2024 Indian Health Service Partnership Conference

Phoenix Indian Medical Center

Supporting the 4 Pillars of Excellence
Patient Registration & Patient Benefits Coordination

INTRODUCTION BY: ROBERTA BENALLY, PATRICIA SAENZ, AND TINA ESCOBAR

PRESENTING BY: VANESSA ROANHORSE, REBECCA MOFFETT AND KYLA HOSTEEN

AUGUST 13, 2024 TO AUGUST 15, 2024

Phoenix Indian Medical Center

13 EMERGENCY DEPARTMENT EXAM ROOMS

10 FAST TRACK EXAM ROOMS

128 INPATIENT BEDS

SERVES 22 TRIBES IN ARIZONA

SERVES 67% OF 574 FEDERALLY RECOGNIZED TRIBES

Phoenix Indian Medical Center Patient Population

At Phoenix Indian Medical Center, we pride ourselves on serving a vast and diverse community of American Indian and Alaska Native patients. Our commitment to providing comprehensive healthcare is reflected in the significant growth of our patient population.

Patient Population:

- **FY2023 (Oct 01, 2022 - Sep 30, 2023):** 332,587 living patients (+1.9%)
- **FY2024 (Oct 01, 2023 - Jul 01, 2024):** 336,554 living patients (+1.7%)

PRC Referrals		
	CY-2023	CY-2024
JAN	1,664	1,498
FEB	1,437	1,371
MAR	1,718	1,456
APR	1,578	1,507
MAY	1,597	1,530
JUN	1,575	1,272
JUL	1,112	0
AUG	1,405	0
SEPT	1,242	0
OCT	1,338	0
NOV	1,299	0
DEC	1,204	0
YR TOTAL	17,169	8,634

Phoenix Indian Medical Center Purchased Referred Care Referrals

❖ **PRC Referrals:**

- **CY2023 Referrals:** 17,169
- **CY2024 Referrals:** 8,634 (January 1st to June 30th)
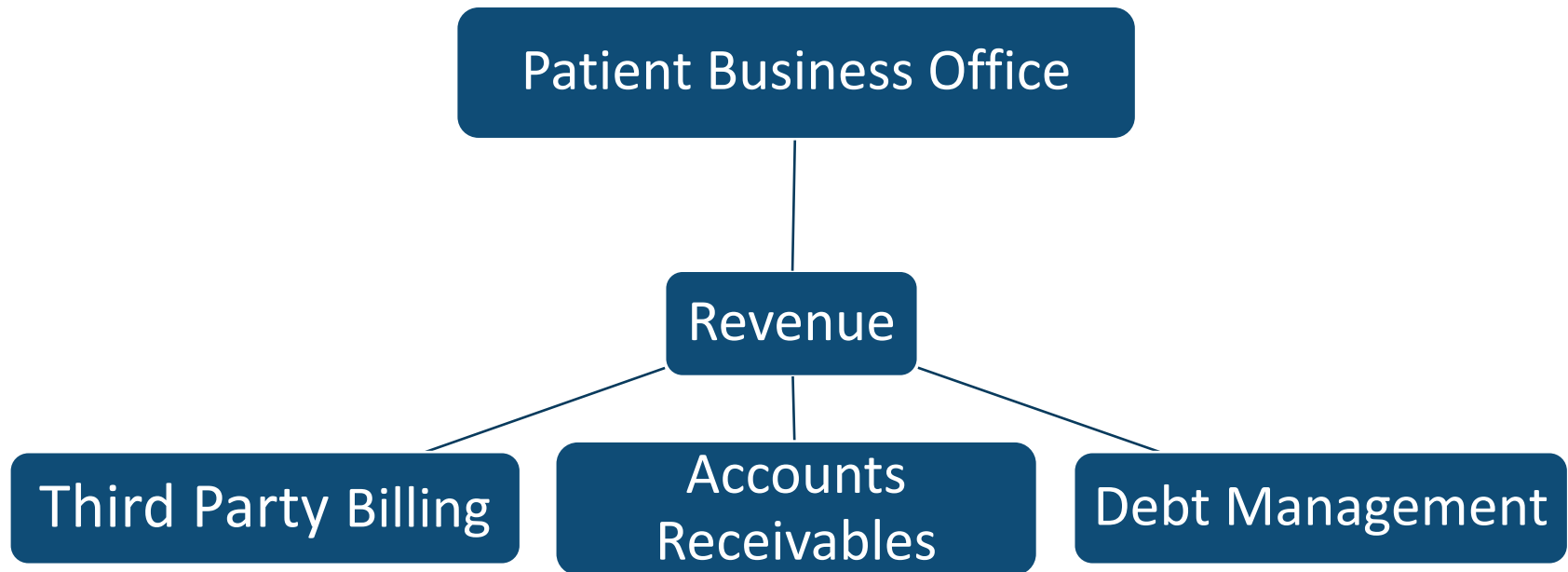
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Strategic Objectives and Best Practices

Overview:

