2024
Indian Health Service
Partnership Conference

Patient Benefit Coordinator Basics

DUSTIE CUMMINS
PATIENT BENEFIT COORDINATOR
AUGUST 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, 4.1.6

Qualifications/Attributes:

o Exceptional customer service, communication & organization skills

o Previous third party work experience/knowledge

o Health insurance familiarity

o People-oriented

o Attention to detail

o Computer literate

o Also add: confidentiality, empathy, trustworthy, reliable, self-motivated, critical thinker

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 heath 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.

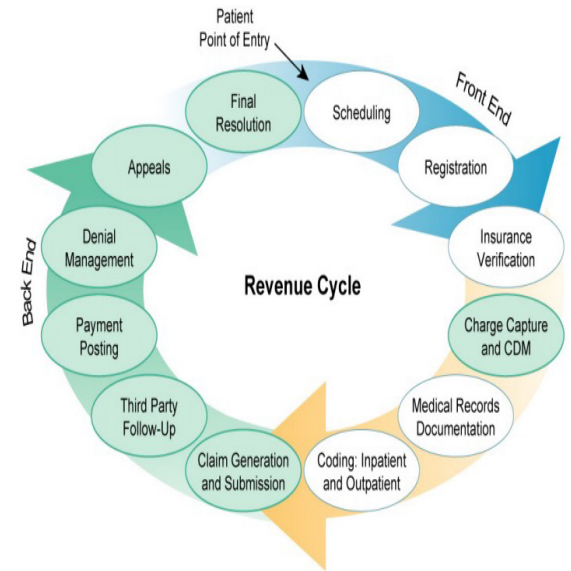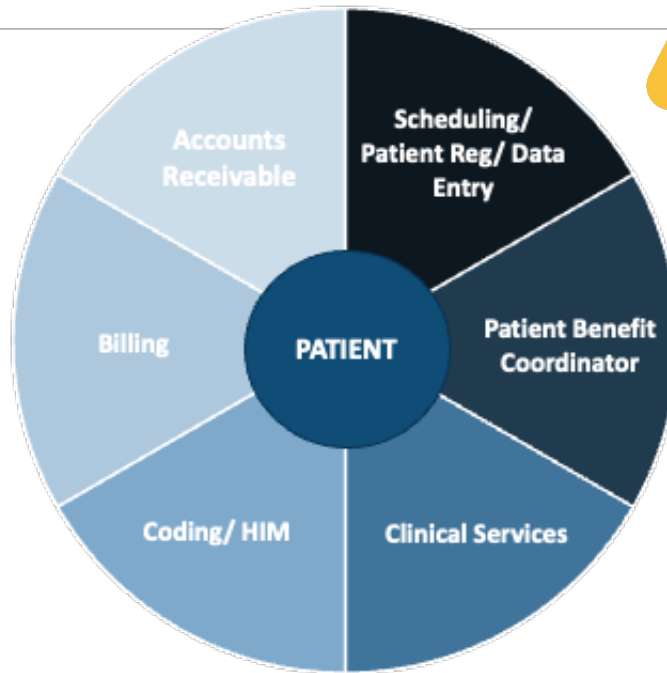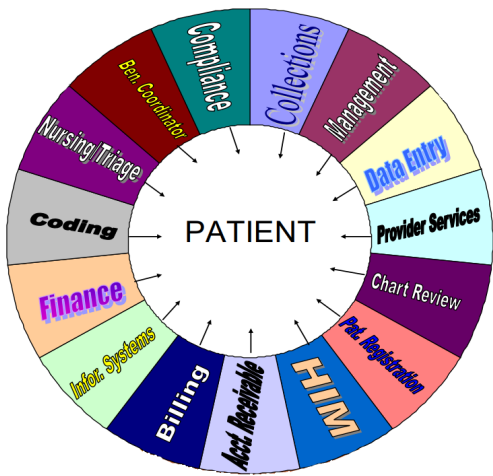- If a community is healthy, they can focus on other issues.

