FDIH BUSINESS OFFICE IMPLEMENTING UFMS AT AN IHS SERVICE UNIT

Business Office Partnership Conference
Reno, Nevada
April 21-23, 2009

FDIH BUSINESS OFFICE MISSION STATEMENT

The Fort Defiance Service Unit Business Office is committed to designing and maintaining a state of the art health revenue generating system to improve the quality of health care services for our patients.

FDIH BUSINESS OFFICE
Professional Standards of Excellence

Trust

Honest

Communication

Accountability

Respect

Teamwork

BACKGROUND INFORMATION
Fort Defiance Indian Hospital Profile

The Fort Defiance Indian Hospital is one of eight major organizational and administrative units within the Navajo Area Indian Health Service Health Care System. Six service units are Federal operations, while two service units and part of a third one have been contracted under the Indian Self Determination Act, P.L. 93-638, to Tribal Organizations chartered by the Tribal Council of the Navajo Nation and the San Juan Southern Paiute Tribe.

The Fort Defiance Indian Hospital is a 240,000 square feet (22,300 square meters) facility. The Nahata' Dziil Health Center is a satellite facility located in Sanders, AZ.

The Fort Defiance Indian Hospital facility was dedicated on July 25, 2002. The facility is comprised of 56 inpatient beds – Medicine Surgery with 14 beds, Pediatrics with 6 beds, OB-GYN with 12 beds, ICU with 4 beds, and 20 beds for the Adolescent Care Unit.

