Indian Health Service
PBC Basics

DUSTIE CUMMINS

PATIENT BENEFIT COORDINATOR

AUGUST 2023

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 - 4.1.6

- Work with Patient Registration to identify uninsured patients.

- Screen patients to determine which programs are eligible for.

- Stay knowledgeable on programs and any upcoming changes.

- Educate patients on available programs.

- Provide program information, referrals, and assistance.

- Respond to referrals from Patient Registration, Purchased Referred Care, and others.

- Educate staff about programs and any changes.

- Provide community outreach & education.

- Partner with other community & Tribal organizations.

- Application & document gathering assistance.

- Follow-up, update insurance in HRN, alert PRC.

- Document

- Report

ROM - Patient Benefit Coordinator - 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 I would also add: confidentiality, empathy, trustworthy, reliable, self-motivated, critical thinker

ROM - Patient Benefit Coordinator - 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

Our roles as PBCs play an important function. We are an advocate and voice for the patient but also perform a key function in the revenue cycle.

- We seek and assist community members in obtaining alternate resources & other benefits.

- Although we are not a for-profit entity we should have a money-making mindset – while having our patient's best interest in mind.

Revenue generation can lead to better overall patient care – increase funds allows more staff & equipment, expanded services and improve clinical services.

What we do is broader than helping to bring in money for our SU

- We are in the Business Office (and other areas), but we do human services type work – we connect our community members to other services like Nutrition and Energy Assistance, make referrals to outside agencies, or to in-house services like Behavioral Health.

