Indian Health Service

Best Practices for Collaboration with All Factors of Revenue Cycle

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What Makes Our Collaboration Work

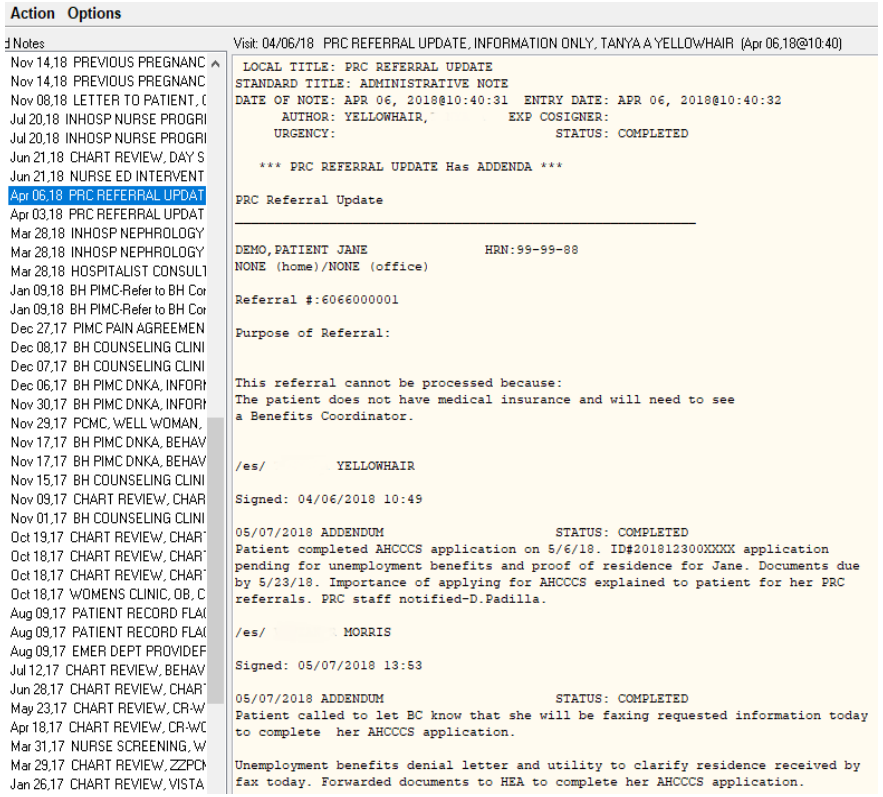
All parts of collaboration between departments must have the same mission and goal to improve process and maintain the collaboration

- ✓Bridging gaps
- ✓Role clarity and overlapping roles
- ✓Creating and maintaining relationships between stakeholders
- ✓Model for process improvement (small test of change, PDSA)

Centralized Appointment Center

- Is an extension of the clinical care team and the primary entry for access to care for many of the patients.
- Receives calls for patients seeking general information regarding services at PIMC, and patients seeking services from a variety of clinics.
- Is an important role in the revenue cycle and patient care.

Centralized Appointment Center



- Register new patients and conduct full registration over the phone.
- Will complete an update for returning patients.
- Pre-determine PRC eligibility for every appointment scheduled.
- Verify and enter private insurance for every appointment scheduled.
- Help provide PRC's scheduling information via EHR PRC Note.

Front Desk Registration

Update patients at check in – pre-determine PRC eligibility

Issue necessary forms – PRC Direct Care letter

Refer to a Benefit Coordinator

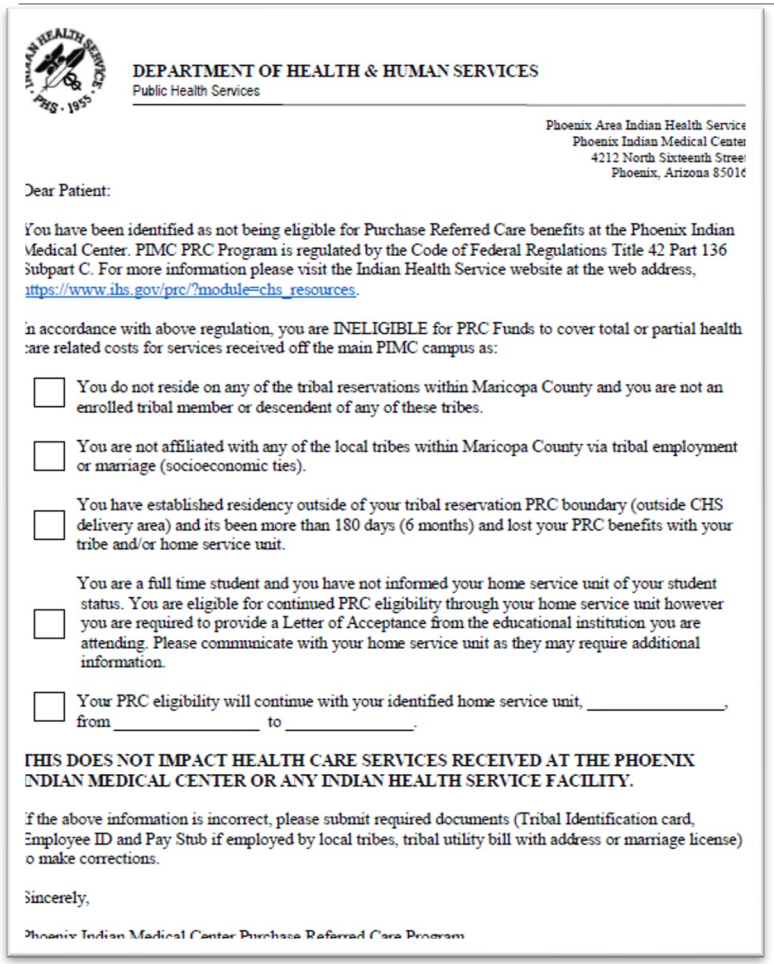
- Issued pre-vetted applications up front
- Issued a visual queue for clinical staff to see they need to see a BC

