

Indian Health Service

Rebranding, Roles, Revenue and Risks: IHS Revenue Cycle Basics

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Topics of Discussion

Introduction of Speakers and Agenda Items

Purpose of this Presentation (Takeaways)

What is Realignment and Rebranding?

Why do we need to Realign or Rebrand? See things differently.

Where are we now? Revenue Cycle versus Revenue Wheel

How have our Roles, Responsibilities, and Risks Changed?

Knowing your WORTH

Proof is in the Data Pudding

How to get leadership to say Yes (Tracys perspective)

Leadership's Role in Rebranding

Training and Workforce Development Workgroup

Discussion, Feedback, and Q&As

Introductions

- * Cynthia Larsen
- * Tracy Sanchez
- * Raho Ortiz
- * Genevieve Cochran

Purpose of this Presentation

This session will provide an overview of the **steps in the health care revenue cycle**. Attendees will gain basic understanding of all aspects of the revenue cycle, such as; scheduling, registration, insurance verification, pre-authorization, charge capture, coding, clinical documentation improvement and auditing, billing, compliance, denial management, collections, payment posting, **reporting and benchmarking** activities, and the importance of internal and external reviews and compliance audits. **What it looks like now versus 30 years ago**. We are currently a billion dollar industry! It may be time to **realign** our Revenue Program! What is necessary to support and increase this process? How do we currently **analyze** the process, how can we **grow and protect** our revenue streams with a finite population? Detailed information review from demographic collection, where does each key **indicator** play out, how can we continue to grow with what we have? This session begins the realignment! How do we get **Management to understand our Ask** with **supporting analytics**? How do we “**rebrand**” our Revenue Cycle Program. Know your WORTH.

What is Realignment? What is Rebranding?

Realignment

The action of changing something or restoring something to a different or former position or state. (We are not who we were years ago)

To put back into proper order or alignment

Rebranding

Change the corporate image of (a company or organization). (Revenue Cycle)

When done correctly, realignment improves a facility's chances at achieving maximum **performance**, maximum efficiency, and maximum revenue.

Why do we realign and what is the process?

Why do we realign?

- Improve collaboration;
- Streamline efforts;
- Remove inefficiencies;
- Coordinate efforts;
- Optimize reimbursements; and
- Fulfill IHS Mission

What are the steps in the Process?

1. Analyze plans and Objectives
2. Establish skill/competency requirements
3. Audit your current resources
4. Fill Needs/gaps
5. Improve interoffice relationships and build trust;
6. Create and cultivate a culture that supports constant, open communication, feedback and innovation;
7. Use metrics and key performance indicators (KPIs) to determine how well staff are aligned with business needs. Get objective reviews.
8. Take Action

How have our Roles, Responsibilities, and Risks Changed?

- Changes to our Environment
 - Increased Workload
 - Increased Types of Services offered
 - Authorities have changed
 - Complexities have evolved
 - Risks have increased (Audits, Usage of Revenue Cycle, etc)
- Changes in how we view our selves, and how we project the program to others (externally and internally)

Where are we now? Revenue Cycle versus Revenue Wheel

We are not who we were 30 years ago, or 20, or 10, or even 5?

