

2024 Indian Health Service Partnership Conference

The Revenue Cycle 101 for CEOs

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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



Learning Objectives

- Provide a general overview of the revenue cycle for health care facilities.
- Increase knowledge and understanding of the roles and responsibilities for *all* parties involved in revenue cycle
- Understand how one step in the process can impact others
- Understand how teamwork and accountability is imperative for a successful revenue cycle
- Inspire participants to identify and develop ways to improve their revenue cycle



The 12 IHS Areas

Indian Health Service Areas



The Revenue Cycle



The Revenue Cycle-Two Steps Further



What is “credentialing?”

The process of establishing the qualifications of licensed medical professionals and assessing their background and *legitimacy*.

The process of evaluating the qualifications and practice history of a medical provider.

-Credentialing and privileging are NOT the same thing



Why is credentialing so important?

- National news and headlines
- Increased focus on Quality and Patient Safety
- Insurance carriers will not pay claims for services by providers that have not been properly credentialed



Credentialing- Why is it so important?

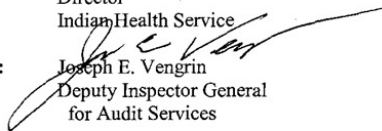
Patient Safety!



DEPARTMENT OF HEALTH & HUMAN SERVICES

JUN 13 2005

TO: Charles W. Grim, D.D.S., M.H.S.A.
Director
Indian Health Service

FROM: 
Joseph E. Vengrin
Deputy Inspector General
for Audit Services

SUBJECT: Credentialing and Privileging Practices at IHS
Hospital (A-07-03-00159)

Health care on  NBCNEWS.com

Fake doctor duped hospitals, universities, AMA

United Airlines pilot claimed to be a cardiologist, got millions in grants

Toby Mathew, who became director of Overton Brooks VA Medical Center in June 2014, was fired on April 13 due to "charges related to general misconduct, and failure to follow policy and provide effective oversight of the Center's credentialing and privileging program," said an internal VA memo

C.S. NEWS

Ohio clinic falsely diagnosed more than 50 patients with Alzheimer's disease, lawsuits say



By JASON SILVERSTEIN | NEW YORK DAILY NEWS | FEB 08, 2017 | 12:54 PM



Credentialing Directly Impacts Revenue

- Without proper credentialing, reimbursement for medical services can also be denied or delayed
- If physicians/providers are not fully credentialed by 3rd party payers and health plans, they will not be paid for rendering medical services
- If physicians/providers are not fully enrolled with 3rd party payers and health plans, they will not be paid at the “participating” rate. The payment will go to deductible, copays, coinsurance. The facility may not receive actual money, although the claim is “paid.”



Credentialing and the known challenges

- It requires weeks or months of planning
- It can be a daunting process, as it involves a great deal of supporting documents and organizational contacts
- The amount of time and money required for research and background checks for each medical provider can add up
- There is often a lack of staff dedicated to do the tasks



What's Next?

Congratulations! Successful completion of the credentialing packet at the local level.

How will the payers know?



They must be enrolled with the 3rd party payers

They must re-credential prior to expiration

BO submits a monthly roster with updates



How can incomplete credentialing affect your revenue cycle?

DENIALS, DENIALS, DENIALS!

More research

More re-work

More claim submissions

More adjustments and loss of revenue



Investigate and fix the underlying problem



Credentialing followed by Enrollment

- Know who is performing each duty (credentialing and enrolling) at your facility

Is it someone in the Business Office?

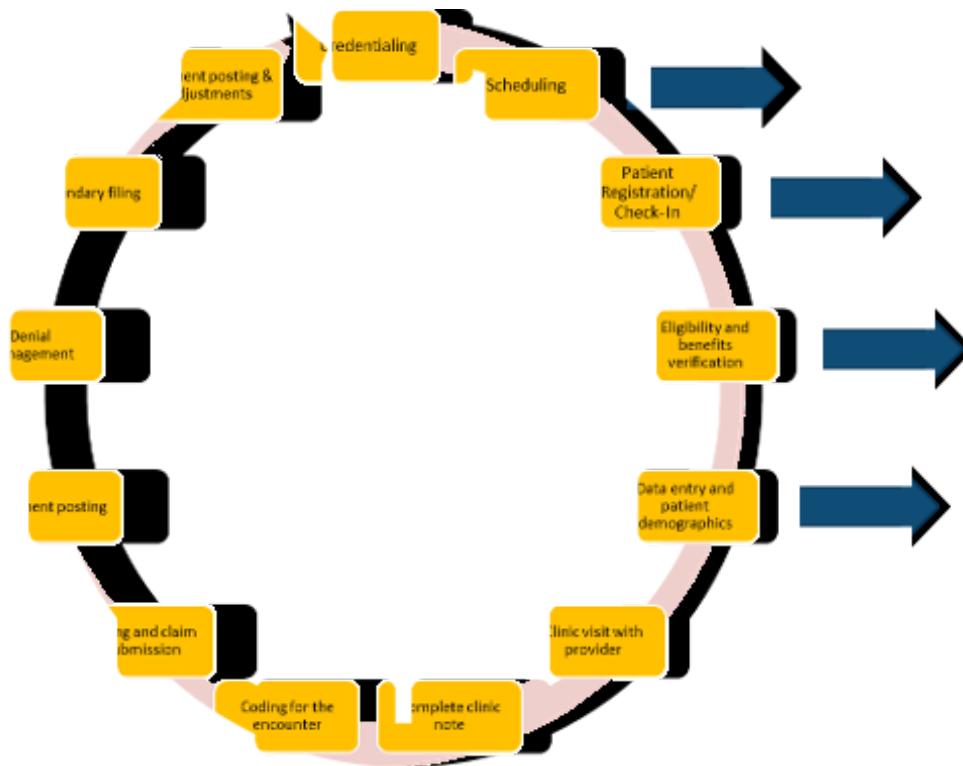
Is there a dedicated Credentialing Assistant?