Participate in PRC Committee

Decentralized registration layout

- Strict standards
- Regular training

Registration & PRC



DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Services

Phoenix Area Indian Health Service
Phoenix Indian Medical Center
4212 North Sixteenth Street
Phoenix, Arizona 85016

Dear Patient:

You have been identified as not being eligible for Purchase Referred Care benefits at the Phoenix Indian Medical Center. PIMC PRC Program is regulated by the Code of Federal Regulations Title 42 Part 136 Subpart C. For more information please visit the Indian Health Service website at the web address, https://www.ihs.gov/prc/?module=chs_resources.

In accordance with above regulation, you are INELIGIBLE for PRC Funds to cover total or partial health care related costs for services received off the main PIMC campus as:

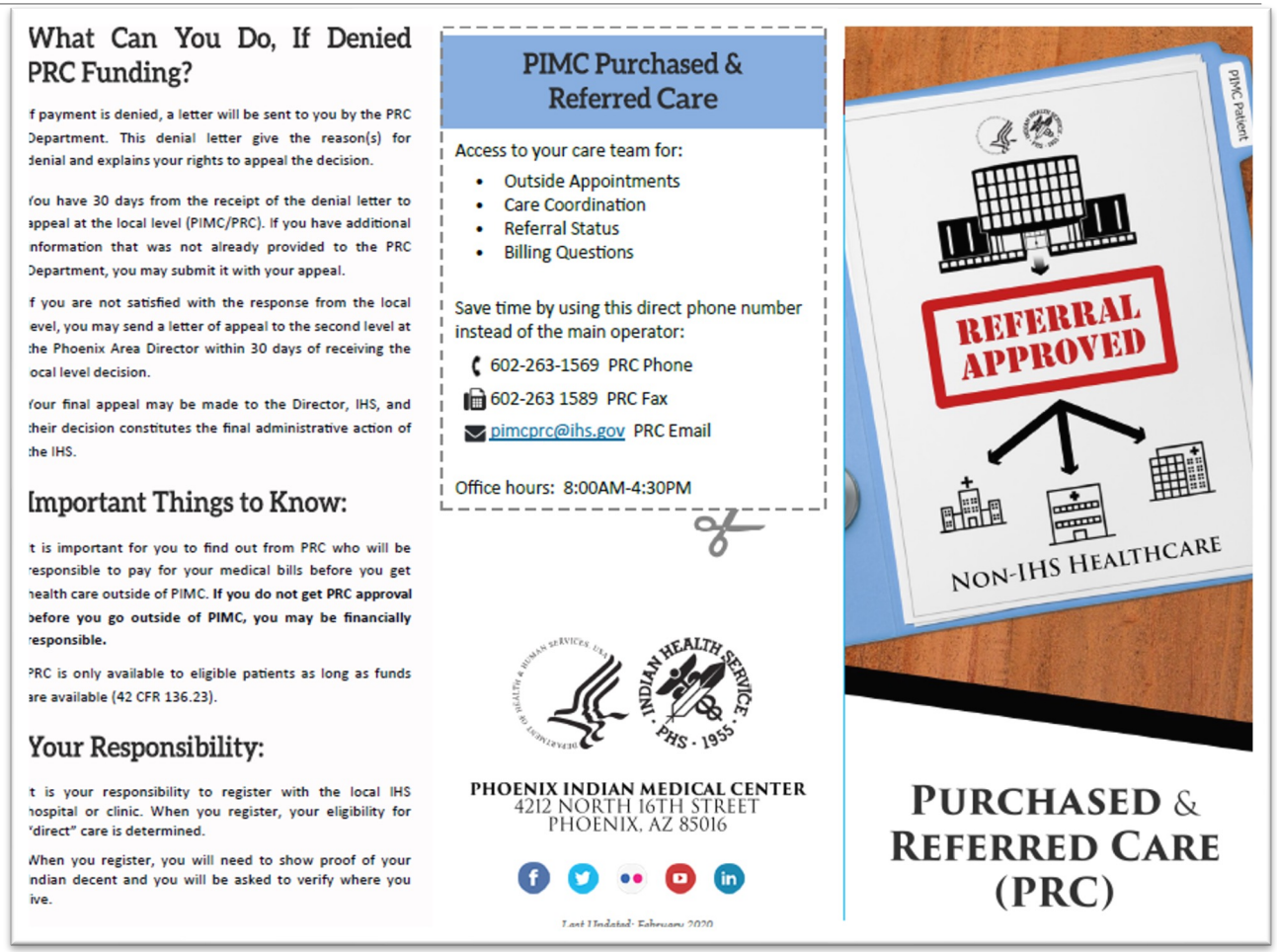
- ☐ You do not reside on any of the tribal reservations within Maricopa County and you are not an enrolled tribal member or descendent of any of these tribes.
- ☐ You are not affiliated with any of the local tribes within Maricopa County via tribal employment or marriage (socioeconomic ties).
- ☐ You have established residency outside of your tribal reservation PRC boundary (outside CHS delivery area) and its been more than 180 days (6 months) and lost your PRC benefits with your tribe and/or home service unit.
- ☐ You are a full time student and you have not informed your home service unit of your student status. You are eligible for continued PRC eligibility through your home service unit however you are required to provide a Letter of Acceptance from the educational institution you are attending. Please communicate with your home service unit as they may require additional information.
- ☐ Your PRC eligibility will continue with your identified home service unit, _____, from _____ to _____.

