

Indian Health Service

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

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Topics of Discussion

Purpose of Presentation

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

Getting Leadership to say “Yes”

Leadership's Role in Rebranding

Training and Workforce Development Workgroup

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?

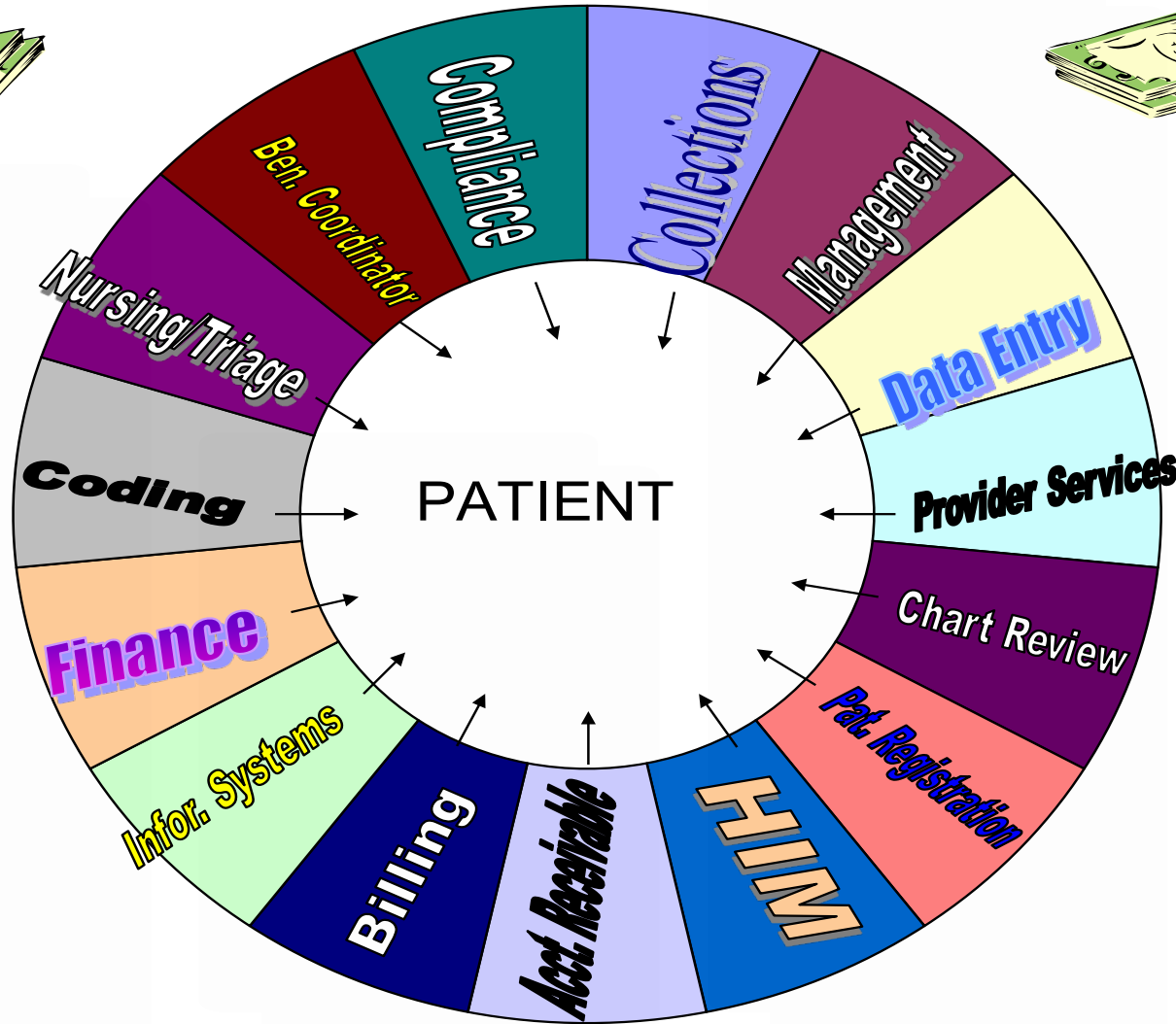
We work in an environment that continues to evolve, grow, improve, and change.

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.