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

o Plan ahead.
  o Keep and use a calendar, preferred electronic so you can receive reminders.
  o Prescreen patients prior to application appointments to know what they will be eligible for and what documents will be necessary.
  o Schedule time for documentation.

o Schedule time for:
  o Regular tasks: referrals, follow-up, PRC, etc.
  o Recurring meetings.
  o Reports.

o Training.

o Leave.
  o Allows other staff to plan for your absence.
  o Gives you something to look forward to.
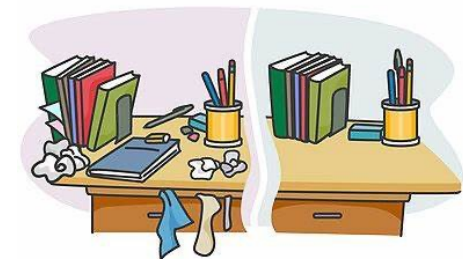
PROGRAMS

o Medicaid

o Medicare

o Marketplace Insurance

o VA Health

o Private Insurance

o Social Security Administration

o 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.

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					
					ZERO COPAY/ DEDUCTIBLE					
	143%	261%	138%	157%	MONTHLY/100%	YEARLY/100%	MONTHLY/300%	YEARLY/300%	MONTHLY/400%	YEARLY/ 400%
1	$1,737	$3,171	$1,677	$1,908	$1,255.00	$15,060	$3,765	$45,180	$5,020	$60,240
2	$2,350	$4,289	$2,268	$2,580	$1,703.00	$20,440	$7,740	$61,320	$6,812	$81,760
3	$2,962	$5,407	$2,859	$3,253	$2,152.00	$25,820	$9,758	$77,460	$8,608	$103,280
4	$3,575	$6,525	$3,450	$3,925	$2,600.00	$31,200	$11,775	$93,600	$10,400	$124,800
5	$4,188	$7,643	$4,041	$4,597	$3,048.00	$36,580	$13,792	$109,740	$12,192	$146,320
6	$4,800	$8,761	$4,632	$5,270	$3,497.00	$41,960	$15,810	$125,880	$13,988	$167,840
7	$5,413	$9,879	$5,223	$5,942	$3,945.00	$47,340	$17,827	$142,020	$15,780	$189,360
8	$6,025	$10,997	$5,814	$6,615	$4,393.00	$52,720	$19,845	$158,160	$17,572	$210,880

Household Composition	ABD Medicaid SSI Income Standards	QMB Pays for MCR A and/or B premium, copay & deductible	SLMB Pays for MCR B premium & partial copay & deductible	QI Pays for MCR B premium only	QDWI Pays for MCR A premium only	Extra Help Pays for Medicare D premium/copay/ deductible
Individual	$943	$1,275	$1,526	$1,715	$5,105	$1,883
Couple	$1,415	$1,724	$2,064	$2,320	$6,899	$2,555
Asset Limits	SINGLE $2,000 COUPLE $3,000	$9,430/$14,130			$4,000/$6,000	$17,220/$34,360

UPDATED 4/5/24, BY DRC

Medicaid Unwinding

One of the biggest occurrences to affect Medicaid in some time is the halting of renewals and then mass renewals, called the Medicaid Unwinding.

Since the onset of the COVID19 Pandemic, Medicaid renewals have been halted. Spring 2023, states resumed Medicaid renewal processes. Which means if patients did not update: contact information, income, household changes, or disregarded mail, this caused them to no longer be eligible, there has been a large drop in active Medicaid patients in the past year, nationwide.

Some states 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 with the data?

Fraud/scams: know how to educate and warn your community.