Is it a practice manager?

- If it is **not** one in the same person there **must** be an agreed upon process...communication and collaboration!



Opportunities for data capture and PBC



How many departments are involved in the revenue cycle?

- Business office (back end)- billers, AR technicians, voucher examiners
- Patient reg (front and back)- MSAs front desk, MSAs call center, schedulers
- Patient benefits coordinators
- Coding/HIM
- CAC/IT
- Credentialing specialist
- COR (if using contractors)
- **ALL** medical/clinical staff
- Administration



Whose job is it?

The Parable of Responsibility

Everybody, Somebody, Anybody, and Nobody were members of a group.

There was an important job to do and Everybody was asked to do it.

Everybody was sure that Somebody would do it.

Anybody would have done it, but Nobody did it.

Somebody got angry because it was Everybody's job.

Everybody thought Anybody would do it, but Nobody realized that Anybody wouldn't do it.

It ended up that Everybody, blamed Somebody, when Nobody did, what Anybody could have done.

Author Unknown



What about...

The PATIENT?



Why does 3rd party revenue matter?

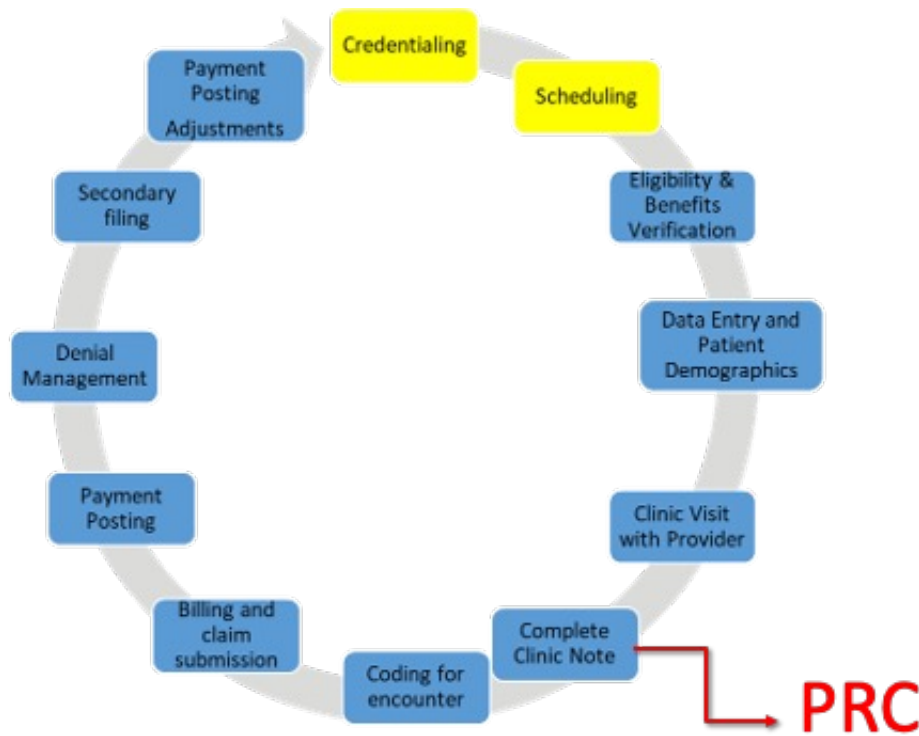
Not only should we work to meet the IHS mission regarding the health and wellbeing of Native People, but also because we are in the many patients are now in the healthcare business and our patients are paying customers



PRC and the Revenue Cycle



How does the revenue cycle affect PRC?



Making the Revenue Cycle Happen!

STEP 1:

Recognize “the business office” is not solely responsible for the Revenue Cycle



COMMUNICATION
IS KEY



Making the Revenue Cycle Happen!

- Outreach & collaboration with medical/clinical staff
- Outreach to workgroups, committees, communities
- Posters and handouts (patient education)
- Staffing (review roles, define responsibilities)
- Staff development
- Increased accountability (meeting deadlines, accurate reporting, TPICP)
- Policy development and equal accountability
- Improving the things that are within our control



Regular and Ongoing Communication

- Utilizing the Chain of Command
- Weekly Department leaders/supervisors meeting
- Departmental meetings (monthly at a minimum)
- Department Supervisor/Lead “Open Door/Desk” Practice
- CEO/COO/AO “Open Door” Practice
- Monthly General Staff Meetings



Making Teamwork Happen

- Communication is key
- Collaboration is essential
- Flexibility is needed
- Blaming and accountability are two different things
- Celebrate success

Blessed
are the
flexible,
for they
will not be
bent
out of shape

BananaBazzBomb.com



“Patients are the most important visitors on our premises. They are not dependent on us. We are dependent on them. They are not an interruption in our work. They are the purpose of it. They are not an outsider in our business. They are part of it. We are not doing them a favor by serving them. They are doing us a favor by giving us an opportunity to do so.”

Adaptation from original quote by Kenneth B. Elliott





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