- Provide a comprehensive understanding of the Patient Registration and Benefits Coordination processes at Phoenix Indian Medical Center.
- Highlight the importance of the four pillars of excellence: Legal, Financial, Statistical, and Clinical.
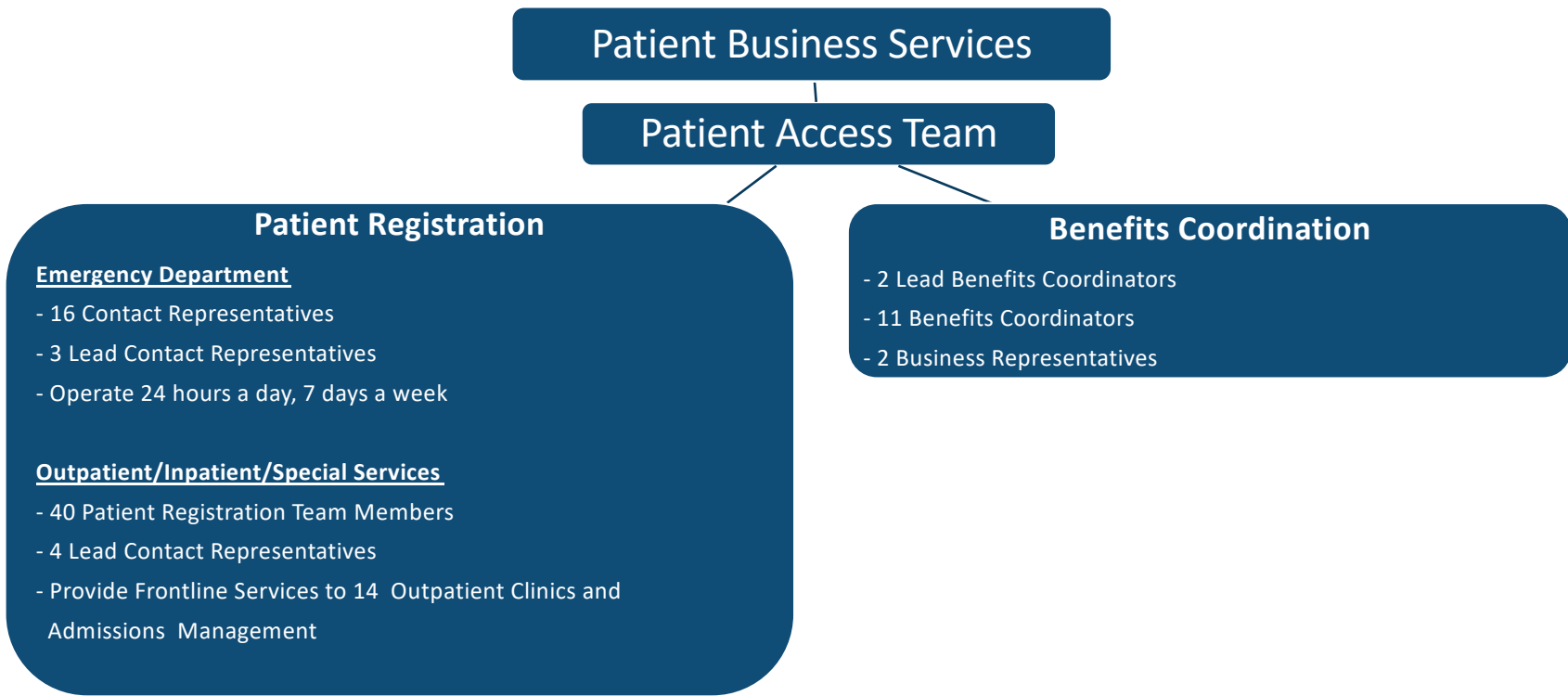
Best Practices:

- Share effective strategies and initiatives that support the four pillars.
- Demonstrate how these practices improve patient outcomes and operational efficiency.
- Foster collaboration and continuous improvement to maintain high standards of care.

Organizational Structure for Patient Business Office

Patient Business Office

Revenue

Third Party Billing

Accounts Receivables

Debt Management

Organizational Structure for Patient Business Services

Patient Business Services

Patient Access Team

Patient Registration

Emergency Department

- 16 Contact Representatives

- 3 Lead Contact Representatives

- Operate 24 hours a day, 7 days a week

Outpatient/Inpatient/Special Services

- 40 Patient Registration Team Members

- 4 Lead Contact Representatives

- Provide Frontline Services to 14 Outpatient Clinics and
  Admissions Management

Benefits Coordination

- 2 Lead Benefits Coordinators

- 11 Benefits Coordinators

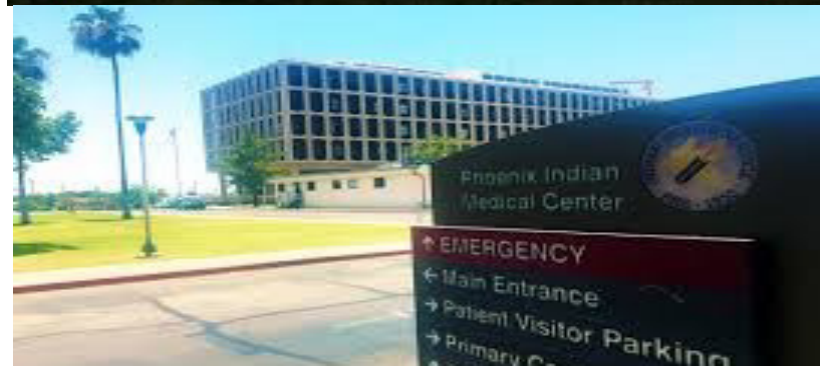- 2 Business Representatives

Patient Registration Excellence at Phoenix Indian Medical Center

THE FOUR PILLARS: LEGAL, FINANCIAL, STATISTICAL, AND CLINICAL

BY: REBECCA MOFFETT, VANESSA ROANHORSE

Patient Registration: Our Commitment to Collaboration and Excellence

Phoenix Indian Medical Center

Phoenix Indian Medical Center

Work closely with Clinical Teams

Outpatient

Inpatient

Stay Current On:

Clinical Processes

Policies

Procedures

Patient Registration: Legal

⊕	**EMTALA:**	Emergency Medical Treatment and Labor Act
🏃	**HIPPA**	ePHI (Electronic Protected Health Information PHI (Protected Health Information PII (Personally Identifiable Information Patient Confidentiality
🕵	**Identify Verification**	Prevent fraud through thorough identity checks.
⚖	**Documentation:**	Proxies and guardianship. Paternity cases.
🏛	**Name Changes:**	Require legal documents such as marriage certificates, divorce decrees, court orders, or birth certificates. Contact Representatives collect and correct documentation.
🔒	**Tribal Enrollment:**	Tribal enrollment forms are required for service entry due to auditing purposes.