THIS DOES NOT IMPACT HEALTH CARE SERVICES RECEIVED AT THE PHOENIX INDIAN MEDICAL CENTER OR ANY INDIAN HEALTH SERVICE FACILITY.

If the above information is incorrect, please submit required documents (Tribal Identification card, Employee ID and Pay Stub if employed by local tribes, tribal utility bill with address or marriage license) to make corrections.

Sincerely,

Phoenix Indian Medical Center Purchase Referred Care Program



What Can You Do, If Denied PRC Funding?

If payment is denied, a letter will be sent to you by the PRC Department. This denial letter give the reason(s) for denial and explains your rights to appeal the decision.

You have 30 days from the receipt of the denial letter to appeal at the local level (PIMC/PRC). If you have additional information that was not already provided to the PRC Department, you may submit it with your appeal.

If you are not satisfied with the response from the local level, you may send a letter of appeal to the second level at the Phoenix Area Director within 30 days of receiving the local level decision.

Your final appeal may be made to the Director, IHS, and their decision constitutes the final administrative action of the IHS.

Important Things to Know:

It is important for you to find out from PRC who will be responsible to pay for your medical bills before you get health care outside of PIMC. **If you do not get PRC approval before you go outside of PIMC, you may be financially responsible.**

PRC is only available to eligible patients as long as funds are available (42 CFR 136.23).

Your Responsibility:

It is your responsibility to register with the local IHS hospital or clinic. When you register, your eligibility for "direct" care is determined.

When you register, you will need to show proof of your Indian decent and you will be asked to verify where you live.

PIMC Purchased & Referred Care

Access to your care team for:

- Outside Appointments
- Care Coordination
- Referral Status
- Billing Questions

Save time by using this direct phone number instead of the main operator:

602-263-1569 PRC Phone
602-263 1589 PRC Fax
pimcprc@ihs.gov PRC Email

Office hours: 8:00AM-4:30PM

PHOENIX INDIAN MEDICAL CENTER
4212 NORTH 16TH STREET
PHOENIX, AZ 85016

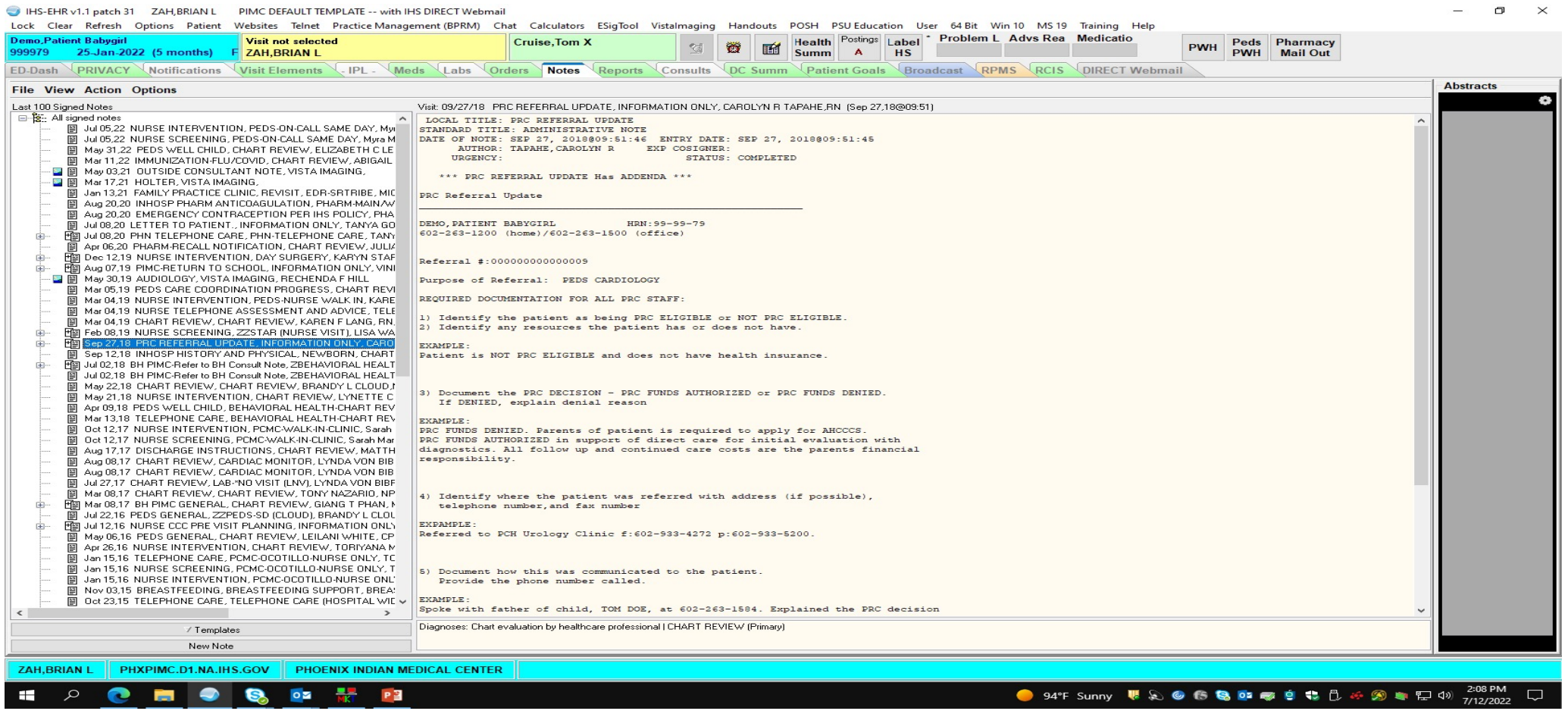
Last Updated: February 2020

PURCHASED & REFERRED CARE (PRC)

PRC Collaboration with Patient Business

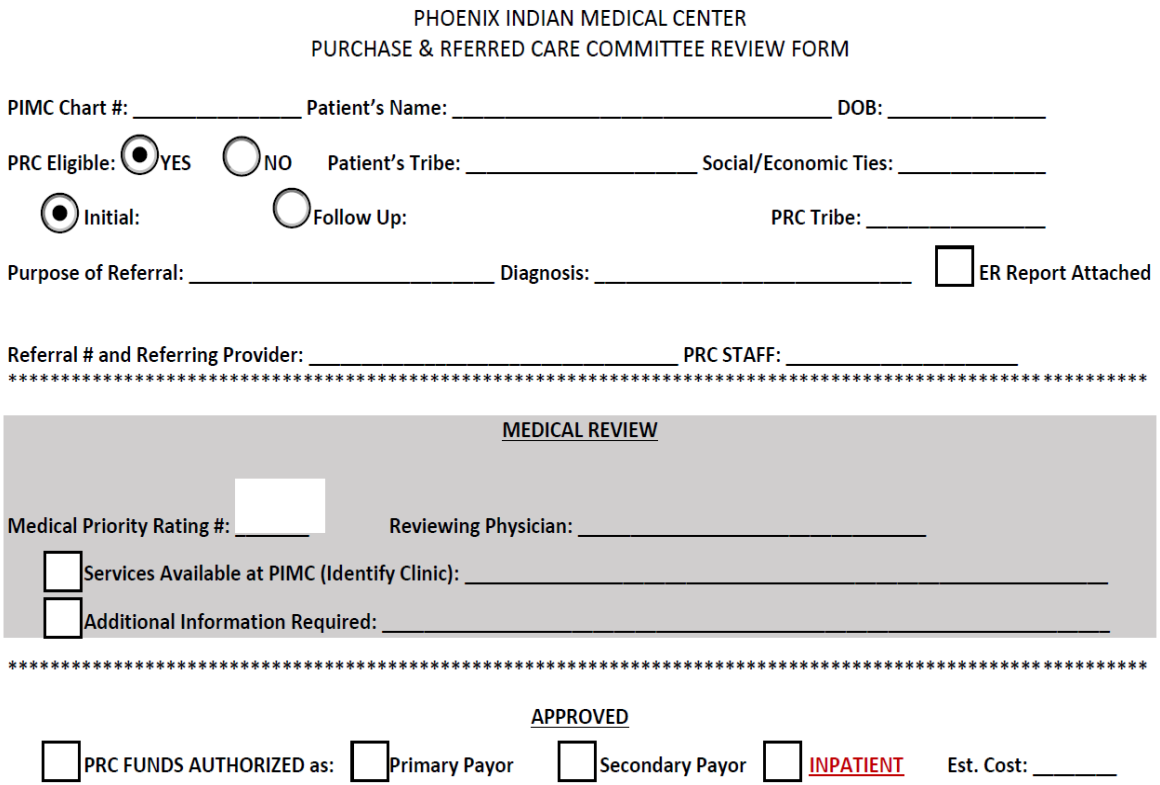
- PB staff reviews patient demographic information prior to PRC review committee. They verify alternate resources, place of residence, household members, and add new chart numbers for newborns. Result is approval of patient referrals within 3 business days.
- PB staff assist the PRC accounts payable section. They verify alternate resources such as enter AZ Medicaid coverage for both prospective and retrospective, add information in Page 8 and insert new private insurance information. Result is cost saving of PRC funds and identify primary payor.
- PRC staff utilizes a PRC note in EHR – document is available for the call center, medical teams and Pharmacy to review status of patient referrals. Benefits Coordinator's enter a PRC note and make addendum to complete PRC determination. Result is improved communication, dispense of medications and coordination of care. See example:

PRC Collaboration with Patient Business



PRC Collaboration with Patient Business

During the pandemic the PRC staff implemented a new electronic process for the PRC review committee. A form was developed using Adobe Acrobat. Members sign the form electronically and end result is approval/denial of patient referrals quickly.



PHOENIX INDIAN MEDICAL CENTER
PURCHASE & RFERRED CARE COMMITTEE REVIEW FORM

PIMC Chart #: _____ Patient's Name: _____ DOB: _____

PRC Eligible: (•) YES ( ) NO Patient's Tribe: _____ Social/Economic Ties: _____

(•) Initial: ( ) Follow Up: PRC Tribe: _____

Purpose of Referral: _____ Diagnosis: _____ [ ] ER Report Attached

Referral # and Referring Provider: _____ PRC STAFF: _____

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MEDICAL REVIEW

Medical Priority Rating #: _____ Reviewing Physician: _____

[ ] Services Available at PIMC (Identify Clinic): _____

[ ] Additional Information Required: _____

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APPROVED

[ ] PRC FUNDS AUTHORIZED as: [ ] Primary Payor [ ] Secondary Payor [ ] INPATIENT Est. Cost: _____

PRC Collaboration with Patient Business

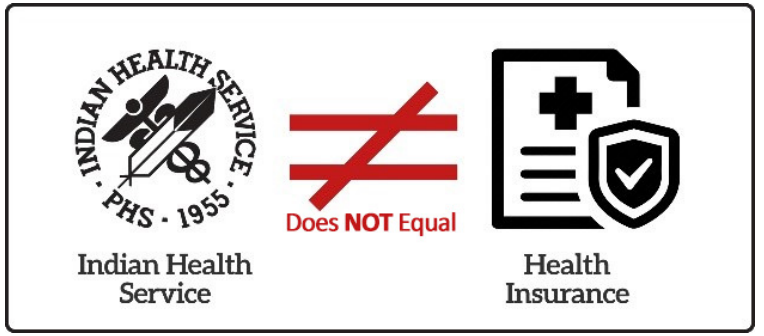
- PRC staff provides a 4 hour training for the PB staff which includes Contact Representative, Lead Contact Representative, Business Representative, and Benefits Coordinator. The training is available for new and present employees.
- PRC training agenda:
  - How to enter a PRC note in EHR.
  - Overview of PRC tribes, including reservations and counties. Social & Economic ties.
  - Explanation of compact or contracted 638 tribes in Arizona.
  - Overview of the (6) eligibility criteria's.
  - PRC review committee duties and medical priority assignment.
  - PRC approval/payment process. Patient Registration data impacts Fiscal Intermediary.
  - In Support of Direct Care policy.
  - Review of the PRC denial reasons and appeal process.
- The PRC workload is transparent and available on the shared drive for the PB staff. The goal is support the patient with referred care outside of PIMC.

Benefits Coordinator Role

- Plays a very important role between patient and providers/clinicians, finance, PRC & Case Management
- Is the liaison between patient, federal, state, local and tribal agencies
- They are the patients advocate (hospital/clinic/state assistance)
- They are the patients educator
- They are the patient navigator
- They are the “go-to” person

Understanding Alternate Resources Requirements

- IHS is considered the payor of last resort . The use of alternate resources is mandated by the Payor of Last Resort Rule 42 C.F.R. § 136.61
- An individual is required to apply for an alternate resource if there is reasonable indication that the individual may be eligible for the alternate resources
- Refusal to apply for alternate resources when there is reasonable possibility that one exists, or refusal to use an alternate resource, requires denial of eligibility for PRC
- A individual is not required to use/expend personal resources to meet resource eligibility or to sell valuables or property to become eligible for alternate resources



Understanding Alternate Resources Requirements

All IHS or Tribal facilities that are available and accessible to an individual must be used before PRC.