- We are helping our communities become stronger and healthier

- If people are healthy they can focus on other issues the community is facing
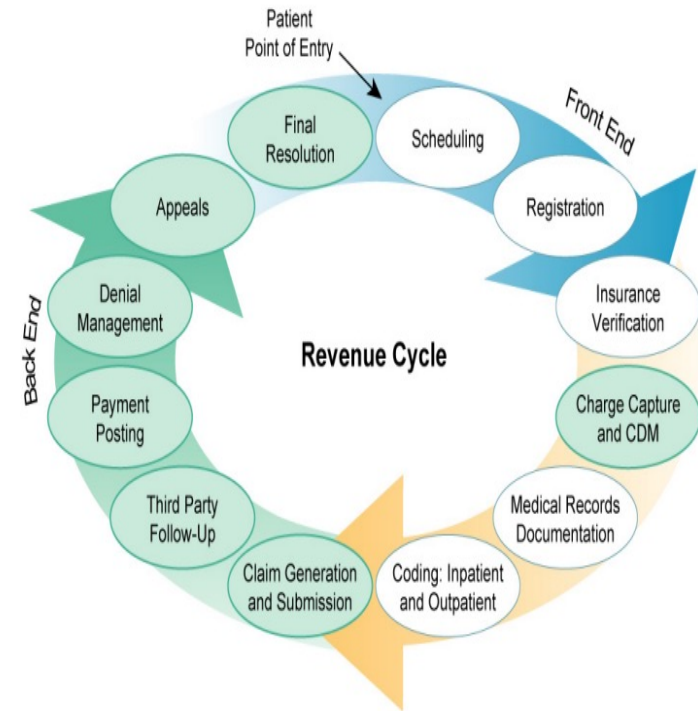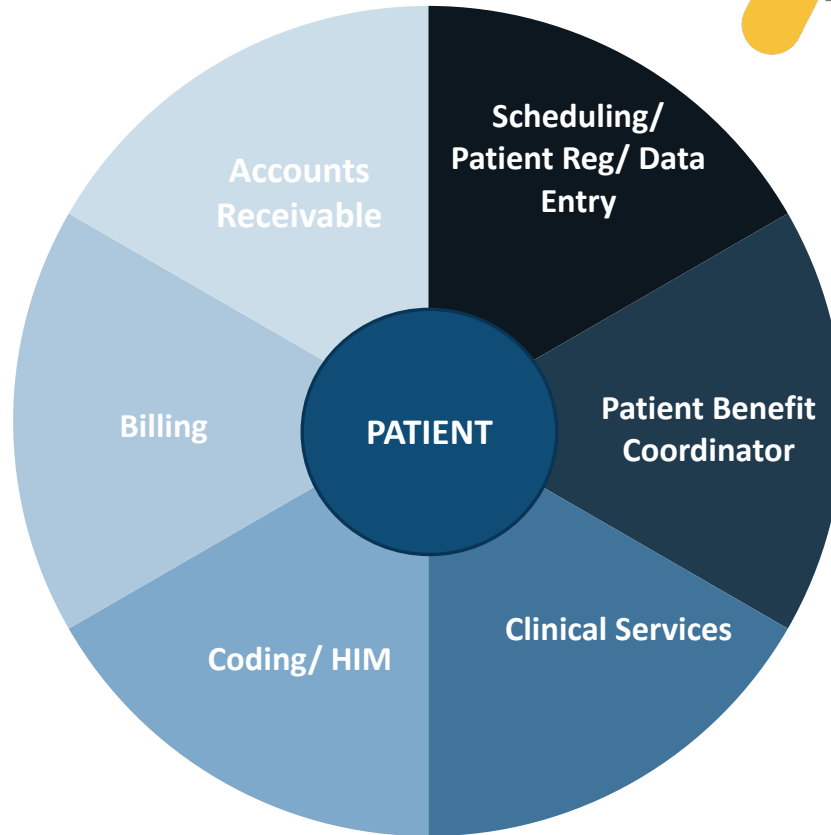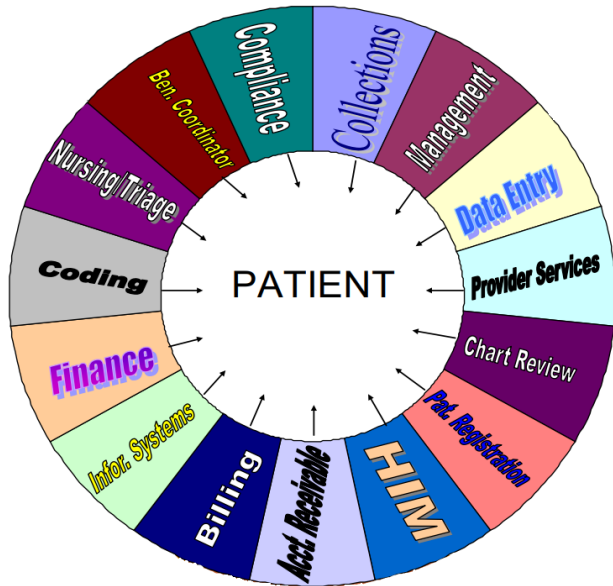
We want to empower – instead of enable.

PBC and the Revenue Cycle

Revenue Cycle

Be Knowledgeable

PLAN AHEAD/ORGANIZATION

PROGRAMS

MEDICAID UNWINDING

COVID-19 & LONG COVID

CHECKING FOR ALTERNATE RESOURCES

BEST PRACTICES

Be Knowledgeable

Stay up to date so you can educate the community and staff about programs.

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, & NIHB webinars.

Understand how insurance works so you can assist community members navigate the unfamiliar territory.

Sign up for CMS, SSA, IHS, NIHB, and other listservs to attend calls and webinars to stay educated.

Plan Ahead & Stay Organized

- Plan ahead.
  - Keep and use a calendar as best as you can.
  - When possible, screen patients before scheduling application appointments and give them a list of documents that is needed.
  - Schedule time for documentation.

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

- Training.