MEDICAL LEGAL
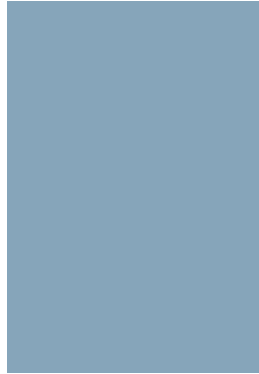
Emergency Department
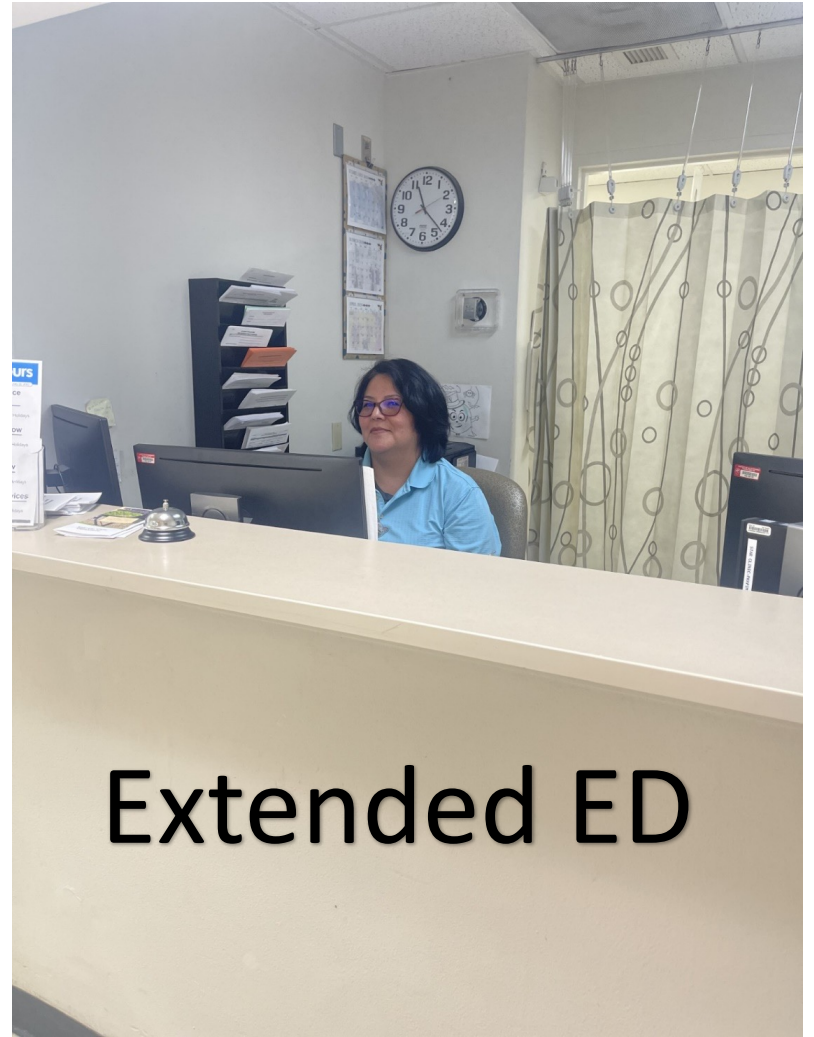
Extended ED

Patient Registration: Financial

Resource Management:	Education and Outreach:	Cross-Department Collaboration:
• Effective collection and verification of alternate resources.	• Raising awareness about the American Indian Medical Home program and other financial support options.	• Working with clinics, subdivisions, and other departments to enhance financial workflows.

Patient Registration-Statistical

❖ Data Monitoring

❖Quality Assurance:

❖ Continuous Improvement

❖Alternate Resources Verification

Patient Registration-Clinical

Accurate Records:

- Maintaining current patient demographics and information.

Collaborative Relationships:

- Working closely with clinical teams to ensure seamless integration.

Support Services:

- Assisting tribal facilities with registration processes.

Diverse Clinical Services:

- Dental and Dental Annex
- Pediatrics
- Specialty Clinic
- Primary Care Medicine Clinic
- Immunization Clinic
- Emergency Department
- Fast Track
- Laboratory
- Same Day Surgery
- Center for Specialized Care,
- Pharmacy
- Behavioral Health
- Women's Clinic

Best Practices in Patient Registration at Phoenix Indian Medical Center

SUPPORTING THE FOUR PILLARS OF EXCELLENCE

BY: REBECCA MOFFETT, VANESSA ROANHORSE

Patient Registration Best Practices-Legal Pillar

Documentation Management:
- Continuous education on proxy and guardianship documentation.
- Efficient processing of name changes and tribal documentation.

Compliance:
- Adherence to EMTALA requirements for emergency care.
- Regular audits to ensure legal compliance.

HIPPA
- Ensuring HIPPA compliance is critical.
- Protects ePHI, PHI, PII.
- Patient confidentiality must be maintained at all times.
- Continuous education on HIPPA regulations.

Fraud Prevention:
- Rigorous identity verification at check-in.
- Regular updates and training on fraud prevention techniques.

Identify Verification
- Request picture identification from patients, parents, guardians, and caretakers at check-in to verify identity and help prevent fraud.

Eligibility Determination
- Determine eligibility for the two types of services (PRC and Direct Services).
- For ED, determine eligibility for IHS care.