- No PRC funds may be expended for services that are reasonably accessible and available at IHS facilities
- Distance from the IHS facility (mileage/one way rule)

IHS considers the list of alternate resources as but not limited to: (See 42 C.F.R. § 136.61(c))

- Programs under titles XVIII or XIX of the Social Security Act:
  - Medicare A (cannot force to get B)
  - Medicaid (AHCCCS, Medi-Cal, Nevada Medicaid)
  - State or local health care programs
  - Crime Victims Act
  - Private Insurance (HMO/PPO)
  - Medicare Advantage Plans (HMO)
  - Veterans Program
  - Children's Rehabilitative Services
  - Workman's Comp

Alternate Resource – Tribal Self Funded

Exception to the IHS Payor of Last Resort – Tribal Self-Insurance Plans

- For PRC, the Agency will not consider Tribally funded self-insured health insurance health plans to be alternate resource
- IHS will assume that the Tribe does not wish for it's plan to be an alternate resource for purposes of PRC and IHS will treat the plan accordingly, once IHS receives documentation to show that the plan is tribal self-insurance.
- Reminder: This process applies to IHS operated PRC programs. Tribes and Tribal organizations operating PRC programs may choose to follow this coordination process or adopt a different process.
- https://www.ihs.gov/ihm/pc/part-2/chapter-3-purchased-referred-care/#2-3.8H

Understanding Alternate Resources Requirements

It is important for patients with private insurance, Medicare, Medicaid, etc. to understand their alternate resource coverage. Due to certain health plan requirements and limitations not all alternate resources are eligible for PRC coverage.

The following are some types of alternate resources PRC is currently unable to service:

- Tribally Self-Funded Insurance – Gilsbar, Summit, etc.
  - IHS will only treat the Tribe's plan as an alternate resource for purposes of PRC if IHS receives a tribal resolution from the Tribe's GB, which clearly states that the Tribe would like the IHS to treat the self-insured plan as an alternate resource for purposes of PRC (https://www.ihs.gov/ihm/pc/part-2/chapter-3-purchased-referred-care/#2-3.8H)
- HMO Insurance Plans – Humana, United Health Care, etc.
- Medicaid Manage Care Plans: ex: Mercy Care, Banner University, Health Choice, etc.
  - Under these manage care plans the patient are assigned and/or required to utilize their primary care provider (PCP) in order for the services requested to be paid.

Benefits Coordinator Role – Hospital vs Small Clinic

Roles may differ on hospital/clinic size

- Hospitals (ED, Admissions, SDS, etc)
  - These are your high cost areas, very important the BC in these assigned areas are starting the application process, submitting the application
  - SDS or any other “planned” stay, must pre-visit plan. Talk to your patients on the importance of applying, do the interview over the phone, check off list of documents to bring to pre-op visit
  - Bit more difficult to create a relationship with patient as you only see them once, maybe twice then they are discharged
  - Must work well with the BC’s in the clinic, have a successful hand-off process
  - Work as a team, know what the other hand is doing, able to explain the SAME process, do not deviate. This can be were trust is broken with the patient (lost paperwork, etc)
  - Communicate, have the hard conversations. Issues? Also bring solutions to process improvements
  - If a process works and data proves it, celebrate!

Benefits Coordinator Role – Hospital vs Small Clinic

- Smaller Clinics
  - Planned visits, pre-visit planning can be done, know who is coming in
  - More controlled environment (you start/end process) nobody else involved
  - Easier communication between Pt Reg, clinicians, PRC staff
  - Trust is gained, same person, no handoff
  - You are the only person for process improvement changes, suit to the needs of the patient (fax documents instead of driving in)
  - May also be wearing many hats in a smaller clinic; patient reg, BC and sometimes PRC
  - You are able to adjust process improvement easier without many “higher interventions or blessings” needed/required
  - Able to have buy-in from other departments and break down silos
  - Create a trusting environment of accountability and responsibility

Success – Radiology & Mammography

- In August 2022, mammography services at PIMC was on temporary hold due to one vacant mammography technologist in the Radiology department.
- The PRC team stepped in and created an RCIS template in EHR to assist women's health with their screening and diagnostic mammography orders.
- The new PRC scope of service included: diagnostic services, breast biopsy exams and post-biopsy exams. The was high expectations and performance on the PRC staff to coordinate mammography referrals during an emergency crisis

Success – Radiology & Mammography

- The average cost of screening or diagnostic mammography service is $235.57 (Medicare/ Novitas Solutions).

- The PRC team collaborated with the business teams to reduce cost to the funds available in PRC. Patient's that met the PRC requirements were covered with PRC funds, under the in support of direct care policy. PRC did cover both co-pays or co-insurance for patients with Medicare and/or Private Insurance.

- PRC team developed a partnership with Solis Mammography and Banner University - Laura Dreier Breast Center. This was the beginning of business relationship.