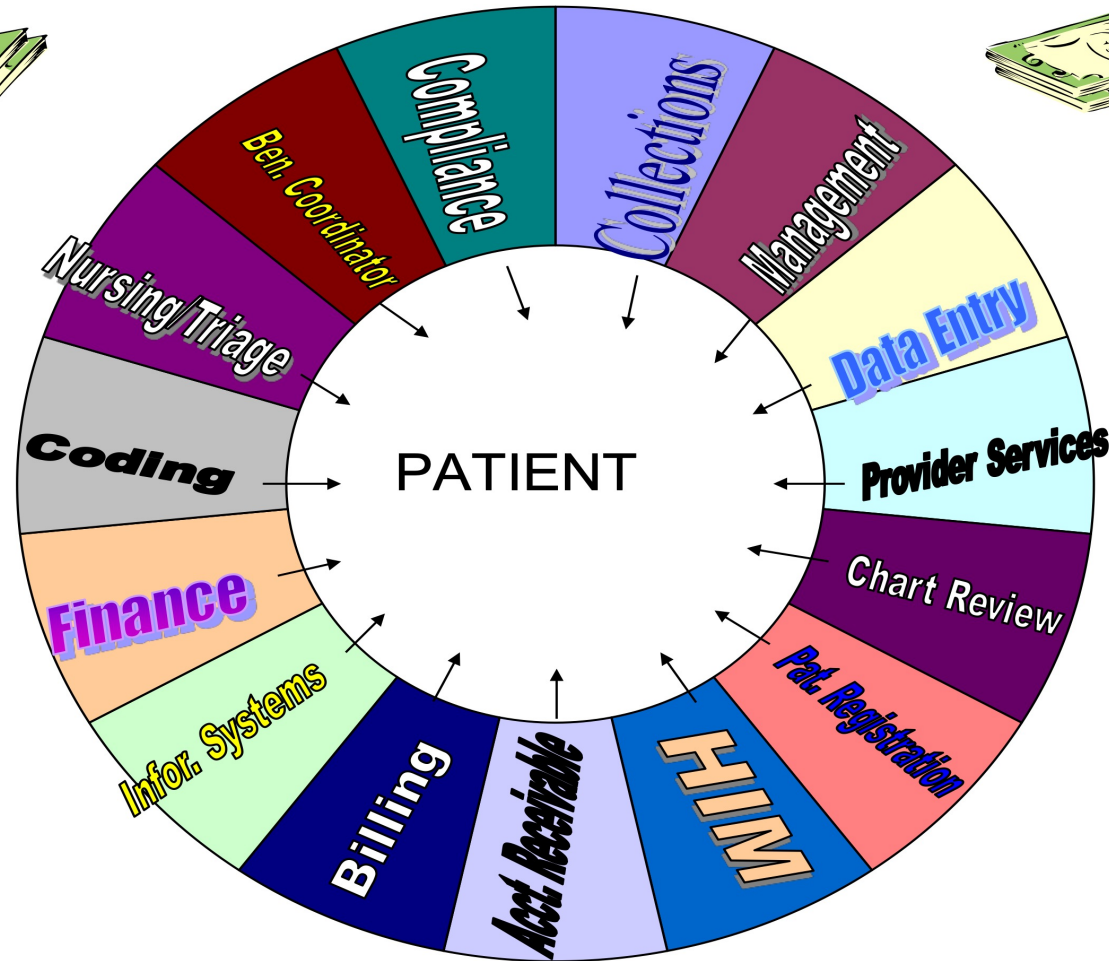
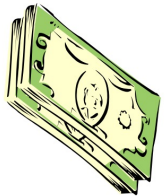
We work in an environment that continues to evolve, grow, improve, and change.

Are we working with the same volume of human resources and technical resources, capabilities, and competencies as we were 20 years ago?

We too (internally) have to change how we view our Role, Responsibilities and Risks and more than anything, we have to understand the IMPACTS and WORTH you all are and this Program as a whole.

