

TPICP Online Tool

LESLIE REECE, BOC-BEMIDJI AREA

CARMELITA DAZEN, BOM, YAKAMA SU-PORTLAND AREA

K DEMPSEY, ORAP-DBOE, IHS HQS



Logging-in and Access

Hierarchy for designating and assigning access

Contact BOMs for your Area to get access

BOMs contact ORAP for TA or issues

- Clean up user access

TPICP Website

<https://home.ihp.gov/OtherPrgms/IHPES/ORAP/TPICPSA/index.cfm?module=tpicpsa&option=home&rf=3>

TPICP Online Tool Reporting

- Two types of reporting
 - Self-Assessment
 - Corrective Action Plan
- Bi-annually
 - April: Quarters 1-2
 - October: Quarters 3-4

Self-Assessment Reporting

12 Sections (including CEO section)

New Section for Providers

CEO Approves each section

Corrective Action Plans (CAP)

Target Date

- 1 year to complete

3-Step Approval Process

- CEO
- Area Director
- HQ

Notify HQ when complete

Red flag items

Outpatient Number of Days Billing Backlog

Inpatient Number of Days Billing Backlog

Coding Number of Days Backlog

Posting within 72 Hours

Aging Accounts Reviewed (45 days)

Claims Mailed or Transmitted within 1 Business Day from Approval

Section 1 – Facility Specific Procedures

Does your facility have written policies and procedures for Patient Registration functions?

Does your facility have written policies and procedures for Coding / Data Capture functions?

Does your facility have written policies and procedures for Billing functions?

Does your facility have written policies and procedures for Processing / Follow Up on claims functions?

Does your facility have written policies and procedures for Posting Payments functions?

Does your facility have written policies and procedures for Posting Adjustments functions?

will include a disclaimer: "Written policies may be requested by the Area Office or ORAP, after self-assessment submission."

Section 2 – IT Systems

Check all of the RPMS software versions and patches you have installed on your RPMS system. In the list below, please check which systems your facility has installed, indicate the date the latest update, version and patch was performed.

EHR, ERMP, BPRM, DTS, ADE, BMC, BSTS, MTPW, MAG3, NJPN, BPHR, BQI, BTPW, PSN, and Dental Codes

Please indicate the reports that you run and frequency you run these reports:

Checkbox: BLS, TAR, BSR, ASM, PSR, Other (free text response)

Checkbox: Daily, Weekly, Monthly

If ""Other"", Please list the reports here. Of the reports selected, please indicate whether they are run daily, weekly, or monthly.

Section 3 – Patient Registration/Check-in

What is the facility's process for verifying patient data and eligibility are completed at each visit? What documents are viewed/accepted to prove eligibility? Free text response.

Are you currently using the RPMS Practice Management Application Suite, Registration, and Scheduling modules at the time of registration and check-in? Yes / No response. If no, what is being used? Free text response.

Are you checking patient's OUT every visit using PIMS? Yes / No response. If no, what is being used? Free text response.

Please provide an updated list of Policies and Procedures that are currently in place for collecting from Non Beneficiaries. Free text response.

Is your facility's Patient Registration staff ensuring that proper sequencing for entering alternate resources (ex. Medicaid, Medicare, private insurance, workers' compensation etc.) is being performed at check in? Yes / No response.

When do you collect payments, co-pays, deductibles throughout various patient engagements or interactions for non-beneficiary patients? (reserved for some facilities) Checkboxes: Check-In, Check-out, after visit (billing correspondence), ED, or after hours. N/A

How often do you run the Patient Errors/Warnings Report? (checkboxes): weekly, bi-weekly, monthly, otherIf ""Other"", please describe (free text response)Please list the dates on which the Patient Errors/Warnings Report was run in the last 2 quarters (free text response)After running the Patient Errors/Warnings Report, how do you manage corrections? (free text response)

Section 4 – Benefits Coordination

How often do you review the Benefit Coordinator Productivity Report? Free text response.

How do you use the productivity report to manage your benefit coordinators? Free text response.

On your last exception report, how many individuals were identified with no insurance? Free text response. Of those patients, what actions were taken to follow-up? Free text response.