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

- All of this is a form of self-care.
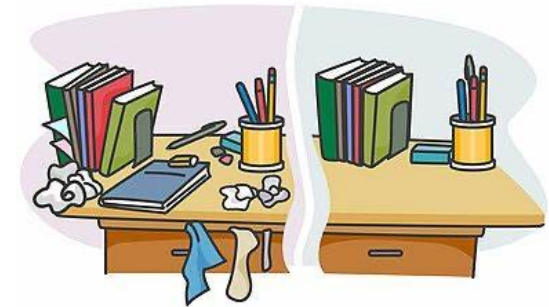
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ORGANIZE

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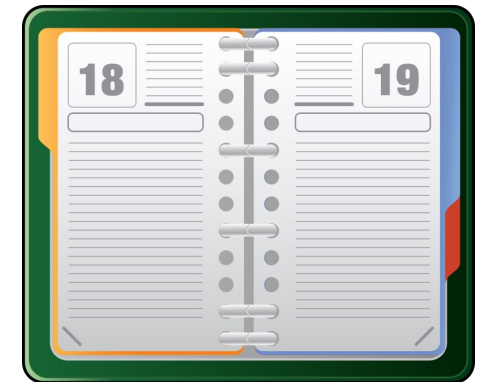
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PROGRAMS

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](#)

o **ACA**: Medicaid, CHIP, Parent/Caretaker, Pregnant Women, Medicaid Expansion, Former Foster Care, Dept. of Corrections.

o **Family**: Family Medically Needy, Child Medically Needy, Qualified Pregnant Woman, Breast/Cervical Cancer, Foster Care/Subsidized Adoption.

o **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	ACA/Marketplace healthcare.gov					
	143%	261%	138%	ZERO COPAY/ DEDUCTIBLE				MONTHLY/400%	YEARLY/400%
				MONTHLY/100%	YEARLY/100%	MONTHLY/300%	YEARLY/300%		
1	$1,737	$3,171	$1,677	$1,132.50	$13,590	$3,398	$40,770	$4,530	$54,360
2	$2,350	$4,289	$2,268	$1,525.83	$18,310	$6,803	$54,930	$6,103	$73,240
3	$2,962	$5,407	$2,859	$1,919.17	$23,030	$8,577	$69,090	$7,677	$92,120
4	$3,575	$6,525	$3,450	$2,312.50	$27,750	$10,350	$83,250	$9,250	$111,000
5	$4,188	$7,643	$4,041	$2,705.83	$32,470	$12,123	$97,410	$10,823	$129,880
6	$4,800	$8,761	$4,632	$3,099.17	$37,190	$13,897	$111,570	$12,397	$148,760
7	$5,413	$9,879	$5,223	$3,492.50	$41,910	$15,670	$125,730	$13,970	$167,640
8	$6,025	$10,997	$5,814	$3,885.83	$46,630	$17,443	$139,890	$15,543	$186,520

Household Composition	ABD Medicaid	QMB	SLMB	QI
	SSI Income Standards	Pays for MCR A & B premium, copay & deductible	Pays for MCR B premium & partial copay & deductible	Pays for MCR B premium only
Individual	$914	$1,215	$1,458	$1,641
Couple	$1,371	$1,644	$1,972	$2,219
Asset Limits	SINGLE $2,000 COUPLE $3,000	$9,090/$13,630		

Medicaid Unwinding

One of the biggest occurrences to affect Medicaid in some time is the halting of renewals and now the Medicaid Unwinding.

Since the onset of the COVID19 Pandemic, Medicaid renewals have been halted. This spring, states have restarted Medicaid renewal processes. Which means if our patients have not updated their contact information, disregarded mail, or have increased income or household changes that causes them to no longer be eligible, there will be a large drop in active Medicaid patients in the coming months.

Some states have 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 plan, if any have you, your Service Unit, or Area to assist in the lessening of Medicaid terminations?

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

PROGRAMS: Medicare

Medicare

Basics

- **Part A**: Hospital ⎤
                        ⎬ Original Medicare
- **Part B**: Medical ⎦
  - Medicare Savings Program
- **Part C**: Advantage Plan
- **Part D**: Prescription
  - Extra Help
 - IHS Notice of Creditable Coverage
- **Medigap**: Supplement