IHS Medicaid Unwinding site: https://www.ihs.gov/coronavirus/medicaid-unwinding/

CMS Medicaid Unwinding site: https://www.cms.gov/aian-unwinding

Flyer: https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-renewals-reaching-out-aian.pdf

PROGRAMS: Medicare

Medicare
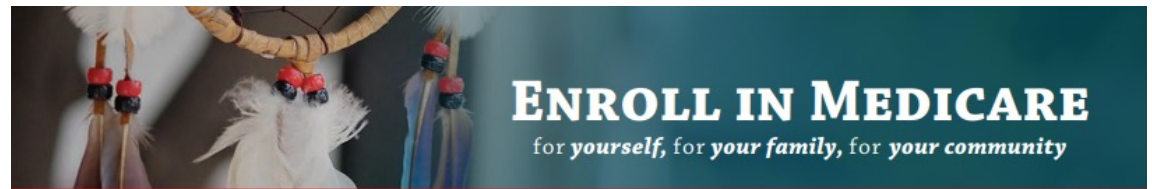
Basics

o **Part A**: Hospital ⎤
                          }— Original Medicare
o **Part B**: Medical ⎦
  • Medicare Savings Program

o **Part C**: Advantage Plan

o **Part D**: Prescription
  • Extra Help
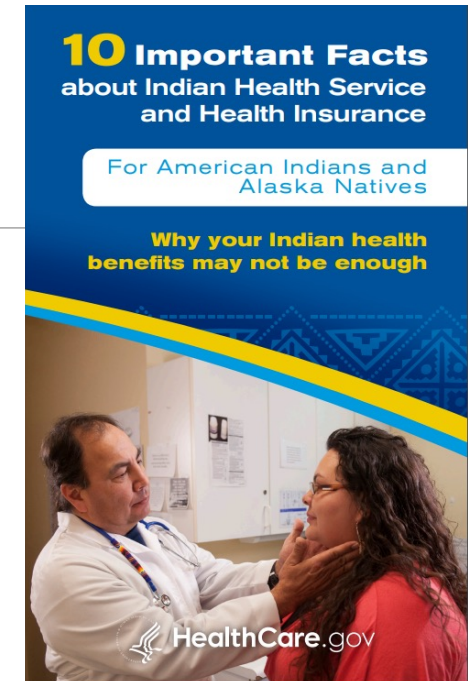 • IHS Notice of Creditable Coverage

o **Medigap**: Supplement

PROGRAMS: Marketplace

Marketplace Insurance

o   Special protections for Native Americans

o   Health Coverage Basics

o   Premium Tax Credit

o   Certified Application Counselor
    o   Training

o   Ordering Tribal Products
    o   Coverage to Care Roadmap
    o   Tribal Glossary
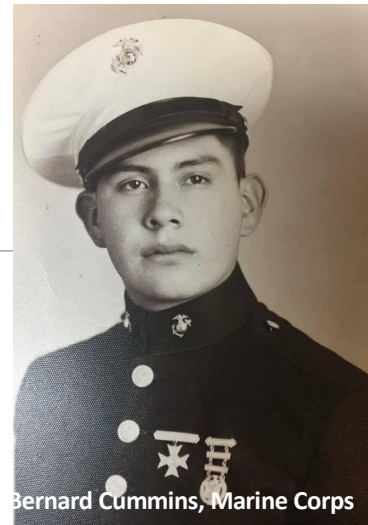   o   Information for AI/ANs Applying for Coverage

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
- VSD(Video Service Delivery) at ITUs
- Webinars & Listserv, email: AIAN.EC@ssa.gov

Social Security Administration
Tribal Benefits Coordinator Guide 2021
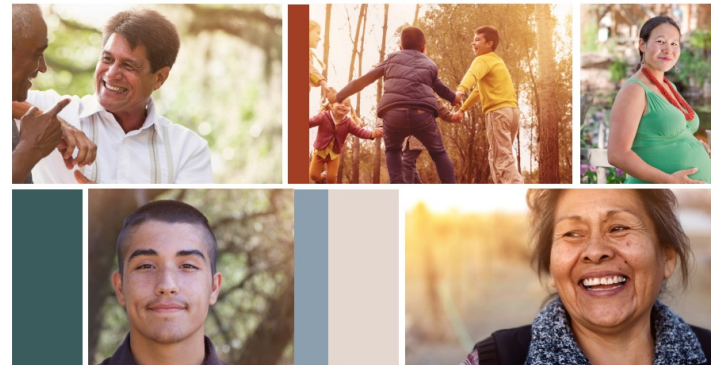
PROGRAMS: Social Security