What reports do you use to identify alternate resources for patients? Free text response. What is your process for monitoring the status of alternate resources for patients? Free text response.

```
+-----+
|          THIRD PARTY BILLING SYSTEM - VER 2.6p38          |
|          Eligibility Menu                                  |
|          YAKAMA HEALTH CENTER                            |
+-----+
User: DAZEN,CARMELITA                                29-JUL-2024 8:55 AM

POEL Private Insurance Policy Maintenance Menu ...
RPEL Eligibility Reports Menu ...

Select Eligibility Menu Option:
```

```
MARP Listing of Medicare Part A Enrollees
MBRP Listing of Medicare Part B Enrollees
MRDP Listing of Medicare Part D Enrollees
MDRP Listing of Medicaid Enrollees
CHRP Summary of SCHIP Eligibility
PIRP Private Insurance Eligibility Listing
VARP VA Eligibility Listing
PMRP Listing of Policies and Members by Insurer
PORP Listing of Patient Eligibility Counts
VTRP Visit Counts by Veterans

Select Eligibility Reports Menu Option: █
```



Section 4 – Benefits Coordination

How many alternative patient benefit assistance programs (Medicaid, Medicare etc.) applications have been received/completed at your facility within the last 6 months? Of those applications, how many were rejected? (Free text response). Of the rejected applications, please indicate the reason for rejection: (Checkboxes): Over income, due diligence of patient, failure to provide documentation/information, other. If ""Other"", please describe: (free text response)

What methods does your facility conduct in regards to patient Outreach and Education? (Free text response). Please provide the date for the last Outreach and Education event. (Free text response). Please provide the number of contacts from the last Outreach and Education event. (Free text response).

Section 5 – Coding/Data Capture

Are all visits being coded whether the patient has third Party coverage or not? Yes / No response.

Is coding being completed within 4 days from Date of Service ? Yes / No response. RED-FLAG QUESTION

Are visits being created for stand alone Ancillary Department visits? Yes/No response.

Are HCPCS codes being entered into RPMS for all supplies issued during patient encounters? (Yes / No response). If Yes, how is this being tracked within the system? (Free text response).

How many certified coders do you have at your facility? Free text response.

Is there a quarterly review of all coding/data entries performed by an independent certified coder? Yes / No response. If NO, what are you doing to ensure quality coding of visits? Free text response.

What process or reports are ROUTINELY being used by the facility to ensure ONGOING accurate coding? Free text response.

Please provide the Average Number of visits at your facility per month that are coded. Free text response.

Section 5 Cont'd

Are error reports reviewed and corrected on a monthly basis? Yes/No

Please provide a list and the year of your latest edition of each of the coding reference books you use (Include online or purchased software tools). Free text response.

How frequently is your incomplete coding report -Inpatient reviewed, researched, and corrected?
Check box: Daily, Weekly, Monthly

How frequently is your incomplete coding report - Outpatient reviewed, researched, and corrected?
Check box: Daily, Weekly, Monthly

How frequently is your PCC Visits by Provider Report - Inpatient reviewed, researched, and corrected?
Check box: Daily, Weekly, Monthly

How frequently is your PCC Visits by Provider Report - Outpatient reviewed, researched, and corrected? Check box: Daily, Weekly, Monthly

Do both of these reports have supervisory oversight and review? Yes / No response.



Section 6 - Billing

Are Fee Schedules updated on a yearly basis and updated in the RPMS system? Yes / No response. If no, ask why? Free text response.

Is the most current Fee schedule that is loaded in RPMS set as the default fee schedule within table maintenance for each insurer? Yes / No response.

Please provide a screenshot of the most current Fee Schedule Listing from the RPMS Third Party Billing Package and/or date the last fee schedule was updated.

```

+++++
|          THIRD PARTY BILLING SYSTEM - VER 2.6p38          |
|          Fee Schedule Menu                               |
|          YAKAMA HEALTH CENTER                            |
+++++
User: DAZEN,CARMELITA                29-JUL-2024 8:59 AM

EDFE  Fee Schedule Maintenance
LSFE  Print Fee Schedule Listing
DTFE  Transfer Drug Prices from Drug File
FIFE  Import Foreign Fee Schedule
IDFE  Increase/Decrease Fee Schedule
VWFE  View CPT Fee
CUFE  CleanUp Fee Tables
      **> Out of order: All fee tables reviewed - no action needed

Select Fee Schedule Menu Option: █
    
```

```

Select FEE SCHEDULE: 3//          YAKAMA 2000 FEE SCHEDULE
===== FEE SCHEDULE CATEGORIES =====

Select one of the following:

1      MEDICAL
2      SURGICAL
3      RADIOLOGY
4      LABORATORY
5      ANESTHESIA
6      DENTAL
7      REVENUE CODE
8      HCPCS
9      DRUG
10     CHARGE MASTER

Select Desired CATEGORY: 1 MEDICAL
Looking for effective dates...
    
```

```

Possible effective dates:
01/01/2009
09/01/2009
10/01/2009
01/01/2010
07/27/2010
09/01/2010
01/01/2011
01/01/2012
01/03/2012
01/05/2012
01/01/2013
01/01/2014
08/01/2014
09/26/2014
10/01/2014
01/01/2015
10/01/2015
01/01/2016
01/01/2017
01/01/2018
01/01/2020
12/01/2020
01/01/2021
01/01/2022
Use what effective date? █
    
```