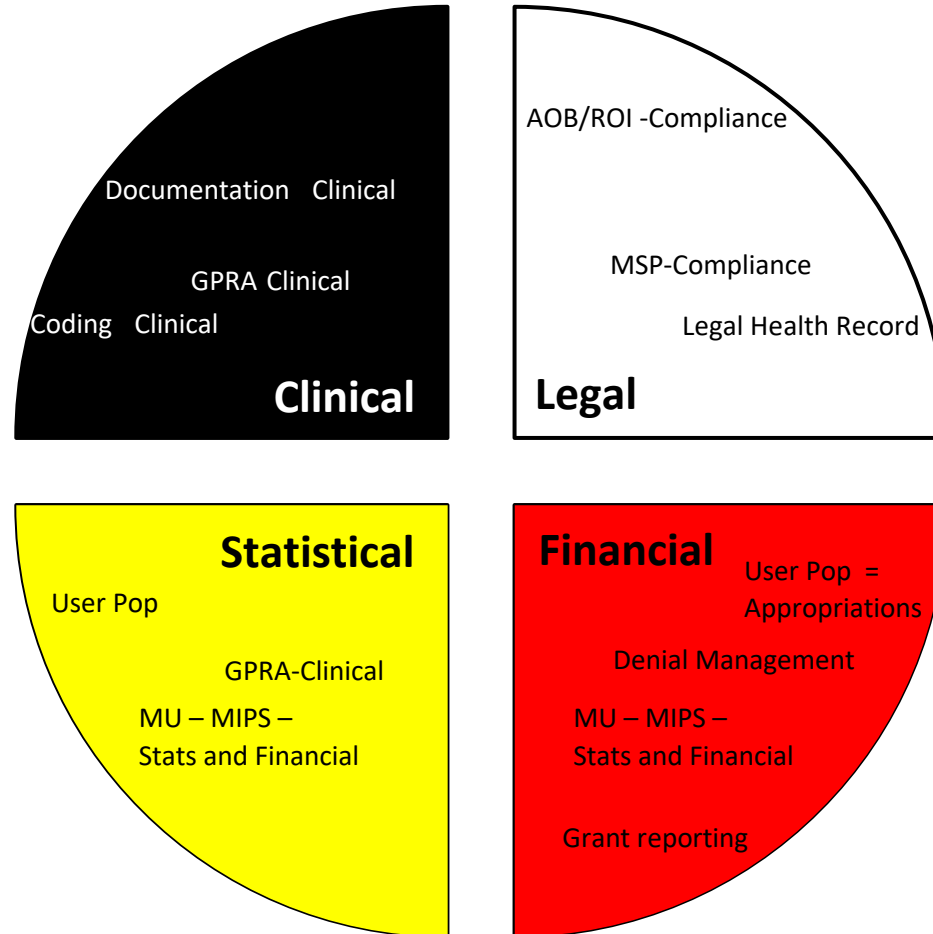
How has our thought process changed?

"WHEEL OF FORTUNE"



- Collections
- Management
- Data Entry
- Provider Services
- Chart Review
- Patient Registration
- Health Information Mngt
- Accounts Receivable
- Billing
- Information Systems
- Financial Management
- Coding
- Triage/Nursing
- Benefits Coordination
- Compliance

It's more than collections.... contributing to the stability of the Agency



Knowing your WORTH

What do you need to know to show what your worth to the agency?

Are Collections the only measure that shows really what the impact of your role, responsibilities, and risks are to the Agency? Your Communities? The Healthcare of your Patients? Your Families?

The answer is NO.

If we do not continue to have the successful Revenue program that you all have made it, what will that do to the Healthcare of our Patients?

Its not just about “increasing your revenue”. We do not have a “MAGIC” button that we push that makes Revenue flow through our doors.

BUT, you have to know what you do and how it impacts all that we do.

In other words, You have to “KNOW YOUR WORTH”

Why versus What?

- We often ask “**Why** do we do this in this way?” or “**Why** do we have to do this?”
- We should approach our roles and responsibilities with: “**What** more can I do to impact the Financial, Clinical, Statistical, and Legal stability of the Agency?”
- Set your obtainable goals and work to achieve them
- Recognize your worth and importance to the success of the Patient Care we provide.
- Know that your positions and what you do are an integral part (necessary to the completeness of the whole) of not just the Revenue Cycle. Your efforts go beyond that!
- Get involved with the evolution/growth/improvement to the entire program. Be innovative and share your ideas and knowledge.

Proof is in the Data Pudding

You have to know what you are looking at, what you are counting, why you are counting it, and what picture it is painting?

We do not know what to ask for if we don't know what we don't know.

The Revenue Cycle is not measured by Collections alone.