Medicare.gov

ENROLL IN MEDICARE
for *yourself*, for *your family*, for *your community*
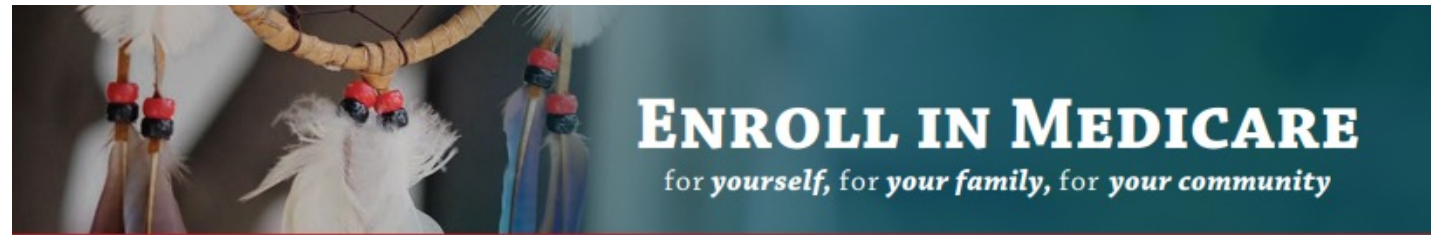
PROGRAMS: Marketplace

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
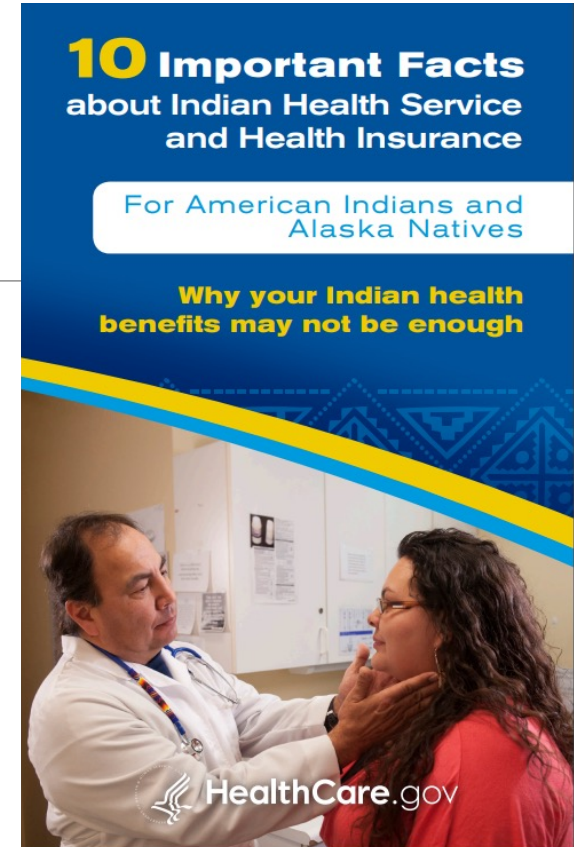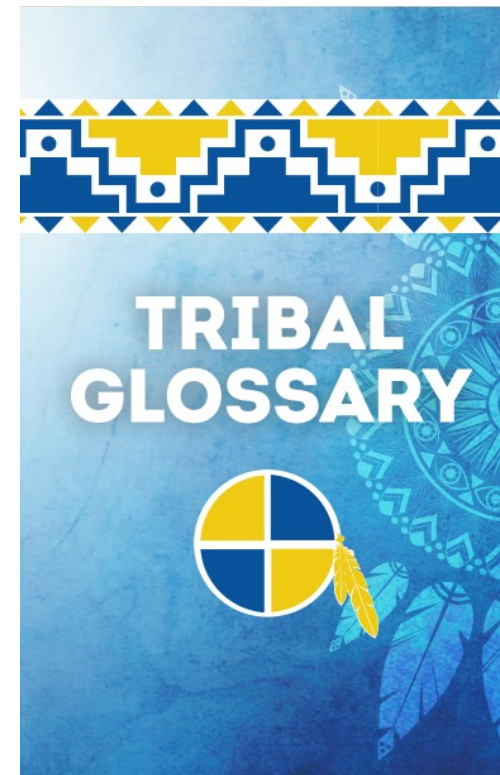
PROGRAMS: VA