Hospital Incident Command Services (HICS):
- Implementation and management of HICS.

What is EMTALA?

❖Patients have rights in an emergency room. It's the law!

❖These protections include:

- An appropriate medical screening exam to check for an emergency medical condition.
- Treatment until the emergency medical condition is stabilized.
- An appropriate transfer to another hospital if needed.

Patient Registration Best Practices- Financial Pillar

Resource Management:	Effective collection and verification of alternate resources. Request picture identification from patients, parents, guardians, and caretakers at check-in to verify identity and help prevent fraud. Reimbursement collections contribute to facility improvements such as the East Patio Solar System.
Education and Outreach:	Raising awareness about the American Indian Medical Home program and other financial support options. Conducting workshops and information sessions for patients.
Cross-Department Collaboration:	Working seamlessly with clinics, subdivisions, and other departments to enhance financial workflows. Collaborate with all Finance departments to ensure clean claims. Works with outside entities in obtaining prior authorizations for services.
Operational Support:	Contributed to the purchase of new equipment and office supplies (scanners, chairs, shred bins, cell phones, laptops, desk risers, etc.). Assistance with onboarding temporary (30-day) emergency hires.

Patient Registration Best Practices- Financial Pillar (continued)

Best Practices for Identifying Alternate Resources:

- ❖ Medicare (Part A, B, C, and D)
- ❖ Medicaid (with or without Expansion)
- ❖ Private Insurance
- ❖ Beneficiary Medical Program (Commissioned Officers)
- ❖ CHAMPUS/Tricare
- ❖ Workmen's Compensation
- ❖ CHIP (Children's Health Insurance Program)
- ❖ Health Exchanges (ACA)
- ❖ Veterans Administration
- ❖ Tribal Self Insurance
- ❖ Tribal Sponsored Premium Programs
- ❖ HRSA (during COVID)
- ❖ Non-Beneficiaries

Dental Main

Dental Annex

Pediatrics

Same Day Surgery

HICS-Intake Center

Women's Clinic

Behavioral Health

Primary Care Medicine Clinic
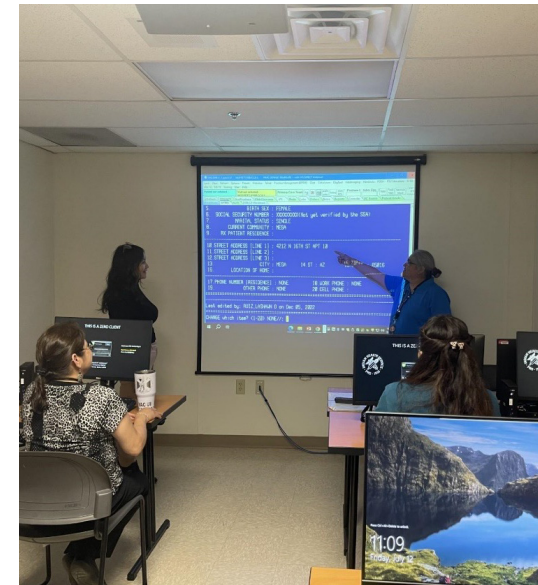
Podiatry

Procedure Room

Ultrasound

Physical Therapy

Center for Specialized Care (Cardiology, Endocrinology, Rheumatology)

Specialty Clinic (Eye, ENT, Audiology, Surgery/Wound, Oncology, Dermatology)

Patient Registration Best Practices-Statistical Pillar

❖ Data Monitoring:
  ❖ Implement a robust system for daily and monthly productivity reporting.
  ❖ Ensure Contact Representatives (CRs) maintain and submit daily and monthly monitor sheets.
  ❖ Conduct daily spot checks of registration productivity for all Contact Representatives.

❖ Quality Assurance:
  ❖ Perform regular random spot checks to ensure data accuracy and compliance.

❖ Continuous Improvement:
  ❖ Provide ongoing training to staff and leverage data for informed decision-making.
  ❖ Maintain continuous on-the-job training.
  ❖ Conduct outreach at health fairs to gather and verify patient data.
  ❖ Utilize robocalls for tribal documentation and certificates of Indian blood.
  ❖ Staff booths at health fairs to engage with the community.

❖ Alternate Resource Verification:
  ❖ Thoroughly verify alternate resources such as Arizona Medicaid, the Affordable Care Act (ACA), private insurance, Medicare, and VA.
  ❖ Incorporate past practice of collecting data three months before employment.

Daily Monitor Sheet

Monthly Monitor Sheet

Patient Registration
Best Practices-Clinical

❖ Accurate Records:
- ❖ Maintain current patient demographics and information.
- ❖ Ensure phone numbers are updated for provider calls.
- ❖ Keep current addresses needed for Meds by Mail.

❖ Collaborative Relationships:
- ❖ Work closely with clinical teams to ensure seamless integration.
- ❖ Maintain a positive working relationship with clinical managers and staff.

❖ Support Services:
- ❖ Assist local 638 Tribal facilities with registration processes.

❖ Diverse Clinical Services:
- ❖ Offer a wide range of clinical services to meet the varied needs of our patients.