Section 6 - Billing

Possible effective dates:
 01/01/2009
 09/01/2009
 10/01/2009
 01/01/2010
 07/27/2010
 09/01/2010
 01/01/2011
 01/01/2012
 01/03/2012
 01/05/2012
 01/01/2013
 01/01/2014
 08/01/2014
 09/26/2014
 10/01/2014
 01/01/2015
 10/01/2015
 01/01/2016
 01/01/2017
 01/01/2018
 01/01/2020
 12/01/2020
 01/01/2021
 01/01/2022
 Use what effective date? ■

=====

MEDICAL SERVICES FEE SCHEDULE JUL 29,2024@09:03:01 Page 1
 FEE SCHEDULE NUMBER 3 WITH EFFECTIVE DATE 01/01/2022
 Billing Location: ██████████

=====

| CPT CODE | SHORT NAME | GLOBAL CHARGE | TECH CHARGE | PROF CHARGE |
|----------|------------------------------|---------------|-------------|-------------|
| 90281 | HUMAN IG IM | 75 | 0 | 0 |
| 90283 | HUMAN IG IV | 182 | 0 | 0 |
| 90284 | HUMAN IG SC | 80 | 0 | 0 |
| 90287 | BOTULINUM ANTITOXIN | 57 | 0 | 0 |
| 90288 | BOTULISM IG IV | 57 | 0 | 0 |
| 90291 | CMV IG IV | 205 | 0 | 0 |
| 90296 | DIPHtheria ANTITOXIN | 57 | 0 | 0 |
| 90371 | HEP B IG IM | 417 | 0 | 0 |
| 90375 | RABIES IG IM/SC | 573 | 0 | 0 |
| 90376 | RABIES IG HEAT TREATED | 875 | 0 | 0 |
| 90377 | RABIES IG HT&SOL HUMAN IM/SC | 608 | 0 | 0 |
| 90378 | RSV MAB IM 50MG | 2695 | 0 | 0 |



Section 6 - Billing

Please upload a screenshot of the latest all inclusive rates for Medicaid and a date of the last update.

```
*** CPT PROCEDURE FILE INQUIRY ***
=====
NUMBER: 841815                CPT CODE: T1815
SHORT NAME: Clinic service
CPT CATEGORY: NATIONAL CODES ESTABLISHED FOR STATE MEDICAID AGENCIES
SOURCE: HCPCS                 ACTIVE DATE: JAN 01, 2002
EFFECTIVE DATE: JAN 01, 2002  STATUS: ACTIVE
EFFECTIVE DATE: JAN 01, 2021  STATUS: ACTIVE
VERSION DATE: JAN 01, 2002    SHORT NAME (VERSIONED): Clinic service
VERSION DATE: JAN 01, 2021    SHORT NAME (VERSIONED): Clinic service
VERSION DATE: JAN 01, 2002
DESCRIPTION (VERSIONED): CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE
VERSION DATE: JAN 01, 2021
DESCRIPTION (VERSIONED): CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE
DATE ADDED: JAN 01, 2002
DESCRIPTION: CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE
=====
Select CPT PROCEDURE: █
```