You have to know: (to name a few)

- Workload (the example hospitals OP workload increased by almost 14% from 2001 to 2022)
- User Pop (remained almost the same from 2001 to 2022)
- Payer Mix (see example)
- Productivity (see example)
- Collection Ratios
- Collection Trends (see example)
- Staffing Patterns
- Complexity Changes
- Opportunities
- Etc

EXAMPLES OF CHANGE

Volume of Claims – Oh how we have changed

Hospital	IP	535 Hospital	Oth	963
	Anc	1	IP	337
	OP	19936	OP	32595
	ASC	77	Immun	3351
	Pharm	8	Observation	65
	Dental	691	PT	4
	Prof Comp	1246	ER	63
			MV	4
		22494	OPT	16
			TM	216
			ASC	98
			POS	50666
			MH	127
			Rad	2692
			Med/Surg	1139
			Anes	8
			Opt	1444
			Rad	390
			Lab	1031
			Pharm	664
			Dental	1537
			Prof Comp	3401
				100811
				78317
				348.17%

Payer Mix – Oh how we have changed

AGSM (Payer Mix)

Medicaid Only

Priv Ins Only

Medicare A Only

Medicare B Only

Medicare A and B Only

Collections – Oh how we have changed

Collections by Allowance Category						
13 year comparison						
	2010% of Total		2022% of Total		% Inc/Dcr	
Agency Wide						
Medicaid	\$487,231,553.58	69.20%	\$1,206,302,011.76	71.75%	147.58%	
Medicare	\$133,433,838.50	18.95%	\$253,618,588.52	15.09%	90.07%	
Priv Ins	\$81,006,390.72	11.50%	\$210,496,803.11	12.52%	159.85%	
VA	\$0.00	0.00%	\$7,201,505.73	0.43%	NA	
Other	\$2,428,832.49	0.34%	\$3,594,955.79	0.21%	48.01%	
Total	\$704,100,615.29		\$1,681,213,864.91		138.77%	
Hospital A						
Medicaid	\$10,150,532.46	56.29%	\$28,905,103.47	82.22%	184.76%	
Medicare	\$4,483,297.32	24.86%	\$4,098,288.00	11.66%	-8.59%	
Priv Ins	\$3,267,191.20	18.12%	\$1,860,566.58	5.29%	-43.05%	
VA	\$0.00		\$232,425.60	0.66%	NA	
Other	\$130,995.49	0.73%	\$60,865.25	0.17%	-53.54%	
	\$18,032,016.47		\$35,157,248.90		94.97%	

Getting Management to Understand



Staff, patients, tribal leaders

Workload

Vacancies

Complexity

3rd Party dollars generated

Contracting costs

Getting Management to Say “Yes”

- What is the ask
- What do you need
- Why do you need it



Prove Your Worth

CFO: *What happens if we train them and they leave?*

CEO: *What happens if we don't and they stay?*

Learn more at [GetLighthouse.com/Blog](https://getlighthouse.com/blog)

Chegg

4 Key Skills of a Subject Matter Expert



Prove Your Worth



- How much does the business office contribute to the operational budget?
- What is the Return on Investment?
- Additional revenue funds salaries, additional services, new equipment, renovations

Prove Your Worth



"THANKS, BUT RIGHT NOW WE'RE JUST LOOKING FOR A WARM BODY."

- Be a model employee
- Volunteer, but know your limits
- Have data
- Share data
- Share information, train others
- Be a team player

Getting Management to Say “Yes”

What if they say NO?

Don't be afraid to ask WHY.

It might be a matter of timing, and you can ask again later.

You might get some specific requirements you have to meet, or ways you can up your game to make a YES more likely.

Getting Management to Say “Yes”

What if they say YES?

Have a plan.

Stick to the plan.

Track progress and results.

Share progress and results.

Leadership's Role in Rebranding

A good leader knows that a rebranding strategy can improve clarity and engagement.

It can also be an opportunity to inspire a clear and compelling vision/brand - "Know Your Worth"

- 1. Know why you are rebranding/realigning**
- 2. Create a unified vision;**
- 3. Get focused; select champions/advocates**

Leadership's Role in Rebranding (cont.)