❖ Insurance and Reimbursements:
- ❖ Keep current insurance information for PRC and reimbursements.
- ❖ Refer uninsured patients to Benefits Coordinators.
- ❖ Ensure coding staff relies on every patient visit being checked in, resulting in clean claims.
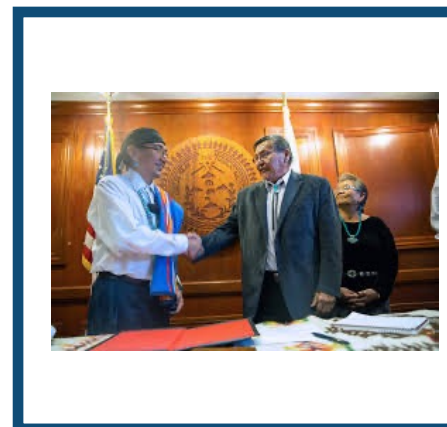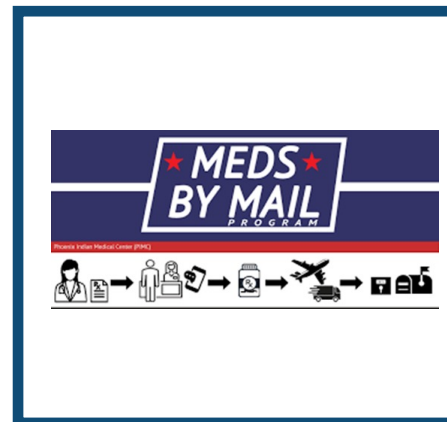
Pillars of Excellence in Benefits Coordination at Phoenix Indian Medical Center

ADVANCING HEALTHCARE THROUGH LEGAL, FINANCIAL, STATISTICAL, AND CLINICAL INNOVATION

BY: KYLA HOSTEEN

Legal

Health-e-Arizona Plus	**State of Arizona Agreement for Use:** Ensuring our compliance with state requirements to facilitate customer applications for medical, nutritional, and cash assistance. **Application Assistor Role:** Providing accurate and efficient assistance to customers applying for benefits.
Health Insurance Marketplace	**Certified Application Counselors:** Assisting customers with navigating the Marketplace to secure appropriate coverage.
Arizona Health Care Cost Containment System (AHCCCS)	**Fraud Prevention Initiatives:** Implementing measures to detect and prevent fraudulent activities, ensuring the integrity of our healthcare system.
Secure Data Transfer System	Ensuring the secure and compliant handling of patient data to protect privacy and confidentiality.

Financial-Revenue

❖ Collections
  ▪ FY2023 Total: $161,080,924.08
  ▪ FY2024 To-Date: $118M (July 2024)
  ▪ FY2024 Target: $164,295,669.22

❖ AIMH Revenue
  ▪ Program Overview: The American Indian Medical Home (AIMH) program is the first of its kind in the nation, designed to support American Indian/Alaska Native (AI/AN) members enrolled in the American Indian Health Program (AIHP). This initiative was developed through a robust partnership between the Arizona Health Care Cost Containment System (AHCCCS) and tribal leadership. The AIMH program aims to enhance healthcare access and quality by providing Primary Care Case Management (PCCM), diabetes education, and care coordination. It addresses health disparities by ensuring AIHP enrolled members receive comprehensive, culturally appropriate care.
  ▪ Current Collections: $100,472.55 (June 2024)
  ▪ Reimbursement Rate: $20.91 per enrollee
  ▪ Enrolled Members: 4805

Financial

Identify, Verify, and Enter Alternate Resources:

- Ensure patients have payer sources for revenue generation, PRC, and Case Management.

Websites/Vendors:

- Operate a variety of websites and vendors to verify alternate resources.

Application Submissions:

- Our team submits applications for various programs to ensure our patients receive the benefits they are eligible for.

VA IHS Reimbursement Agreement:

- Optimize reimbursement processes for PRC and contracted travel.

Training/Webinars:

- Ensure all team members are up-to-date with best practices and continuously improving their skills.

External Stakeholders Collaborations:

- Enhance patient support through strategic partnerships.

Internal Stakeholders:

- Foster collaboration within the organization to support comprehensive patient care.

FINANCIAL EXCELLENCE

Statistical

Internal Stakeholders:	**Clinical Application Coordinator:** Provides critical support by running internal reports and managing data for patient population, Medicare outreach, robocalls, and other internal data needs.
Reports: Health-e-Arizona Plus	**Application Approvals and Denials:** Track application outcomes. **Confirm**: Ensure adherence to contractual integrity. **Process Improvement:** Identify areas needing improvement based on application data.
RPMS System:	**Productivity Measures:** Monitor productivity to ensure efficient operations.
iCare Reports:	**Clinic Support:** Identify patients' alternate resource status to enhance outreach initiatives and service planning.
Overtime Projects Reports:	**Resource Justification:** Provide data to justify the need for overtime outreach projects and new recruitment.
Training and Continuous Improvement:	**Targeted Training:** Identify training needs and opportunities for continuous education. **Workload Reports:** Monitor performance and identify improvement opportunities through daily, weekly, and monthly workload reports.
Tracking System:	**Application Tracking:** Keep track of applications completed and their outcomes.

Clinical

- ❖ Purchased Referred Care (PRC) Workgroups with PCMC and Women's Clinic:
  - **Workgroup Participation:** Engage in PRC workgroups with the Primary Care Medicine Clinic (PCMC) and Women's Clinic to enhance care coordination and streamline referral processes.
  - **Patient-Centered Care:** Foster a patient-centered care approach in both PCMC and Women's Clinic, utilizing the medical home concept within PCMC.
  - **Efficient PRC Referral Management:** Accelerate referral processes and integrate clinical functions more seamlessly.

- ❖ Interdisciplinary Collaboration:
  - **Multi-disciplinary Engagement:** Participate in multi-disciplinary meetings and interdisciplinary rounds to foster collaboration and improve patient outcomes.
  - **Comprehensive Care Coordination:** Collaborate with Case Management for care coordination, offsite services, and transfers to higher level of care.

- ❖ Eligibility and Education:
  - **Eligibility Assessment:** Verify and establish eligibility for Indian Health Services and PRC.
  - **Patient Education:** Educate on PRC eligibility and processes for care coordination and offsite services.