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
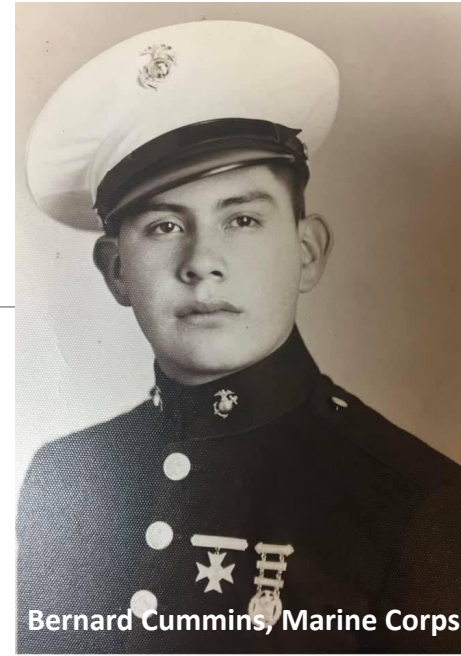
Bernard Cummins, Marine Corps

LauriDawn Kindness, Army
PC Votonae Photography

PROGRAMS: Social Security

Social Security Administration

o   American Indians and Alaskan Natives

o   Patient Benefit Coordinator Guide

o   My Social Security

o   Retirement
  o   Early Retirement

o   Disability (SSDI)
  o   Adult Checklist
  o   Qualifications

o   Survivor's
  o   Widow(er)/Divorced Spouse
  o   Child(ren)

o   Supplemental Security Income (SSI)

o   Social Security Cards
  o   Application

Social Security Administration
Tribal Benefits Coordinator Guide 2021
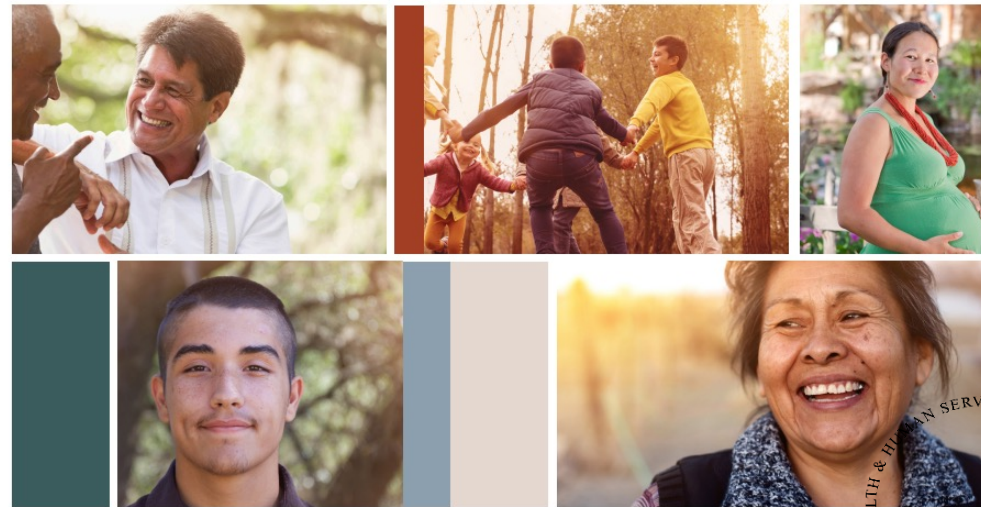
COVID-19

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

From COVID.gov:

"Long COVID is broadly defined as signs, symptoms, and conditions that continue or develop after initial COVID-19 or SARS-CoV-2 infection. The signs, symptoms, and conditions are present four weeks or more after the initial phase of infection; may be multisystemic; and may present with a relapsing– remitting pattern and progression or worsening over time, with the possibility of severe and life-threatening events even months or years after infection. Long COVID is not one condition. It represents many potentially overlapping entities, likely with different biological causes and different sets of risk factors and outcomes."

Long COVID Symptoms

From COVID.gov.