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 [Create an Account] .
2. Click ☑ Create an account with Login.gov , then [Create an account] .
3. Enter email, select language, accept Rules of Use, then [Submit] .
4. Check email, click [Confirm email address] .
5. Create a password, 12 characters, no common phrases or repeated characters, then click [Continue] .
6. Choose the Authentication Method, I would suggest text/voice (landline), unless they do not have a mobile phone, lose/change numbers frequently, click [Continue] .
7. Enter phone number, select text or call, click [Send code] .
8. Enter **code** from text/call then click [Submit] .
9. Click Skip for now or [Add another method] , I recommend to skip unless the patient wants to add another.
10. Click [Agree and continue] .

☐ 📱 **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**
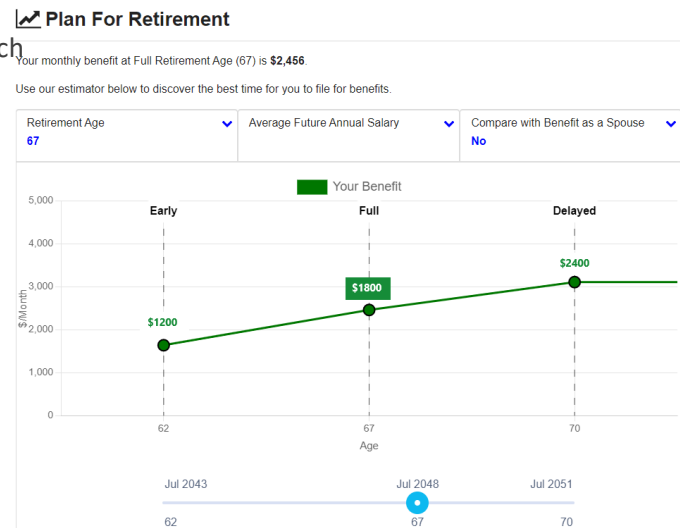PIV/CAC cards for government and military employees. Desktop only.

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: 🄶 my Social Security
    🏠 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.

Retirement Age ⌄	Average Future Annual Salary ⌄	Compare with Benefit as a Spouse ⌄
67		**No**

■ Your Benefit

	Early	Full	Delayed
	$1200	$1800	$2400

62   67   70
Age

Jul 2043   Jul 2048   Jul 2051

62   67   70

⬇ 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:

o State Medicaid Portal

o Emdeon – CardFinder

o Change/One Health

o My Ability/Inovalon

o Availity

o Individual insurance eligibility portals

o 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.

Other Programs PBCs Assist with:

- **Food**: SNAP (Supplemental Nutrition Assistance Program) aka food stamps, Commodities, and Food Banks
  - Income guidelines are similar to Medicaid Expansion
  - It may be better to receive commodities instead of SNAP if only qualify for a small amount; can only have one of the programs.
  - Local Food Bank Programs

- **Cash**: TANF (Temporary Assistance for Needy Families) and Bureau of Indian Affairs General Assistance (GA)

- **Energy**

- **Housing**: Section 8/other public housing programs and VA Home Loans for Native American Veterans or Veterans married to a Native American

Best Practices

o **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.

o **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.

o **Entering Alternate Resources**
   o Enter them timely so any potential back-billing can be done and record is complete.
   o All staff entering insurance should have the same training and use the same template.

o **Reports**: use preferred reports to contact uninsured patients about alternate resources.

o **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.

Best Practices

- **Have 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.

- **Screenings**: complete an income/household/asset screening prior to application appointments.

- **Document** during, right after, or at most within 24 hours of encounter.
    - Use a note template and all PBCs should be using it.
    - Copy and past in to other household members' HRNs.
    - Add application and status to use for follow-up and productivity reports.