- ❖ Decentralized Benefits Coordination:
  - **Clinic-Based Coordination:** Station Benefits Coordinators and Contact Representatives in each clinic.
  - **Integrated Services:** Develop partnerships between clinical staff and departments.

- ❖ Internal Stakeholder Coordination:
  - **Collaborative Efforts:** Partner with providers, Certified Medical Assistants, Clinical Care Coordinators, and Case Management to refine the PRC referral process.
  - **Streamlined Referrals:** Implement alliances and utilize RPMS, RCIS, and EHR for outreach and coordinated care collaboration.
  - **Process Improvement:** Enhance collaboration and documentation practices for optimized patient care delivery.

Best Practices in Legal Compliance

UPHOLDING INTEGRITY AND SECURITY AT PHOENIX INDIAN MEDICAL CENTER

Best Practices-Legal
Health-e-Arizona Plus

Health-e-Arizona PLUS

❖ **What is Health-e-Arizona Plus?**

- Health-e-Arizona Plus is an online application system that allows Arizona residents to apply for various benefits including medical assistance, nutritional assistance, and cash assistance. It is a comprehensive and user-friendly platform designed to streamline the application process and ensure that eligible individuals and families receive the support they need.

❖ **State of Arizona Agreement for Use**

- **Application Assistor Role**:
  - Impactful Assistance: Empowering our patients by meticulously aiding in applications for state medical, nutritional, and cash assistance.
  - Thorough Interviews: Conducting detailed interviews to ensure accurate and complete documentation.
  - Seamless Document Handling: Efficiently uploading required documents to expedite benefits eligibility.

❖ **Conflict of Interest and Security Requirements**

- **Security Protocols**:
  - Stringent Access Control: Ensuring identification numbers and passwords are secure and used only by designated individuals.
  - Data Integrity: Preventing unauthorized browsing, duplication, alteration, or disclosure of data.
- **Conflict of Interest Policy:**
  - Unwavering Ethical Standards: Preventing any personal involvement that could lead to fraud or favoritism.
  - Contractual Adherence: As part of our agreement, we cannot assist anyone within our Indian Health Services organization at the local, regional, or headquarters level using the Health-e-Arizona system, ensuring unbiased assistance.

Best Practices-Legal
Health Insurance Marketplace

HealthCare.gov

Certified Application Counselors:

- **Expert Guidance:**
  - **Navigating the Marketplace:** Our Certified Application Counselors provide expert guidance, helping patients navigate the complex Health Insurance Marketplace to secure the best possible coverage.
  - **Patient-Centered Support:** We ensure patients understand their health plan options and benefits, empowering them to make informed decisions.
- **Annual Recertification:**
  - **Maintaining Excellence:** Our counselors undergo rigorous annual recertification to stay updated on the latest healthcare regulations and policies.
  - **Commitment to Quality**: This ensures our team remains knowledgeable and well-prepared to offer top-tier assistance to our patients.

Continuous Education:

- **Webinars and Training:**
  - **Staying Informed:** We prioritize continuous education through regular webinars and training sessions.
  - **Adapting to Changes:** These sessions keep our counselors informed about changes in healthcare laws and policies, enabling them to provide the most current and accurate assistance.

Best Practices-Legal
Health Insurance Marketplace (continued)

Facilitating Marketplace Applications:

- **Patient Consent:** Utilizing IHS Form 810, we secure patient consent to complete Marketplace applications on their behalf.
- **Legal Compliance:** Adhering to strict legal guidelines to safeguard patient information and ensure compliance with all relevant laws.
- **Handling Personally Identifiable Information (PII):** Obtaining explicit patient consent prior to accessing their information and maintaining these consent records for a minimum of six years.

Robust Filing and Tracking System:

- **Precise Record-Keeping:**
- **Comprehensive Documentation:** We maintain a robust filing and tracking system, ensuring accurate and accessible records of patient consents for audits and legal reviews.
- **Streamlined Processes:** Our systematic documentation facilitates easy retrieval, enhancing efficiency and compliance.

Notice of Privacy Practices:

- **Transparent Communication:**
- **Patient Rights:** We are committed to transparency, distributing brochures and providing online access to inform patients of their rights.
- **Trust and Clarity:** This ensures patients are fully aware of how their information is used, fostering trust and clarity.

Best Practices-Legal
Fraud Prevention with AHCCCS

❖ **What is AHCCCS?**
- Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency.
- Provides health insurance to low-income individuals and families, ensuring access to essential medical services.
- Crucial for maintaining the health of Arizona's most vulnerable populations,

❖**Proactive Fraud Detection:**
- **Leading the Charge Against Fraud:**
  - At the forefront of combating AHCCCS sober living fraud.
  - Implementing sophisticated tracking systems to detect suspicious activities.
  - Detailed iStar reports, comprehensive log sheets, AHCCCS health plan change over records, and Hospital Incident Command System reports.

❖ **Strategic Partnership with AHCCCS:**
- **Collaborative Effort:** Partnering with AHCCCS for mandatory identity verification to support the AHCCCS American Indian Health Program Change Request Form.
- **Verification Process:** Ensuring thorough verification of identity, tribal enrollment, and other identifiers to honor changeover requests from AHCCCS managed care plans to the American Indian Health Program.

Our Benefits Coordination team played a pivotal role by promptly informing the administration about the emerging trends in sober living fraud. This immediate action facilitated swift coordination with authorities, underscoring our commitment to integrity and a proactive approach. We are honored to have been integral in addressing this critical issue.