People who experience Long COVID most commonly report:

**General symptoms (*Not a Comprehensive List)*
- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort (also known as "post-exertional malaise")
- Fever

Respiratory and heart symptoms
- Difficulty breathing or shortness of breath
- Cough
- Chest pain
- Fast-beating or pounding heart (also known as heart palpitations)

Digestive symptoms
- Diarrhea
- Stomach pain

Neurological symptoms
- Difficulty thinking or concentrating (sometimes referred to as "brain fog")
- Headache
- Sleep problems
- Dizziness when you stand up (lightheadedness)
- Pins-and-needles feelings
- Change in smell or taste
- Depression or anxiety

Other symptoms
- Joint or muscle pain
- Rash
- Changes in menstrual cycles

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
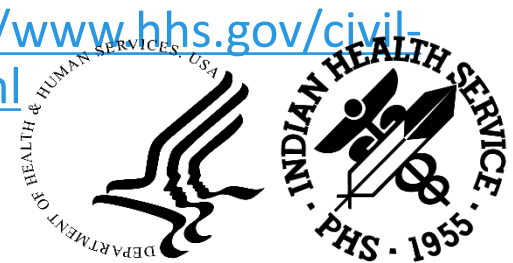
Checking for Alternate Resources

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

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.

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**

o **Screenings**: complete an income/household/ asset screening prior to application appointments – creates an opportunity to apply or give referrals for other programs the household may be eligible for and so you are scheduling enough time for the meeting.

o **Rebuttals** to reasons someone doesn't want health coverage.

o **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.

o **Document** during, right after, or at most within 24 hours of encounter.
- Use a note template.
- Copy and past in to other household members' HRNs.

o **Self-care**.

PBC How-tos

BPRM

REPORTS

How-tos

Health Care Screening:

1. Have your income screening guide.

2. Ask questions:
   - Who lives in the home – may need to figure out will be in the actual household for the application and their ages.
   - Tax filing household.
   - Wages and other types of income Use gross amounts. 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.

How-Tos

BPRM: Profile Tab

When you have a patient encounter, at a minimum, you should ensure the following is updated: contact information, employer, emergency contact, next of kin, insurance (next slide), and Veteran status.

How-Tos

BPRM: Profile Tab - Notes

This is the Page 8 of RPMS.

Document any changes you made to the HRN (contact info, insurance, forms, etc.).

Depending on your Service Unit's policies & procedures you may/may not need to document PBC activities.