Section 6 - Billing

Please upload a screenshot of the latest all inclusive rates for Medicare and a date of the last update.

```
=====
MEDICAL SERVICES FEE SCHEDULE                JUL 3, 2024@11:02:57   Page 1
FEE SCHEDULE NUMBER 3 WITH EFFECTIVE DATE 01/01/2022
Billing Location: ██████████
=====
```

| CPT CODE | SHORT NAME | GLOBAL CHARGE | TECH CHARGE | PROF CHARGE |
|----------|------------------------------|---------------|-------------|-------------|
| 90281 | HUMAN IG IM | 75 | 0 | 0 |
| 90283 | HUMAN IG IV | 182 | 0 | 0 |
| 90284 | HUMAN IG SC | 80 | 0 | 0 |
| 90287 | BOTULINUM ANTITOXIN | 57 | 0 | 0 |
| 90288 | BOTULISM IG IV | 57 | 0 | 0 |
| 90291 | CMV IG IV | 205 | 0 | 0 |
| 90296 | DIPHThERIA ANTITOXIN | 57 | 0 | 0 |
| 90371 | HEP B IG IM | 417 | 0 | 0 |
| 90375 | RABIES IG IM/SC | 573 | 0 | 0 |
| 90376 | RABIES IG HEAT TREATED | 875 | 0 | 0 |
| 90377 | RABIES IG HT&SOL HUMAN IM/SC | 608 | 0 | 0 |
| 90378 | RSV MAB IM 50MG | 2695 | 0 | 0 |
| 90379 | RSV IG, IV | 0 | 0 | 0 |
| 90384 | RH IG FULL-DOSE IM | 223 | 0 | 0 |
| 90385 | RH IG MINIDOSE IM | 88 | 0 | 0 |

Section 6 - Billing

Is your facility's Third Party Billing staff ensuring that proper sequencing for entering alternate resources (ex. Medicaid, Medicare, private insurance, workers' compensation etc.) is being performed on the billing end? Yes / No response.

Are Outpatient Claims being billed within 6 business days from the Date of Service? Yes / No response. RED-FLAG QUESTION. If No, what is restricting the facility from billing claims within 6 days from the Date of Service? (checkbox response): Incomplete Provider Documentation, Provider Deficiencies, Provider Enrollment Pending (initial and/or revalidation), Coding Backlog, Billing Backlog, Other. If ""Other", describe here (free text response).

Section 6 Cont'd

Are Inpatient Claims being billed within 10 business days from the Date of Service? Yes / No response. RED-FLAG QUESTION

Are claims mailed or transmitted within 1 business day from approval? Yes / No response. RED-FLAG QUESTION If no, please identify the reason restricting the facility from reconciling/correcting the electronic transmits and confirmation reports on a daily basis. Free text response.

Are your electronic transmits and confirmation reports reconciled and errors corrected on a daily basis? Yes / No response If no, please identify the reason restricting the facility from reconciling/correcting the electronic transmits and confirmation reports on a daily basis. Free text response.

For the following reports, is there a report document (raw data, trending, and/or analysis) provided to the CEO for monthly review? Check box: BRRP, Canceled claims, etc. (Need to obtain updated and comprehensive list of reports).

Section 6 Cont'd

Please provide your facilities latest claims figures below: Create table - each month, total claims, cancelled claims, pending claims, approved claims, closed claims. Also have comment box "Reason" and "Process for" for cancelled, closed and pending claims (per month)

Question 56:

Please provide your facilities latest claims figures below

| Month | Total Claims | Cancelled Claims | Pending Claims | Approved Claims | Closed Claims |
|---------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Month 1 | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Month 2 | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Month 3 | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Month 4 | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Month 5 | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Month 6 | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

```

+++++
|          THIRD PARTY BILLING SYSTEM - VER 2.6p38          |
+          Pending Claims Status Report                    +
|          YAKAMA HEALTH CENTER                            |
+++++
User: DAZEN,CARMELITA                                29-JUL-2024 9:20 AM
  
```

- BRRP Brief (single-line) Claim Listing
- DERP Detailed Display of Selective Claims
- PRRP Employee Productivity Report
- OPRP Employee Productivity Listing (OLD)
- BLRP Bills Listing
- STRP Statistical Billed-Payment Report
- PTRP Billing Activity for a Specific Patient
- DXRP Listing of Billed Primary Diagnosis
- PXRP Listing of Billed Procedures
- CHRP Charge Master Listing
- PARP PCC Visit Tracking/Audit
- VPRP View PCC Visit
- CCRP Cancelled Claims Report
- CLRP Closed Claims Report
- PCRP Pending Claims Status Report
- MURP MEANINGFUL USE REPORTS ...
- TPRP Tribal Payment Report
- MPRP Medicare Providers CPT Report: G8553
- CPRP CPT Charge Report

Select Reports Menu Option: █

Section 6 Cont'd

Does your facility have a supervisory review process for the Bills Awaiting Export Report on a weekly basis? Yes / No response. If yes, please identify the review process. If no, please explain why. Free text response.