Best Practices-Legal
IHS Secure Data Transfer System

U.S. Department of Health and Human Services
Indian Health Service
The Federal Health Program for American Indians and Alaska Natives
Secure Data Transfer Service

Data Security:

- **Secure Transmission:** The IHS Secure Data Transfer System is a web-based tool designed to securely transfer patient documentation between recipients, whether they reside inside or outside the IHS.
- **Regulatory Compliance:** This system is FIPS 140-2 compliant and meets all regulatory and federal security requirements for the secure transmission of sensitive, non-classified information.

Facilitating Patient Documentation:

- **Patient Assistance:** Providing clear instructions to patients on creating an account with the IHS Secure Data Transfer System to facilitate document submission.
- **Supportive Resources:** Offering a comprehensive guide to help patients easily upload their documents, showcasing our commitment to patient support and best pralctices.

Privacy Measures:

- **Stringent Security Protocols:** Adhering to rigorous security protocols to prevent unauthorized access to patient data.
- **Handling Personally Identifiable Information (PII):** Using secure methods for transmitting and storing PII to ensure data integrity and confidentiality.
- **Comprehensive Staff Training:** Ensuring all staff are thoroughly trained in handling sensitive information, maintaining compliance and patient trust through continuous education and strict adherence to privacy measures.

Best Practices in Financial Pillar of Excellence

STRATEGIC MANAGEMENT AND COLLABORATIVE INNOVATION FOR OPTIMAL HEALTHCARE DELIVERY

Best Practices-Financial

Identify, Verify, and Enter Alternate Resources:

- **Ensure patients have payer sources for PRC, Case Management, and revenue generation.**
  - **Verification Processes:** Implementing rigorous processes for identifying and verifying alternate resources to support PRC and case management needs.
  - **Patient Impact:** Ensures patients have the necessary payer sources, facilitating comprehensive and continuous care.
  - **Revenue Impact:** Accurate entry of alternate resources boosts our financial health, supporting the sustainability of patient care services.

Websites/Vendors:

- **Operate a variety of websites and vendors to verify alternate resources efficiently.**
  - **Trusted Websites:** Verify with trusted vendors like AARP, Aetna Navinet, Ambetter, Ameriben Solutions, Assurant Dental, AZ Blue, Benefit Group, Benesys, Cigna, Express Scripts, GEHA, Gilsbar, Golden Rule, HealthChoice, HMA, Meritain Health, Mutual of Omaha, Pinnacle Claims Mgmt, Principal Financial Group, Southwest Admin, Summit Admin, United Concordia, United Medical Resources.
  - **Systems Utilized:** To streamline the verification process, advanced systems like Inovalon, Discovery, Novitasphere, Availity, New Mexico Medicaid Portal, Tricare, and AHCCCS online are utilized.

Best Practices-Financial (continued)

Robust Application Submissions:

- **Our team submits applications for various programs to ensure our patients receive the benefits they are eligible for.**
  - **Programs Applied For:** We assist, guide, and help patients complete applications for 17 different healthcare initiatives and benefits programs, including Affordable Care Act, AHCCCS, KidsCare, Cash Assistance, Nutrition Assistance, Freedom to Work, Medicare Savings Program, SOBRA, SSI-MAO, Medicare, Medicare Part D, Extra Help, Social Security Administration, Arizona Long Term Care (ALTCS), Breast and Cervical Cancer Treatment Program, Veterans Medical Benefit Package, Copay Exemption for American Indians and Alaskan Native Veterans, The Ryan White HIV/AIDS Program, and Arizona Unemployment Insurance.
  - **Impact:** It ensures patients receive the benefits they are entitled to, supports their healthcare needs, and reduces out-of-pocket expenses.

VA IHS Reimbursement Agreement:

- **Establishing a robust framework for collaboration with the Veterans Health Administration to optimize comprehensive healthcare services for American Indian/Alaskan Natives.**
  - **Details:** The new VA IHS Reimbursement Agreement, effective December 6, 2023, allows us to optimize comprehensive healthcare services. In collaboration with the Veterans Health Administration, we are setting a blueprint to amplify PRC and contracted travel initiatives.
  - **Impact:** Enhances our ability to manage PRC and contracted travel efficiently, ensuring comprehensive healthcare coverage for veterans.

Best Practices-Financial (continued)

Training/Webinars:

- **Ensure all team members are up-to-date with best practices and continuously improving their skills.**
  - **Actions:** Regular participation in training sessions and webinars to stay updated with the latest best practices and industry standards.
  - **Impact:** Enhances the skills and knowledge of our staff, improving the quality of care provided to our patients and ultimately increasing financial efficiency through better resource management. Effective training also ensures accurate billing and coding, leading to better reimbursement rates.

External Stakeholders Collaborations:

- **Enhance patient support through strategic partnerships.**
  - **Partners:** VA Healthcare, AHCCCS Managed Care Organizations (MCOs).
  - **Impact:** Facilitates seamless patient support and coordination, improving patient care outcomes and ensuring comprehensive healthcare services and reimbursement, which supports financial stability and growth.

Internal Stakeholders:

- **Foster collaboration within the organization to support comprehensive patient care.**
  - **Collaborators:** Clinical Application Coordinator, Pharmacy point-of-sale experts, and other key stakeholders. Our Clinical Application Coordinator plays a crucial role in maintaining our websites and systems used to identify, verify, and enter alternate resources. They also manage the table maintenance system, which is essential for entering new entries related to alternate resource verification and point-of-sale entries. Our Point-of-Sale Experts assist in entering pharmacy coverage, keeping us updated with the latest information, and providing job aids for pharmacy-related tasks.
  - **Impact:** Ensures cohesive and comprehensive patient care, maximizing the efficiency and effectiveness of our healthcare services, and supports financial excellence by improving service delivery. By preventing errors and redundancies, it reduces unnecessary costs and streamlines internal processes, enhancing the revenue cycle and leading to better reimbursement outcomes.