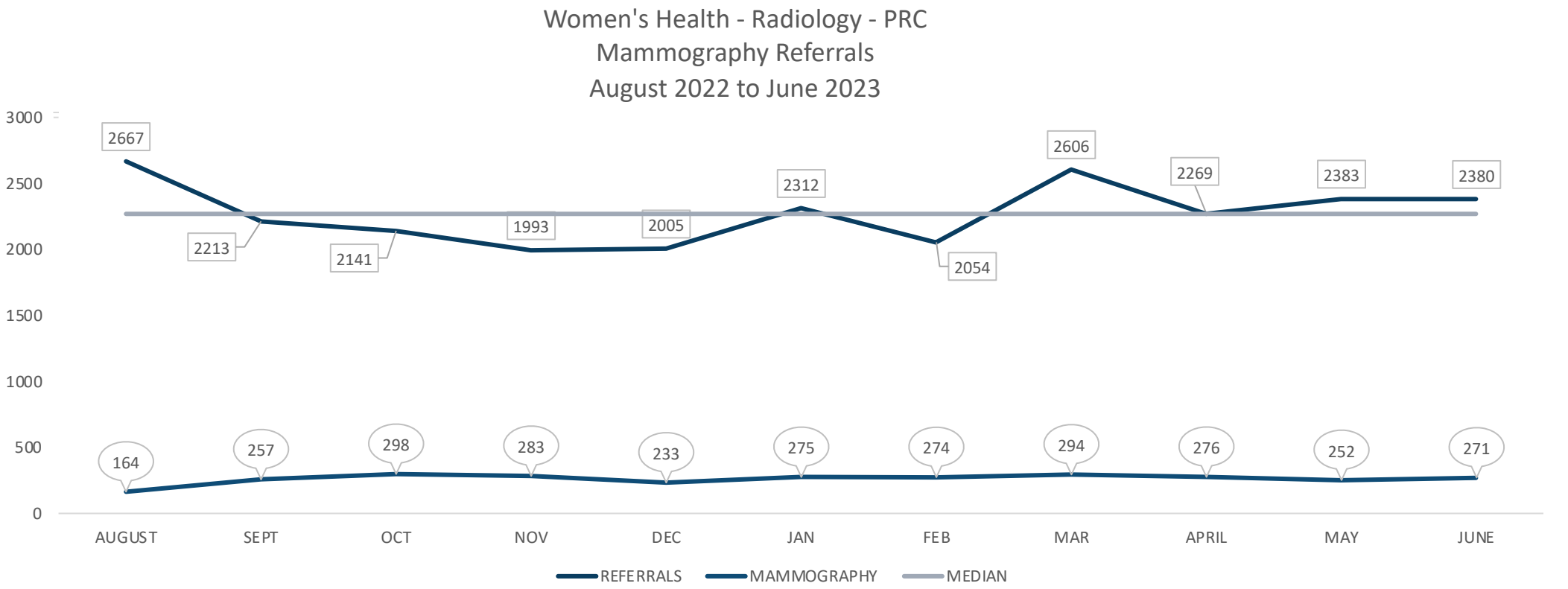
Success – Radiology & Mammography

- Most of the female patients qualified for Arizona Medicaid, this expanded their health insurance coverage to include: screening, diagnostic, breast biopsy, and treatment outside of PIMC. Mammography is recommended for women starting at age 40.
- PRC & Benefit Coordinator's met frequently to identify mammography referrals without health insurance coverage. PRC and Benefit's Coordinators assisted uninsured patients and coordinated Arizona Medicaid enrollment.
- PRC team gained more knowledge about Women's health, professional growth with the types of diagnostic studies and find out the results of mammography screening.

Success – Radiology & Mammography

- PRC team did accomplish a high demand of radiology services by: implementing standard operating procedures, training non-PRC staff to complete orders for services, reconcile open documents, and incorporated new business practices with outside partners. MSA's expedited mammography orders to close the referral loop to referring providers.
- PRC team ensured patients received preventative breast care in a timely manner and maintained success rates that are in alignment with the Mammography Quality Standards Act (MQRA), thereby raising the physical health of American Indian and Alaska Native women to the highest level.

Mammography Data



Challenges that Effect Continued Collaboration

Managing the revenue cycle

- Being pulled to other aspects
- Vacancies creating extra work

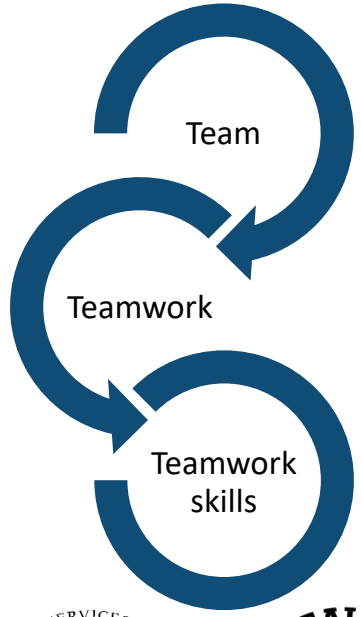
Evolving clinics all over campus

- Telemed visits
- Access to Care
- New added services that didn't include business office

Compassion Fatigue

Barriers to Team Composition

- Inconsistency in team membership
- Lack of role clarity
- Defensiveness
- Conventional thinking
- Conflict
- Complacency
- Varying communication styles



How do we start the conversation?

- You have put some work into analyzing and how to implement a new process, as you introduce new improvements. As you introduce, explain why the change is necessary, what goals you hope to achieve with the improvements and the benefits the new improvements will have for patients and staff
- Change is inevitable and often necessary, which does not translate to easy…especially for employees
- When we need to update, rework or improve process, you may face pushback, frustration and even confusion from your staff
- Clear communication is key for a smooth transition for new improvements. As you explain the process change that significantly impacts employees day-to-day workflows, employees are more likely to understand and “buy-in” the need for the change and get behind it. Explain the value it will bring to your clinic/hospital and overall goal. This extra content can make the difference in bridging the gap for implementation.