Is there supporting documentation to support this for at least the last 6 months. Yes / No response.

Are supervisors or manager (or designee) the only ones that can cancel/delete claims? Yes / No response.

Billing staff reviews all bills prior to necessary action (approval, pended, or closure) to ensure the following requirements are met (Checkboxes): Covered Service (according to third party payer policy), Covered Member (to ensure that the patient is eligible for coverage of the service being billed), Enrolled Provider (when enrollment is required), Supporting/Adequate Provider Documentation, Proper Claims Format, Accuracy of Claim Information (including ICD-10 Codes, modifiers, billing codes, providers, etc.), Prior Authorization (obtained when necessary), Other If ""Other"", please indicate here: (free text response)

How many professionally certified billers do you have at your facility? Free text response.

Do you have a Policy for collecting payments from Non-IHS Beneficiaries? Yes / No response.

Section 7 – Posting

Are all payments posted within 3 business days from the receipt of supporting documentation? Yes / No response.

Please complete the table below regarding the Batch Statistics Listing report. Provide a comment box for reasons. Free text responses.

| <pre> +++++ ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p35 Batch Statistical Report +++++ User: DAZEN,CARMELITA BUSINESS OFFICE 29-JUL-2024 9:26 AM </pre> | <pre> TREASURY DEPOSIT/BATCH STATISTICS FOR FROM OCT 1,2023 TO MAR 31,2024 SORTED BY ALLOWANCE CATEGORY ALLOWANCES CHOSEN: ALL </pre> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|-----------------------|--------------------|---------------|--------------------|---------------|---------|-------|--|--|--|--|--|--|-------------------------|--|--|--|--|--|--|------------------------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|---------|---------|------|------|------|------|------|--------------|--|--|--|--|--|--|-------|-------|-------|-------|-------|-------|-------|---------|---------|------|------|------|------|------|
| <pre> BPP Batch Posted Payments BSL Batch Statistical Report BLDR Batch Lockdown Report RPRT Re-Print Finance Letters TDN Collection Batch Validation Report TDR Treasury Deposit # Reconciliation Report TBSL Treasury Deposit/Batch Statistical Report </pre> | <table border="0"> <thead> <tr> <th>ITEM TOTAL</th> <th>COLLECTIONS PROCESSED</th> <th>UNALLOCATED TRUE</th> <th>TOTAL</th> <th>REFUNDED FROM ITEM</th> <th>ITEM TRANSFER</th> <th>BALANCE</th> </tr> </thead> <tbody> <tr> <td colspan="7">=====</td> </tr> <tr> <td colspan="7">ALLOWANCE CATEGORY: MCD</td> </tr> <tr> <td colspan="7">COLLECTION ID: PNC MCD</td> </tr> <tr> <td colspan="7">01/02/2024-1- P TDN: 651559</td> </tr> <tr> <td colspan="7">ITEM 1: 651559</td> </tr> <tr> <td>2340.00</td> <td>2340.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td colspan="7">BATCH TOTAL:</td> </tr> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> <tr> <td>2340.00</td> <td>2340.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> </tbody> </table> | ITEM TOTAL | COLLECTIONS PROCESSED | UNALLOCATED TRUE | TOTAL | REFUNDED FROM ITEM | ITEM TRANSFER | BALANCE | ===== | | | | | | | ALLOWANCE CATEGORY: MCD | | | | | | | COLLECTION ID: PNC MCD | | | | | | | 01/02/2024-1- P TDN: 651559 | | | | | | | ITEM 1: 651559 | | | | | | | 2340.00 | 2340.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | BATCH TOTAL: | | | | | | | ----- | ----- | ----- | ----- | ----- | ----- | ----- | 2340.00 | 2340.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ITEM TOTAL | COLLECTIONS PROCESSED | UNALLOCATED TRUE | TOTAL | REFUNDED FROM ITEM | ITEM TRANSFER | BALANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ===== | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALLOWANCE CATEGORY: MCD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLLECTION ID: PNC MCD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01/02/2024-1- P TDN: 651559 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ITEM 1: 651559 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2340.00 | 2340.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BATCH TOTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2340.00 | 2340.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Select Batch Reports Menu Option:



Section 7 – Posting

(CONT.) Please complete the table below regarding the Batch Statistics Listing report. Provide a comment box for reasons. Free text responses.