Best Practices in Statistical Pillar of Excellence

LEVERAGING DATA-DRIVEN INSIGHTS FOR ENHANCED HEALTHCARE OUTCOMES

Best Practices-Statistical

❖ Internal Stakeholders:
- **Best Practice:** Leveraging the expertise of the Clinical Application Coordinator.
- **Details:** Our Clinical Application Coordinator is instrumental in running internal reports and managing crucial data related to patient population, Medicare outreach, robocalls, and other internal needs. Their work ensures accurate data collection and insightful analysis.
- **Impact:** This role enables efficient data management, supports strategic decision-making, and enhances the overall effectiveness of our healthcare delivery.

❖ Reports: Health-e-Arizona Plus:
- **Best Practice:** Comprehensive tracking and process improvement.
- **Details:** We meticulously track application approvals and denials through Health-e-Arizona Plus. We ensure adherence to contractual integrity by submitting consent forms and signature pages within 24 hours. This systematic approach allows us to identify areas for process improvement based on application data.
- **Impact:** By maintaining high standards of compliance and continuously improving our processes, we enhance patient satisfaction and streamline our operations.

❖ RPMS System:
- **Best Practice:** Utilizing RPMS for productivity measures.
- **Details:** The RPMS system is a critical tool for monitoring productivity. It helps track patient encounters, manage resources, and optimize team allocation, ensuring our operations are efficient and effective.
- **Impact:** This practice leads to improved resource management, increased efficiency, and better patient care outcomes.

Best Practices-Statistical (continued)

❖ iCare Reports:
- **Best Practice:** Enhancing clinic support through data-driven insights.
- **Details:** iCare reports are used to identify patients with and without alternate resources, enabling targeted outreach initiatives and service planning. This data-driven approach ensures that our resources are allocated where they are most needed.
- **Impact:** This enhances the effectiveness of our outreach programs, ensuring that we reach and support the patients who need it most.

❖ Overtime Project Reports:
- **Best Practice:** Justifying resources through detailed reporting.
- **Details:** We use data from overtime projects reports to justify the need for additional resources and new recruitment. This is crucial during peak times, such as Medicare enrollment periods and PRC referral management.
- **Impact:** This practice ensures we have the necessary staff and resources to meet increased demand, improving our ability to provide timely and comprehensive care.

❖ Training and Continuous Improvement:
- **Best Practice:** Continuous education and performance monitoring.
- **Details:** We identify training needs and opportunities for continuous education through targeted training and workload reports. These reports are generated daily, weekly, and monthly to monitor performance and identify areas for improvement.
- **Impact:** By ensuring our staff is well-trained and up-to-date with the latest best practices, we maintain a high standard of care and continuously improve our service delivery.

❖ Tracking System:
- **Best Practice:** Detailed application tracking for process enhancement.
- **Details:** Our tracking system keeps detailed records of applications completed and their outcomes. This data helps us analyze approval rates, identify common issues leading to denials, and implement strategies for improvement.
- **Impact:** This enhances our ability to secure benefits for our patients, reduces the likelihood of application errors, and improves overall efficiency.

Best Practices in Clinical Pillar of Excellence

INNOVATIVE COLLABORATION AND PATIENT-CENTERED CARE FOR OPTIMAL HEALTH OUTCOMES

Best Practices-Clinical

Purchased Referred Care (PRC) Workgroups with PCMC and Women's Clinic

Best Practice: Active participation in PRC workgroups.

Details: Engage with Primary Care Medicine Clinic (PCMC) and Women's Clinic to enhance care coordination and streamline referral processes.

Impact: This ensures efficient referral management and integrated clinical functions, promoting patient-centered care.

Interdisciplinary Collaboration:

Best Practice: Multi-disciplinary engagement.

Details: Participate in multi-disciplinary meetings and interdisciplinary rounds to foster collaboration and improve patient outcomes.

Impact: Enhances care coordination, offsite services, and transfers to higher levels of care, leading to better patient outcomes.

Eligibility and Education:

Best Practice: Rigorous eligibility assessment and patient education.

Details: Verify and establish eligibility for Indian Health Services and PRC. Educate patients on PRC eligibility and processes for care coordination and offsite services.

Impact: Ensures patients receive necessary services and support, improving access to care.

Best Practices-Clinical (continued)

Decentralized Benefits Coordination:

Best Practice: Clinic-based coordination.

Details: Station Benefits Coordinators and Contact Representatives in each clinic to develop partnerships between clinical staff and departments.

Impact: Facilitates efficient service delivery and enhances patient support.

Internal Stakeholder Coordination:

Best Practice: Collaborative efforts.

Details: Partner with providers, Certified Medical Assistants, Clinical Care Coordinators, and Case Management to refine the PRC referral process. Implement alliances and utilize RPMS, RCIS, and EHR for outreach and coordinated care collaboration.

Impact: Enhances collaboration, improves documentation practices, and optimizes patient care delivery.

Closing-Elevating Care Through Excellence and Collaboration

- ◦ Commitment to Excellence: Our dedication to the Legal, Financial, Statistical, and Clinical Pillars ensures we provide holistic, patient-centered care.
- ◦ Collaborative Efforts: Through strategic partnerships and multidisciplinary collaborations, we streamline processes and enhance patient outcomes.
- ◦ Impactful Practices: By leveraging data-driven insights, innovative coordination models, and continuous process improvements, we deliver superior healthcare services.
- ◦ Future Vision: We remain steadfast in our mission to raise the physical, mental, social, and spiritual health of our patients to the highest level, ensuring health equity and comprehensive care for all.

Thank you for your attention and commitment to advancing healthcare excellence.

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