How do we implement?

- Analyze – you must understand what is going on
- Identify leaders for engagement, support, buy-in and ownership
- Ask for feedback from those who are “boots on the ground”
- Define/model your improvement process
- Identify the necessary staff/resources
- Communicate what is going on to all – very important
- Monitor and optimize – what worked, what needs improvement, what to discard
- Test, test and test until your goal is met

Analyze

- Access your current state: staff, process and resources. What is the need..not want
- Which employees can be your “champion”? What is staff current skills and knowledge? What tools are available to support the improvements?
- Identify the need for the improvement
  - PRC department was not timely on processing the referrals
  - Led to many complaints
  - No communication about the referral
  - PRC referrals with no decision after 5 days
  - Denial information was not entered in the denial package
  - Many overdue bills
  - Staffing vs user population
  - Outpatient, PBO, HIM, CM did not know what PRC does
  - Lack of education outside of PRC (staff and community)
  - No accountability/responsibility (reports)

Leadership and key employees

- Improvements should be sponsored by leadership and mirrored by supervisors
- When improvements are championed and prioritized by top leadership and reinforced by supervisors, on the ground employees are more likely to follow
- On the ground employees are your process champions. They will be the example of what good looks like and how it benefits the clinic/hospital
- Strong support system, training, positive mentorship will help everyone want to be a part of the improvement process
- Our leadership had the same vision of improvement which made the process easier as far as support
  - HSA 110% supportive, voiced in monthly staff meetings, emails and one-on-one
  - Routine follow up with HSA on process and accountability
  - Supervisors from other departments were on board and accountable for their staff

Boots on the ground

- Ask for feedback from those who are doing the work
- Feedback should come from all aspects of the clinic that has any first hand dealing with your department
  - PBO, Outpatient, Providers, CM, HIM
- Do not take feedback personal
- Many staff are patients, ask from a patient point of view as well
- Able to identify bottlenecks and barriers
- We were able to identify:
  - Providers not entering data correctly in the referrals
  - Duplicate referrals entered because previous referral was not noted
  - Lack of education from PRC
  - Lack of accountability of staff and referrals

Define/model your improvement process

- Now that you understand the process from start to finish, model what good looks like
- Use simple writing and clearly communicate the nature of the process
- Emphasize the importance and benefits of the improvement
- Use visuals such as process maps and flow charts to introduce the improvement, clarify each departments roles and accountability within the workflow
- Flow charts were shared with all departments that effected PRC
  - Showed how an incomplete referrals impacts scheduling
  - Not adding what documents need to accompany referral will delay appointment
  - Incorrect phone number/address will delay communication
  - Notes from vendors not uploaded for provider review cause delay in care
  - How far behind PRC was with processing referrals

Identify the necessary staff/resources

- Once you identify your process, you may need to address “gaps” in skillsets, knowledge and staffing
- Various ways to train your workforce:
  - Mentor
  - Peer to peer program
  - Develop presentations and workshops
- Staffing – reports and workflow show need more FTE’s, start your SBAR’s
- We identified:
  - needed additional training for “new” staff
  - Workload (backlog) outweighed current staff – COVID hire

Communicate what is going on…to ALL

- Document your process (PDSA) and sharing is very important
- SHARE! Share your process with ALL. The good, the bad, the ugly
- We shared:
  - Reports with staff, HSA, leadership and tribe
  - Show your progress, big and small
  - Reports to staff on their individual process
  - Ask for feedback

Monitor and Optimize

- PDSA, only way to improve and move forward
- Process will change, and change, and change
  - Isn't easy, but worth it
  - Will be able to successfully train and onboard employees to new process
- Keep your staff in the loop, continuous change could be frustrating if you are not communicating.
  - They will feel part of the solution – more likely to buy-in and actively participate
  - If not, staff can feel defeated and lead to lower morale and decreased productivity
- We were able to move the needle to show faster turn around
  - Staff vocalized barriers and they came up solutions
  - Providers became more aware of their documentation
  - Communication with patients were documented, almost minimized complaints

Test, test and test

- We will fail….
- When we introduce a new process, there will be a learning curve, you must acknowledge it
  - Reassure your team mistakes are expected
  - We must take responsibility and accountability for our work
- We need to make it safe for our staff to fail. Give them time to accept, train, practice and not make the mistake again
- When staff feel safe to admit, be accountable and responsible for their mistake, they will feel secure enough to try new things and less threatened by change
- It will take time…
  - Staff was very upset on the workload and said it was too much
  - Time management was introduced
  - Took many items they were doing for other departments off them
  - Showed staff their improvements and celebrated
  - Staff took more pride in their work
  - Trust is being rebuilt with the community and complaints has deceased

Questions?


INDIAN HEALTH SERVICE
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