Question 63:

Please complete the table below regarding the Batch Statistics Listing report.

| Reporting | Batch Total | Collections Processed | Balance | Reason / Comments |
|-----------|-------------|-----------------------|----------|--|
| Month 1 | 1098101.61 | 1079950.65 | 18150.96 | Actions items to be completed by PAO Finance, waiting for missing EOB/RAs |
| Month 2 | 1120085.74 | 1103251.49 | 16522.71 | Actions items to be completed by PAO Finance, waiting for missing EOB/RAs, Unallocated amounts |
| Month 3 | 1322572.14 | 1316853.57 | 5718.56 | Actions items to be completed by PAO Finance, waiting for missing EOB/RAs, balances due to |
| Month 4 | 2558455.53 | 2554423.14 | 4032.39 | Actions items to be completed by PAO Finance, waiting for missing EOB/RAs |
| Month 5 | 1667721.50 | 1648960.68 | 15213.90 | Actions items to be completed by PAO Finance, waiting for missing EOB/RAs, Unallocated amounts |
| Month 6 | 1017701.46 | 986976.84 | 30724.62 | Actions items to be completed by PAO Finance, waiting for missing EOB/RAs |

Section 7 – Posting

Is the SU utilizing any local adjustment reason codes? Yes / No response. If yes, are these codes approved by ORAP? Yes / No response.

Does your facility have written delegated authority processes in place to suspend, compromise, terminate, write-off debts by the Area Director? Yes / No response.

Has your Area delegated Write-Off authority to the CEO (In writing)? Yes / No response. If no, who is performing/approving the write offs? If yes, what was the last effective date for delegation of authority from the Area to the CEO? (Only upload if new delegation of authority.) Free text response.

Does your facility have a process in place to review ages of Unposted and Unallocated batches by the supervisor Monthly? Yes / No response. If yes, what is the date of the last update and provide a brief description of your process. If no, explain why. Free text response.

What is your facility's process for running, reviewing, and approving the adjustment report?

What is your facility's process for documenting and providing requested documentation for zero pay and follow-up? Free text response. Please upload a copy of the latest Rolled BRRP report.

Section 8 – Account Review & Follow-Up

Are all aged accounts reviewed and documented within 45 days? Yes/No. RED-FLAG QUESTION Please upload a copy of the facility's RPMS Age Summary Report (ASM) and explain the reasons why accounts are in the 120+ days category. Please explain the facility's procedure for addressing aging accounts? Free text response."

Please provide the RPMS Age Summary Report (ASM).Put categories and amounts aging (how ICD-10 report is set-up - aging categories and payers (31-60, 61-90-91-120, 120+). Fill in table with the information instead of uploading the report

| | |
|---|--|
| <pre> +++++ ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p35 + Report Menu + YAKAMA HEALTH CENTER +++++ User: DAZEN,CARMELITA BUSINESS OFFICE 29-JUL-2024 9:34 AM </pre> | <pre> +++++ ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p35 + Aging Reports Menu + YAKAMA HEALTH CENTER +++++ User: DAZEN,CARMELITA BUSINESS OFFICE 29-JUL-2024 9:35 AM </pre> |
| <pre> AMRM Account Management Reports Menu ... ARM Aging Reports Menu ... BRM Batch Reports Menu ... FRM Financial Reports Menu ... MRM Maintenance Reports Menu ... RRM Rollback Reports Menu ... </pre> | <pre> ADL Age Day Letter & List ADT Age Detail Report AGE Age Report AOI Aged Open Items Report ASM Age Summary Report USM UFMS Age Summary Report </pre> |
| <p>Select Report Menu Option:</p> | <p>Select Aging Reports Menu Option:</p> |



Section 8 – Account Review & Follow-Up

(CONT.) Please provide the RPMS Age Summary Report (ASM). Put categories and amounts aging (how ICD-10 report is set-up - aging categories and payers (31-60, 61-90-91-120, 120+). Fill in table with the information instead of uploading the report

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| ACCOUNTS RECEIVABLE SYSTEM - VER 1.8p35 |
| Age Summary Report |
| YAKAMA HEALTH CENTER |
+++++
User: DAZEN,CARMELITA BUSINESS OFFICE 29-JUL-2024 9:36 AM

NOTE: This report will contain data for VISIT location(s) regardless of
BILLING location.

