	1					C	EL RENO	Y	7/30/2019	FULL-TIME	2	19
CL	XXXX	DEMO,PATIENT SIX	D	11/22/19XX	M	74	1	A	A			C	ELK CITY	N	3/25/2019	FULL-TIME	1	
CL	XXXX	DEMO,PATIENT SEVEN		12/20/20XX	F	16	1		A			C	CLINTON	N	1/16/2019		5	2
CL	XXXX	DEMO,PATIENT EIGHT		9/26/20XX	M	16	1		T			C	ELK CITY		7/29/2019	FULL-TIME	1	2



# Utilizing Reports

## ERP-Summary Example:

ERROR NUMBER	ERROR LIST	total # of Patient w/Errors
005	Medicare Secondary Payer expired	141
006	Patient's address incomplete	8
035	Mother's or Father's Employer Information Missing for	1
043	Patient's Household Income Period incomplete	1
049	Patient's Preferred Language incomplete or not in pati	12
050	Patient's Primary Language, Proficiency or Interpreter	32
051	Patient's Ethnicity/Method of collection incomplete	8

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



# Create An Audit Tool To Help Manage The Patient Interview

## Keeping a Daily Census

HRN ▾	NEW ▾	REACTI ▾	MCD ▾	PI ▾	MCR ▾	VA ▾	NON-BENEFICIAR ▾
XXXXXX			1				
XXXXXX	NO VISIT					1	
XXXXXX				1	1		
XXXXXX			1				
XXXXXX					1		
XXXXXX				1			1
XXXXXX	1		1				
XXXXXX		1			1		



# Create An Audit Tool To Help Manage The Patient Interview

Example of Patient Check-in audit sheet.

	HRN	DATE OF SERVICE	THIRD PARTY					MISC. PATIENT INFO		ERROR/WARNING CONTROL			CHECK-IN REQUIREMENT			SUPERVISOR COMMENTS
			OHCA (EVERY VISIT)	MEDICARE AND PI VERIFICATION- 1ST VISIT OF MO- (ABILITY, AVAILITY, ETC.)	MCR-MSPQ (ANNUAL SIGNATURE AND UPDATED ELECTRICALLY EVERY VISIT)	MCR-PART D (1ST VISIT OF MO)	MCR FOR... (EVERY VISIT)	AOB/ROI (ANNUALLY OR WHEN CHANGES TO PAYER AND/OR PATIENT NAME)	SEQUENCED (1ST VISIT/CHANGE TO COVERAGE)	PHR DOCUMENTED (ONCE A LIFETIME/WHEN PATIENT IS GIVEN INFO (VERBAL OR HANDOUT)/ NAME CHANGE	ADVANCE DIRECTIVE (EVERY VISIT) **NOT A REQUIREMENT**	INTERNE T (EVERY VISIT)	MIGRANT HOMELES S (EVERY VISIT)	CLEARED E/W TAB? EXCEPTION: PBC, COVERAGE TYPE AND SUPPLEMENTAL (EVERY VISIT)	CHANGES TO RECORD (EVERY VISIT)	
JANUARY (MCD)																
JANUARY (MCR)																
JANUARY (PI)																



# Create An Audit Tool To Help Manage The Patient Interview

Example of New Record audit sheet.

		ELIGIBILITY REQUIREMENTS						THIRD PARTY				
	HRN	DATE	CDIB	PIC ID	STATE BIRTH CERTIFICATE	SOCIAL SECURITY NUMBER	LEGAL DOCUMENTS (IF REQUIRED)	OHCA	AOB/ROI SIGNATURE (MEDICARE . VA, MCR PART C AND PI)	MCR-MSPQ SIGNATURE	MCR FOR_	SEQUENCED (OHCA COVERAGE ONLY)
Jan-20												

MISC. INFO						ERROR/WARNING CONTROL					
PHR DOCUMENTED (VERBAL OR HANDOUT)	ADVANCE DIRECTIVE	HIPAA/PRI VACY SIGNATURE	NUMBER SELECTED IN ORDER *CORRECTLY OBTAINED	ENTER ON THE NEW CHART LOG	SCANNED CORRECTLY IN VISTA	INTERNET	MIGRANT HOMEL ESS	E/W TAB? EXCEPTION : PBC, COVERAGE TYPE AND SUPPLEMENTAL	ADDRESS VERIFICATION	DOCUMENTED	SUPERVISOR COMMENTS



# Sequencing Insurance

Alerts staff to which payer is primary and what benefits are billable under the patient's plan

- Registration
- Billing
- Accounts Receivable (AR)
- PRC (keys required)

Reduces Billing errors

- By reducing the time the biller spends on each claim
- If the patient has multiple coverages, tells the biller which PI to send the claim to first

Reduces re-work by AR staff

- By reducing the number of claims that must be researched for the primary payer
- In general, reduces the \$\$\$\$ in AR





# Contact Information:

April Gooday

Business Office Manager, OCA, CSU,  
Clinton Indian Health Center

[April.gooday@ihs.gov](mailto:April.gooday@ihs.gov)



Special thank you, to Sandra Sealey, OCA  
Business Office Coordinator and Tina Isham-  
Amos, OCA Area Statistician