- **Self-Care**

Best Practices: Program Screenings

Health Care Screening:

1. Have your income screening guide.

2. Ask questions:
   - Who lives in the home?
     Household for the application may be different than who lives in the home and/or the tax filing household.
   - Gross, earned and unearned income.
     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.

Program & Federal Poverty Limit

HOUSEHOLD SIZE	Healthy Montana Kids *PLUS*	Healthy Montana Kids	MT HELP Plan apply.mt.gov	PW Medicaid apply.mt.gov	ACA/Marketplace healthcare.gov					
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Couple	$1,415	$1,724	$2,064	$2,320	$6,899	$2,555
Asset Limits	SINGLE $2,000 COUPLE $3,000	$9,430/$14,130			$4,000/$6,000	$17,220/$34,360

UPDATED 4/5/24, BY DRC

Best Practices: Reports

Reporting:

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

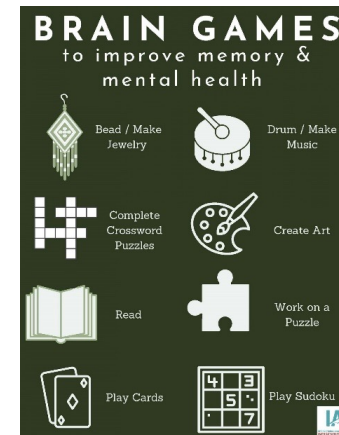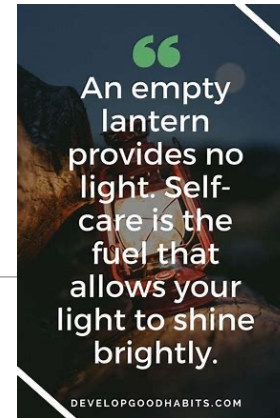- VGEN- Third Party in RPMS

- PORP in RPMS
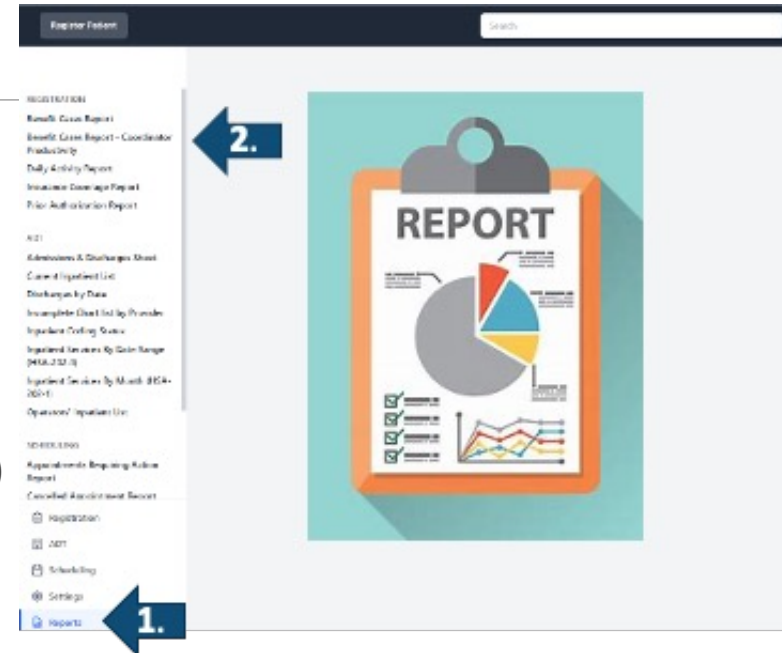
SELF-CARE

Self-Care

o Take breaks out of your workspace.

o Plan your leave and "mental health days" in advance.

o Stay organized and manage your time well.

o Don't take it personal.

o Leave work at work.

o Rest.

o Walk/exercise.

o Eat well.

o Stay hydrated.

o Laughter.

o Make time for hobbies, family, friends, and other things that bring joy.

o https://iasquared.org/caregiving/caring-for-the-caregiver/

Q&A

Contact Information

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2024 IHS Partnership Conference