Select Visit LOCATION: YAKAMA HEALTH CENTER

Select one of the following:

1 A/R ACCOUNT
2 CLINIC TYPE
3 VISIT TYPE
4 DISCHARGE SERVICE
5 ALLOWANCE CATEGORY
6 BILLING ENTITY
7 INSURER TYPE

Select criteria for sorting: 5 ALLOWANCE CATEGORY

Select one of the following:

1 MEDICARE (INS TYPES R MD MH MC MMC)
2 MEDICAID (INS TYPES D K FPL)
3 PRIVATE INSURANCE (INS TYPES P H F M)
4 VETERANS (INS TYPES V)
5 OTHER (INS TYPES W C N I G T SEP TSI)

Select TYPE of ALLOWANCE CATEGORY to Display:

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Select TYPE of ALLOWANCE CATEGORY to Display: ALL

Select one of the following:

- 1 Summarize by ALLOW CAT/BILL ENTITY/INS TYPE
- 2 Summarize by PAYER w/in ALLOW CAT/BILL ENTITY/INS TYPE
- 3 Summarize by BILL w/in PAYER w/in ALLOW CAT/BILL ENTITY/INS

TYPE

Select REPORT TYPE: 1// Summarize by ALLOW CAT/BILL ENTITY/INS TYPE

Output DEVICE: HOME // █

Section 8 – Account Review & Follow-Up

(CONT.) Please provide the RPMS Age Summary Report (ASM). Put categories and amounts aging (how ICD-10 report is set-up - aging categories and payers (31-60, 61-90-91-120, 120+). Fill in table with the information instead of uploading the report

Question 74:

Please provide the RPMS Age Summary Report categories and amounts in the table below:

| Reporting | CURRENT | 31-60 | 61-90 | 91-120 | >=120 | TOTAL |
|-----------|-----------|---------|---------|---------|--------|-----------|
| Month 1 | 785,684 | 120,121 | 119,791 | 17,879 | 26,928 | 1,070,405 |
| Month 2 | 1,495,531 | 102,840 | 43,958 | 35,066 | 24,230 | 1,701,626 |
| Month 3 | 845,593 | 609,851 | 48,927 | 9,731 | 23,286 | 1,537,390 |
| Month 4 | 992,082 | 202,038 | 567,383 | 24,017 | 1,126 | 1,786,648 |
| Month 5 | 697,551 | 195,545 | 129,976 | 178,598 | 2,530 | 1,204,202 |
| Month 6 | 503,791 | 240,310 | 176,457 | 41,920 | 10,868 | 973,346 |

Section 8 – Account Review & Follow-Up

What is your facility's process for supervisory review, correct and follow-up of the RPMS Auto Sync report on a weekly basis? Free text response.

Does your facility have an established debt management policy and procedure? Yes / No response. If yes, please describe your facility's policies and procedures. If no, please describe the debt management procedure and approval process at your facility. Free text response.

Please describe your facility's process for capturing, reconciling, handling denials and performing follow-ups for Private Insurance (PI). Also, indicate whether you perform these functions in-house or use a separate vendor. Free text response.

Please describe your bad debt process and include the timeframes associated with the process. Free text response.

Please include your payor mix break-down. (Ex. Medicaid/Medicare/Third Party/PRC etc.). Free text response.

Please describe your denial and follow-up process. Free text response.

Section 9 – Collections/Deposits

How frequently do you conduct Reconciliations? Checkboxes: hourly, daily, weekly, monthly). Please describe your Reconciliation process and process for handling non-reconciled accounts. Free text response.

What is your process for reducing the receipt of paper checks? Free text response. Please identify the ratio of paper checks to that of electronic checks. Free text response.

Does your facility have a designated collections clerk in writing from Area Finance Officer? Yes / No response.

Does the collection clerk use Pre-numbered Field receipts for all checks not going to the lockbox? Yes / No response.

Are all Pre-numbered Field receipts put on a schedule of collections in accordance with IHS policy or Local Area policy? Yes / No response.

Are all collections held safely, and deposited according to a pre-defined schedule? Yes / No response. Please describe your facility's timeframe for collection of deposits. Free text response.

Section 10 - Finance

Is your facility running and reviewing the Number of Days to A/R [Days to A/R Report]? Yes / No response.