- 1. Get started; remove barriers; create momentum**
- 2. Evaluate and adapt; celebrate successes**
- 3. Don't take on every role**

Training and Workforce Development (TWD) Workgroup

- Sub Workgroup of the National Business Office Support Center which is a sub charter of the National Council of Executive Officer.
- Developed to START looking at a lot of the things we have discussed in this presentation.
- The purpose of this workgroup is to analyze where we are today so we have Proof of where we need to be and what it will take to get there.
- This is a working group and will take years to achieve the hefty load of responsibilities that we have put on this group.
- It works in conjunction with the concept of Modernization (***bringing us into the NOW, not focusing on what has been***)
- ***The following list is some of the concepts that have been discussed and we hope to accomplish in the next couple of years:***

TWD Worgroup Format

Workgroup Format

Define Problem/Purpose: “IHS has a need to ensure our Revenue Cycle Workforce is competent, competitive, and retained for long term employment (hire to retire)”

Where are we at Now? “We are working to develop an assessment tool to analyze the current condition and provide recommendations”

Where do we want to be? TBD

Define Success TBD

Develop Action Plan Ongoing

In all Objectives, consider ALL LEVELS of staff. Program Staff, Management Staff, Area Staff, and Hdqtrs Staff.

TWD Workgroup Plan

The following list is some of the concepts that have been discussed and we hope to accomplish in the next couple of years:

Assessment/Enhancement to IHS Federal Facilities Revenue Cycle Workforce (You have to know where you are today in order to determine where you want to be and how your going to get there)

- Develop a phased approach assessment tool including what is needed, explanation, and instruction to gather the data.
- User Pop – Last 5 years by Service Unit(Get off of website) Leslie – COMPLETED 2/9/23
- Work Load – Last 5 years by Service Unit (Get off of website) Leslie - COMPLETED 2/9/23
- Payer Mix (Eligibility Trends for 5 years) (run the TPB Elig counts for Oct 1, 2018-2022 Run report and submit – K & Adrian 2/9/23
- Claim Trends by Payer for last 5 years (possibly averages) (Come from TPB Reports) run report and submit – K & Adrian 2/9/23
- Collection Trends by Payer for last 5 years (possibly averages) (Come from AR Reports or Dashboard)run report and submit – K & Adrian 2/9/23
- Think about adding something specific from AR. – Adrian 2/9/23 – Days in AR Report
- # of Positions in the Revenue Cycle including (use spreadsheet for this information) – Including Certifications

TWD Plan Continued

Possibly Develop a list of generic questions that we would need to get from the Service Unit Management Staff.

- Example: How is your Patient Registration Program designed?
- How is claims processing done? Centralized, by payor, IP versus OP, etc.
- Who over sees the Collections for your Facilities?
- Productivity Reports
- Look at Denial (ADJ Report)

And more

Get Management/Leadership buy in and support, and develop timelines and due dates

Compile the data in a comparison format

Analyze and assess the results.

THEN DETERMINE, where do we go from here? (We have to know where we are at to determine where we want to be).

What's next:

After the picture is clear:

Next Steps: Prioritize and Define individual tasks

- Career Ladders/Succession Planning
- PDs
- OPM Series and Classification
- Retention/Recruitment/Competition/Incentives (Hire to Retire)
- Comparable Position (Private Sector) Pay
- PMAPs
- Development of SMEs (Growing our own)
- Revamp the RRM for new facilities AND established facilities
- Set Workforce Productivity Benchmarks

Develop a three year ***Training/O&E Plan***

Develop ***Assessment/Audit/Review Tools***

Build Resources for Rev Cycle Staff

Resources for Revenue Cycle Staff

- Certifications – In-house and known Entities (what is out there to be offered?)
- Competencies (Standardize to the level possible)
- Online Training Modules
- ROM
- Training Materials
- Orientation Packet (Develop a Standard)
- Resources across Boundaries (I/T/U)
- Consider local Tribal Colleges and Local higher education systems already in existence
- Levels of Training (Understanding the level of responsibility to provide the training)

Discussion, Feedback, and Q&As

This isn't just about Leadership's Ideas of change and growth. As the valuable resources to our Agency, we want to hear from you? What are your ideas? Thoughts? Innovations? Needs?