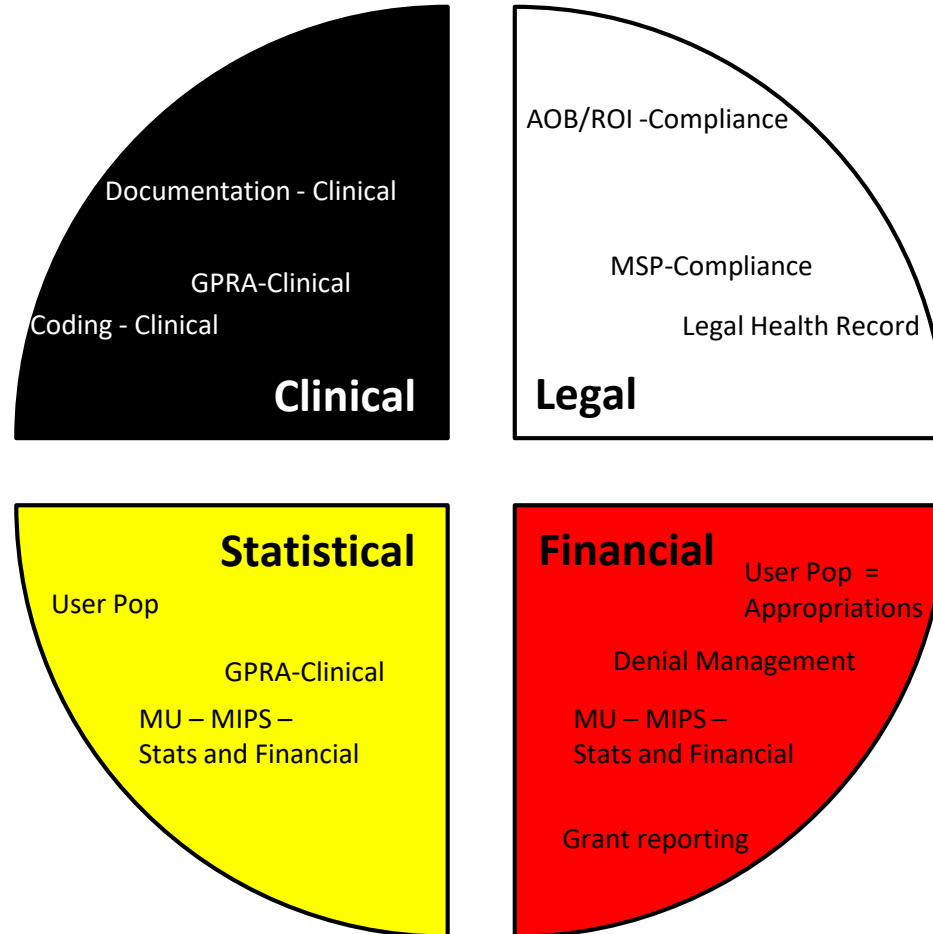
How has our thought process changed?

"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)	FY 2001	FY2021
Medicaid Only	3655	6241
Priv Ins Only	1830	1730
Medicare A Only	126	201
Medicare B Only	1	0
Medicare A and B Only	576	634
Medicare D	1	576
Medicaid and Medicare	307	28
Medicaid and PI	59	55
Medicare and PI	188	238
Medicare, Medicaid, and PI	5	2
	6748	9705
		2957
		43.82%

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”

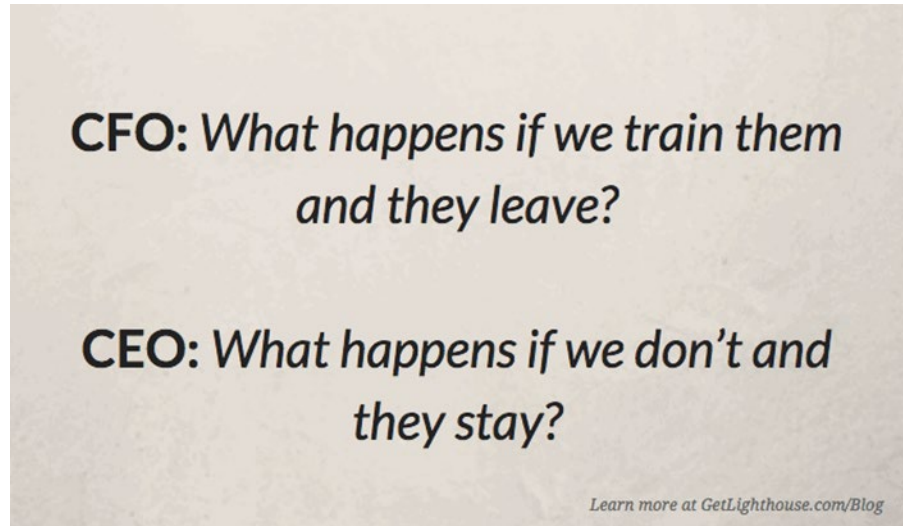
- What is the ask
- What do you need
- Why do you need it



Prove Your Worth

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 YES?

Have a plan.

Stick to the plan.

Track progress and results.

Share progress and results.

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.

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

- 1. Get started, remove barriers, create momentum**
- 2. Evaluate and adjust**
- 3. Celebrate successes**
- 4. Don't take on every role**

Training and Workforce Development (TWD) Workgroup

- Sub Workgroup of the National Business Office Committee
- Developed to begin looking at our current workforce and advocating for necessary changes
- 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
- It works in conjunction with the concept of modernization (with a focus on the future, not on what has been)

TWD Priorities:

1. Training and Professional Development
2. Retention
3. Position Description reviews and standardization

Resources for Revenue Cycle Staff

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