How frequently does your facility reconcile A/R? Checkboxes: daily, weekly, monthly

Section 10 - Finance

How frequently does your facility perform file reconciliation? Checkboxes: daily, weekly, monthly

The screenshot displays the FBIS HHS Financial Business Intelligence System interface. At the top, there is a search bar and navigation links for Alerts, Home, Business Glossary, Catalog, Favorites, Dashboards, New, Open, and Sign Out. The user is signed in as Carmelita Dazen. The main area shows a 'Catalog' view with a left sidebar for 'My Folders' and 'Tasks'. A 'Manage Favorites...' window is open, listing various reports such as 'IHS RPMS Receipts File Reconciliation Report', 'AR - IHS - Collection to Allotment & Allowance Report - Summary', and 'IHS - Accounts Receivable Aging Report'.

Section 10 - Finance

Is your facility/Area doing Cash Reconciliation by Treasury Deposit Number weekly? Yes / No response. If no, explain how the facility conducts this process. Free text response.

Does your facility have a FMO designated collection clerk/officer? Yes / No response.

Section 11 – CEO Responsibilities

How frequently is your Patient Error report updated? (Checkboxes): hourly, daily, weekly etc. What actions are you taking to reduce errors? (Free text response.)

Are you current in Coding? If not, please click on the No button and provide an explanation.

Are you current in Billing primary insurances? (Yes / No response). If "No", please explain why: (free text response) Are you current in Billing Secondary insurance? Yes / No response. If "No", please explain why: (free text response)

Is your facility up-to-date on A/R posting? Yes / No response. If no, please provide an explanation. Free text response.

How frequently do you review the Days to Collection Summary Report? Checkboxes: daily, weekly, monthly, quarterly. Please describe what your facility is doing to reduce days to collection at your facility? Free text response.

How frequently do you receive and review trending on Collections? Checkboxes: hourly, daily, weekly, monthly, quarterly, none

Please upload the most recent electronic version of your facility's trending on Collections report.

Section 11 – Cont'd

How frequently do you receive and review trending on Deposits? Checkboxes: daily, weekly, monthly, quarterly, none

Please upload the most recent electronic version of your facility's trending on Deposits report.

How frequently do you receive and review trending on Billed and Adjusted? Checkboxes: daily, weekly, monthly, quarterly, none

Please upload the most recent electronic version of your facility's trending on Billed and Adjusted report(s).

Are these reports reviewed by you at least monthly?

Is a Review of 20 outpatient visits and 10 inpatient stays for evidence that Visit were coded within 4 days of visit, billed within 6 days of visit (Inpatient stay within 10 days of discharge), mailed / transmitted within 1 day of approval, follow-up documented within 45 days of billing and payments posted within 72 hours of receipt of remittance advice. Select Outpatient visits from sign in sheet and Inpatient visits from daily log of in-house patients.

Section 11 – Cont'd

Is someone in your facility performing a quarterly review of aging accounts over 120 days to verify for accuracy, completeness, proper submission and follow up? Yes / No response. If yes, please indicate that resources role at the facility. Free text response. If no, why not? Free text response.

How frequently do you review the Auto Sync report? Checkboxes: weekly, monthly, quarterly, yearly

Are there periodic Reviews being done for Credentialing? (flag item) Yes / No response.

Are there periodic Reviews being done for Background Checks? (flag item) Yes / No response.

Are there periodic Reviews for follow up on Corrective Actions Plans pertaining to Internal or External Reviews? (flag item) Yes / No response.

Are there periodic Reviews addressing Training needs such as RPMS packages, coding, billing or compliance? Yes / No response.



Section 11 – Cont'd

How often does management track/monitor this report? Checkboxes: Hourly, Daily, Weekly, Monthly, Quarterly. What is the percentage of improvement from last report period to this report period? Checkboxes: 0-10%, 10-20%, 20-30%, 30-40%, 40-50%, 50-60%, 60-70%, 70-80%, 80-90%, 90-100%)"

What are your facilities largest staffing issues? What vacancies are there and how long have they been vacant? Free text response.

In response to internal and external audits, how often do you review progress of corrective actions to address deficiencies/findings? Free text response.

Do you have a debt management process? (Yes/No)How many claims are you sending to treasury during this reporting period? (Free Text)

Does your facility have written delegated authority processes in place to suspend, compromise, terminate, write-off debts by the Area Director? Yes / No response.

Section 12 - Provider

Do your Medical Staff Bylaws require encounters to be completed within the timeframes in the IHS Internal Control Policy?

How many health records have been Administratively Closed this reporting period? Free text response.

How do you monitor and track information that is pending? Free text response.

What percentage of your providers are in compliance with your Medical Staff Bylaws?

Are all queries completed and answered each day?