BUSINESS OFFICE ENVIRONMENT
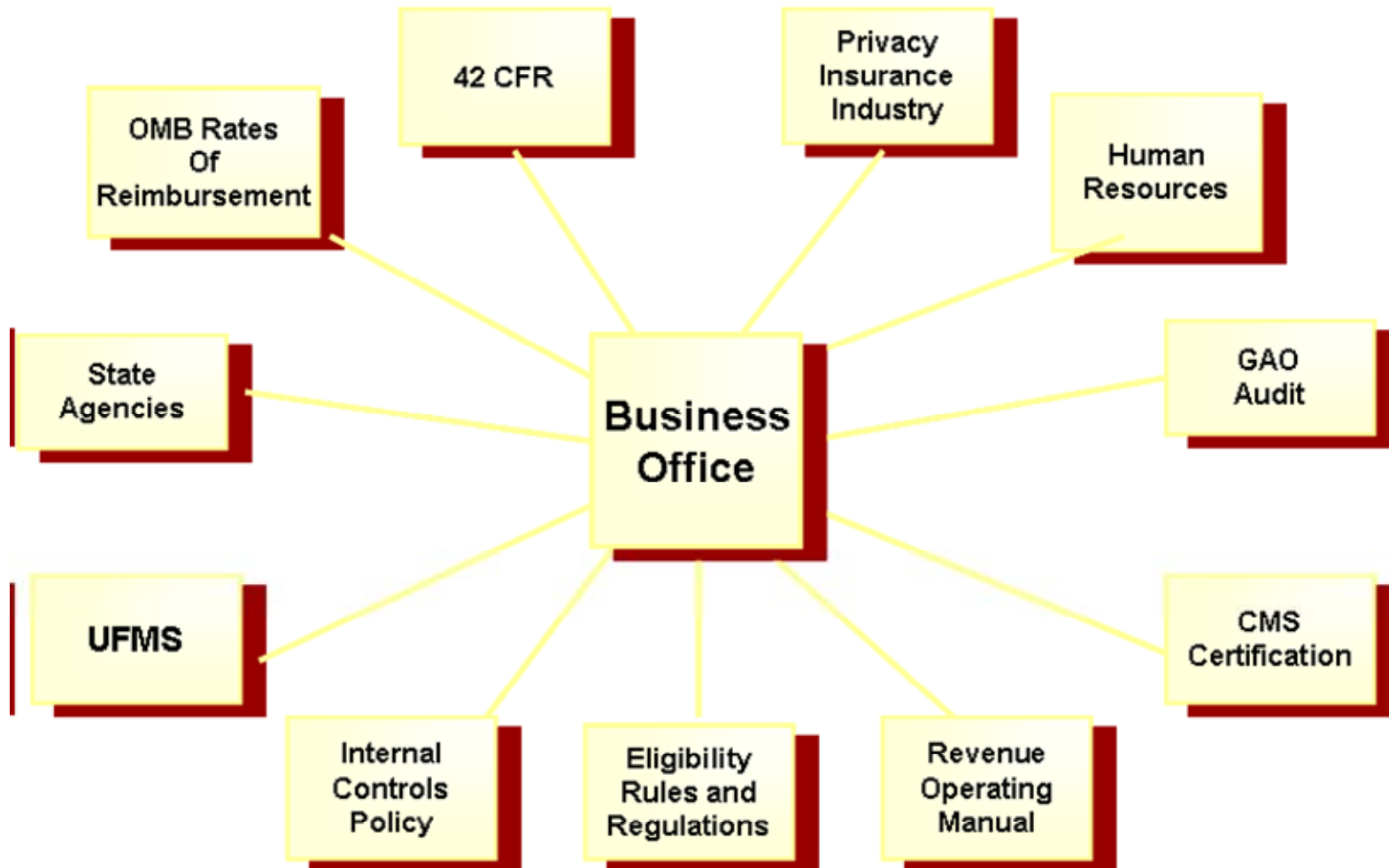
WELCOME & INTRODUCTIONS

- **Introduction of Presenters** – Mr. Ken White, Business Office Manager, FDIH
- **Presentation Overview** – This presentation will present an overview of various processes and policies involved in implementing UFMS at an I.H.S. Service Unit. Each Department of a Business Office operation will be discussed.

FDIH THIRD PARTY COLLECTION FACTS – FY 2009

1. $40,000,000.00   a year
2. $ 3,333,333.33   a month
3. $ 111,111.11   a day
4. $ 13,888.88   an hour
5. $ 231.48   a minute
6. $ 3.86   a second

ORGANIZATIONAL STRUCTURE OF UFMS IMPLEMENTATION

- UFMS Workgroup (Hospital Wide)
- UFMS Policy (Hospital Wide)
- Flow Chart
- UFMS A/R Management Team
- Work Plan
- A/R Shared Folder
- Reporting and Monitoring
- Designated UFMS staff
- Education and Training
- Hub and Error Reports from NAO
- Reconciliation reviewed and completed with Finance
- UFMS Calendar

FDIH BUSINESS OFFICE DEPARTMENTS AND SUPERVISORS

- Special Projects, Phyllis Curley -2 staff
- Patient Registration, Vivian Upshaw – 30 staff
- Medical Records, Ella Plainfeather – 56 staff
- Patient Accounts, Terrilynn Nez-Chee – 8 staff
- Accounts Receivable, Ramona Wauneka – 2 staff
- Collections, Ramona Wauneka – 9 staff

BUSINESS OFFICE SPECIAL PROJECTS
Presenter: Ms. Phyllis Curley

The Special Projects Coordinator assists with the overall Information technology, financial, and reporting functions and responsibilities of the Business Office. This position assists the Business Office Manager and Departmental Supervisors in these high level technical areas on a daily basis.

BUSINESS OFFICE SPECIAL PROJECTS

- On-line Self Assessment Tool
- Reporting & Monitoring
- Clinical Comparison Report
- Strategic Planning
- Business Office Management/Supervisors Coordination
- Work Plans
- Coordination with Clinical Director
- UFMS Contact: Caroline Yazzie (Requestor)
- UFMS contact: Ken White (Approver)
- National Provider identification (NPI)
  1. NPI Data Set Chart
- Enter Tax ID Numbers of all insurers in RPMS
- Operations Summary
- Management Summary Report
- Set up EFT and EDI with Insurers

PATIENT REGISTRATION

Mission Statement: Patient Registration provides quality customer service and education to our patients while enhancing the enrollment of Federal and State resources and increasing revenue by accurately verifying eligibility.

Presenter: Ms. Vivian Upshaw

- As the Supervisory Health System Specialist, I oversee the Patient Registration Department which consists of 22 Medical Support Assistants and 7 Patient Benefit Coordinators for a total of 29 employees. The Patient Registration Department's objective is to complete and verify of all patient demographic and alternate resources accurately. This information is obtained on a daily basis at each patient encounter, visit, or admission.