Notes

Notes

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05/18/22 UPDTD FAUD.TI
3/9/2021 UPDATED PER FAUD REPORT (RD)
3/27/19 UPDATED PHONE CONTACT INFO (LS)
11/13/18 UPDATED PER FAUD REPORT (PG)
```

Discard   Save

How-Tos

BPRM: Insurance Tab has 3 options:

1. Insurance Coverage: add/edit insurances (use form), click type and enter all info (ID #, group, etc.)
2. Insurance Sequence: to select primary/secondary insurance if there is more than one coverage
3. MSP Surveys: complete survey for Medicare patients.

How-Tos

- Insurance Form
- Case note template
- Letter template

INSURANCE FORM

DATE GATHERED _____ DATE ENTERED _____ COPY OF CARD? YES / NO

EMPLOYEE NAME _____

POLICYHOLDER NAME _____

HRN _____ DOB _____ GENDER _____

POLICYHOLDER ADDRESS _____

_____

POLICYHOLDER PHONE: _____

EMPLOYER _____

EMPLOYER ADDRESS _____

_____

INSURANCE COMPANY NAME _____

MEMBER ID # _____ START DATE _____ END

GROUP NUMBER/NAME _____

BILLING ADDRESS _____

_____

_____

RX INFO: BIN _____ PCN _____ RX GROUP _____

DEPENDENTS COVERED:

RELATIONSHIP

OTHER COVERAGES?

DENTAL _____

VISION _____

OTHER _____

DATE PT IS ON TOMORROW'S SCHED. CHECKED WEB PORTAL & CARDFINDER, NO AR. CALLED AND LEFT MESSAGE. SENDING NO AR LETTER. CLOSING CASE. INITIALS

DATE PT IS ON TOMORROW'S SCHED. CHECKED WEB PORTAL & CAARDFINDER, NO AR. CALLED AND SPOKE TO PT, MCD SCREENING, SHOULD QUALIFY. THEY WILL STOP BY AFTER THEIR 1PM APPPOINTMENT TOMORROW, ADDED TO PBC SCHEDULE. INITALS

DATE PT IS ON TOMORROW'S SCHED. CHECKED WEB PORTAL & CARDFINDER, NO AR. CALLED AND SPOKE TO PT, MCD SCREENING, HH IS OVERINCOME, NOT INTERESTED IN ACA OR EMPLOYER COVERAGE. SENDING LETTER. CLOSING CASE. INITIALS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Health Service Administration
Indian Health Service
Business Office
P. O. Box 9
10110 South 7650 East
Crow Agency, MT 59022

DATE

Dear NAME,

It has come to my attention you have do not have healthcare coverage. If you have coverage please present your card at your next visit. If you need assistance applying for coverage like Medicaid, Medicare, or Marketplace Insurance please contact an Indian Health Service Patient Benefit Coordinator (IHS PBC) at 406-638-3416 or 3418.

If you or your spouse are employed and have employer sponsored private insurance you will not incur co-pay/co-insurance costs and can meet your deductible without paying out of your own pocket when you receive your health care at IHS and/or attend appointments out of IHS with approved Purchased Referred Care (PRC – formerly CHS – Contract Health Service) referrals.

If you have a PRC referral, you may need to apply for Medicaid for your referred care to be paid for. If you are eligible for Medicaid and do not apply, your services may be denied. If you have private insurance and do not report the information in a timely manner, you may be responsible for costs associated with your visit.

Anyone eligible for and receiving care at Indian Health Service is not required to have health coverage. However, it is a benefit to yourself and community to have it. IHS is funded through the Federal Government by taxes and funds are limited. When you have alternate healthcare coverage like Medicaid, Medicare, VA or Private Insurance and come to IHS for your healthcare it generates revenue that helps the hospital and clinics operate by funding services, equipment, and allows more people to be served.

If you or anyone in your household have Medicaid coverage please ensure the contact information is up to date with MT DPHHS, Office of Public Assistance (OPA), once you receive your Medicaid renewal complete the packet and turn it in to OPA, complete online (https://apply.mt.gov/) or with the assistance of an IHS PBC.

We look forward to working with you.

Sincerely,

Dustie Cummins, 406-638-3418, and
Mallory Venne, 406-638-3416,
Crow/Northern Cheyenne Hospital Patient Benefit Coordinators

How-Tos

BPRM: Prior Authorization Tab:

Enter information regarding information regarding service requiring prior approval from insurer.

How-tos

BPRM: Benefit Cases

Enter information about your patient encounter. Screenings, applications, referrals, attempts, etc.

Application:

◦ Type

◦ Date

◦ Received by

◦ Status: *pending, approved, denied*, etc.

◦ Submission date

◦ Submitted via

◦ Submitted by

◦ Submission reason

REPORTS

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

○ Benefit Cases Report (referrals from Patient Registration)

○ Benefit Cases Report – Coordinator Productivity

○ VGEN- Third Party

○ PORP

SELF-CARE

Self-Care

Take breaks out of your workspace.

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

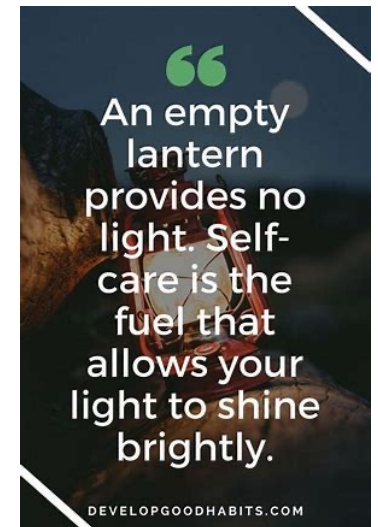Stay organized and manage your time well.

Rest.

Walk/exercise.

Eat well.

Stay hydrated.

Laugh.

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

Leave work at work.

Questions

Dustie Cummins, Patient Benefit Coordinator
Email: dustie.cummins@ihs.gov
Phone: 406-638-3418