Best Practices for Workload and User Population

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Patient Process and List of What to Monitor for Reporting

- Scheduling for checking in patients (hospital location for creating “named clinics”)
- Triage of Patients – encounter provider
- Physician information for diagnoses, procedures, orders, required signatures
- Pharmacy/Lab/Radiology entries: auditing for correct reporting and coding
- Weekly Monitoring: VRR and Coding Queue by Month and Location
- Monthly Reporting: Productivity, VRR by Month, Number of Visits/Days over 4 days (IHS Internal Control Policy)
- Patient Registration required data elements for User Population counts
- Provider Table Maintenance: audit active providers
- E.H.R. entries: audit for data cross-over to PCC, GPRA/CRS, Reports, etc.
- NDW Reports to Monitor: APC 1A, User Population A&B, Dental Workload, CHS
- Create a Program Review Audit List and Process to ensure all service units are complying and reporting per the IHS Guidelines, National Coding Guidelines, IHS Internal Control Policy, etc.
- List all required reference books and recommended books for coding
- Home Page - post regularly or as updates occur: guidelines, policies, reports for workload and user population, export schedules, IHS Timeline for reporting/exporting, standard code sets, how to instructions for different processes

PIMS – Scheduling Software

- Setting up clinics for each provider using the standard code sets as they are defined and “active”.
- Make sure you have the most up-to-date standard codes for Clinic, Type, Service Category and A-SU-Facility.
- Make sure a limited number of employees have access for creating hospital location clinics.
- Make sure the list is audited for duplicates, invalid entries, inactive clinics, etc.
- Managing Did Not Keep Appointment (DNKA) and Did Not Answer (DNA) via scheduling for patients that are checked in via scheduling or patient registration.

PIMS - ADT

- ADT training
- Census changes, calculation and follow-up
- Deadlines
- Hospital based services: Observation, Day Surgery and In-Hospital
- Observation Policy – patient movement
- Newborn Reporting – Birth Measurement (mnemonic BM); Newborn code before complications, codes 76-77 for babies 0-28 days attached information
- Chapter 11 Guidance – 650. with no complications, outcome of deliver
- Procedures and diagnostic medical significance/medical necessity and who provided the service
- Swing-Beds and Staffed-Beds reporting
- Other

Triage Information

- Nursing requirements for chief compliant
- Where to find Measurements on the PCC form and in E.H.R
- Vital Signs – what entries are required for different types of visits, look for medical necessity and significance
- SOAP on the PCC form and in E.H.R. – know where to look
- Make sure the triage person adds his/her information under their respective login access/verify to create “encounter provider” in EHR

Physician Documentation

- Notes: ensure notes are created and signed in E.H.R.
- Diagnoses – sequencing, medical necessity, medical significance, coding rules/laws
- Evaluation and Management – entering encounter provider
- CPT – procedures: quantity, modifier, matching diagnosis, event date & time, and encounter provider
- HCPCS – supplies: quantity, modifier, matching diagnosis, event date & time and encounter provider
- Ensuring all data elements are on paper and/or E.H.R.
- Weekly and/or Daily monitoring of unsigned notes by provider
- Weekly and/or Daily monitoring of unsigned orders by provider
- PCC make sure you use the CPE mnemonic
- Auditors/Coders make sure the E.H.R. to PCC to Claim has matching codes, all are present and sequenced according to National Guidance.
- Physician Validation is under construction. It will contain a search protocol for disciplines with missing or wrong E/M codes, Unsigned Orders, Unsigned Notes, Sequencing, Missing or wrong ICD codes, etc.

Pharmacy/Lab/X-ray

- Processes: create policies for reporting, documenting, coding, correcting and auditing
- Medical Necessity and Significance for reporting and billing
- Audit VRR MRG – multiple visits on the same day
- Audit VRR PPPV – no primary provider or purpose of visit and look for fills on the wrong day
- Audit the INCV – incomplete visit for each ancillary department

Weekly/Daily Monitoring

- Visit Review Report (VRR) for incomplete visits and errors
- Coding Queue for unreviewed visits
- Unsigned Notes and Documents
- Unsigned Orders
- Incomplete Ancillary Service Visits (INCV)
- Post all reports on the home page

Monthly Monitoring and Reporting

- Monthly PCC Activity Report of productivity, errors, visits/days over 4 days
- APC 1A RPMS vs NDW APC 1A
- PHN Workload
- Dental Workload
- CHS Workload
- Direct Inpatient and Census

Patient Registration

- Unknown Communities
- Requesting Codes via format, schedule and follow-up
- 9 Mandatory fields: HRN, Name, Sex, DOB, Eligibility, Tribe, Beneficiary, Indian Quantum, Community
- Quarterly Auditing and follow-up
- Correcting Duplicate patient files – includes deleting and adding visits to correct files
- Service Area designation via Area Circular and signed documents for SU split percentage agreements
- Tribal Shares Formula's using the SU % splits
- Post Instructions in Home Page: for Patient Registration, Tips, List of Federally Recognized Tribes, SCB Tribes by Name and Code

Provider Table Maintenance

- Orientation Process and/or Form to fill out for required entries in the Provider Table: NPI number, DEA/VA #, Write Orders, Affiliation, Discipline, State of Licensure and License Number, SSN, Address and Phone Number
- Enter their discipline based on license to practice
- Enter multiple times for providers who are cross-trained to provide other services (Lab Tech's trained to do X-ray)
- Providers whose discipline changes per education (multiple entry)
- Auditing the Active Provider List
- Have a process (time limit) in place for inactivating providers
- Inactivating fictitious providers and how to find visits and correct before inactivating
- Correcting Invalid Provider Code errors via the VRR
- Reflagging visits from the E002 Invalid Provider Code Error in PCC data entry
- Required entries: Provider Name, Initials, Class/Discipline, Affiliation and Code (Affiliation/Discipline combined
- Discuss old PCC software fix
- Provider Table Maintenance Manual – under construction
- Talk about how visits will not count if you don't follow instructions

Tips

- Always check the definitions of the standard code sets and whether they are active or not
- Know what is type IHS, Compact (P), Tribal, 638, Urban, etc.
- Know Fileman, QMAN and PCC Management Reports
- Review the yearly IHS schedule and schedule your audits to coincide with the IHS schedule
- Taskman for Auto exports or Schedule your exports for a year and be consistent
- Area Program Managers responsible for ensuring exports are on time and/or run the exports from the Area level
- Know what IHS Internal Control Policy requirements effect reporting (coding and data entry)
- Customize your Program Review based on requirements and needs to operate the functions of the program

Tips - continued

- Mail groups for training, updating, Q&A, Learning Center and other
- Scorecard: know what reports should be audited and reported regularly; goal-setting
- Compliance: audit regularly and know what needs to be audited per the IHS Internal Control Policy
- What reports to run to monitor workload and user population
- Develop tools for monitoring and update as changes are implemented
- Upload all reports regularly to your home page for all sites to review
  - Those sites that do not have access will have to be emailed a comparison and summary each month
  - Find a way to grant access to specific users to relay information to the Tribes