PATIENT REGISTRATION

Patient Registrations role with UFMS

- Patient Demographics to be verified and accurate.
- Patient Eligibility is verified at every patient encounter, visit or admission.
- Patient Benefit Coordinator referral and verification is completed at every patient encounter for potential alternate resource eligibility.
- Patient Admission include the following tasks:
  1. Prior Authorization   3. Observation
  2. Direct Admits   4. Transfers
- Error Warning Reports are reviewed and corrected weekly.
- Billing & Accounts Receivable Query Sheets are established and addressed.
- FY 2009 Work Plan is developed
- Policy Development (On-going)

UFMS IMPACT ON MEDICAL RECORDS

Mission Statement: The Medical Records and Coding Department achieves excellence through competency, compliance, confidentiality, and professionalism in Health Information.

Presenter: Ms. Phyllis Curley

File Room:
1. Deficiency Monitoring – use as a tool for compliance and to manage processes.

Outpatient Coding:
1. Error Listing – the PCC error reports are run on a schedule for timely clean up.
2. Daily Count Report – a daily work load report was devised to use as a tool for the managers.
3. Coding Queue Report – are run daily by the outpatient coders and used as a tool for monitoring of uncompleted patient visits.
4. Billing & Accounts Receivable Query Sheets – was implemented as communication tool among the Business Office staff.

UFMS IMPACT ON MEDICAL RECORDS

Inpatient Coding:

1. Performing Concurrent Coding.

2. Inpatient Un-coded Charts Report – was devised which is used as a tool for the managers, analysts, and coders.

3. Error Listing – inpatient error reports are run on a schedule for timely clean up before the export of data.

4. Employee Productivity Report – is run daily and monitored by managers for tracking purposes.

5. ASC Status Report – is run daily for managers for tracking purposes.

Contact: Juanita James (Requestor).

Work Plan – has been devised relating to UFMS requirements.

The UFMS system has allowed the Medical Records staff the opportunities to complete patient documents in a more timely fashion, realized the importance of performing concurrent coding, and expanded our knowledge to the system, all of which contributes to revenue.

PATIENT ACCOUNTS

Mission Statement: The Patient Accounts Department processes claims to third party payers in a timely, efficient manner for optimal reimbursement for provision of quality patient care.

Presenter: Ms. Terrilynn Chee

The Patient Accounts Department's responsibility is to maintain the monthly and yearly financial projected goals for FDIH to ensure quality patient care.

PATIENT ACCOUNTS

The impact of UFMS on Patient Accounts

- UFMS financial reports have given management the monitoring tools to track daily billing productivity.

- UFMS highlights the importance of being in compliance with the Internal Controls Policy, including:

  1. Outpatient Claims billed within six (6) business days from date of service

  2. Inpatient Claims billed within 10 (ten) days of discharge

- UFMS highlights the importance of transitioning commercial payers from paper to electronic format.

- UFMS transmission from Third Party Billing and Accounts Receivable is exported daily to the UFMS Hub prior to 8 a.m.

- Patient Accounts Department has FY 2009 work plan to achieve the financial collection goal of the Fort Defiance Service Unit with UFMS.

- Cashiering sessions are monitored closely and tracked to ensure all sessions are closed and reconciled at the end of the day.

FINANCE
Presenter: Ms. Juliana George

- The Business Office works closely with the Finance Office on the process, flow, and functions of UFMS on EFT, checks, batching, posting, and other responsibilities on a daily basis.

FINANCE

EFT
PNC Bank Website: Special/EDI Reports

Business Office:
   Provides Collection Report
   Download 835 Files
   (Medicare, Medicaid and PI)

Identify Payers
Reconcile with CASHLINK/SF-215-/LB
   ACH
Batch Payments
Submit Batches to Business Office for
   Posting

Lock Box – Checks
PNC Bank fax: SF-215 (Deposit Ticket)

PNC Bank: Send FED-EX Package
                      EOB's, Check copies &
                      Correspondences

Identify Payers
Reconcile with CASHLINK/SF-215-/LB
GENERAL
Batch Payments
Submit Batches to Business Office for
Posting

FINANCE

Other responsibilities:
- Process regular and credit card payments
- Batch non-payments
- Follow up and resolve payments that do not belong to FDIH in a timely manner.
- Contact payer/facility and verify where payment belongs.
- If payment belongs to another I.H.S. facility, appropriate payment to facility on Summary Schedule of Collections. Forward information to the I.H.S. facility, where payment belongs.
- Payments for non I.H.S. facility, contact PNC Bank to issue a Debit Voucher for identified payment. PNC bank will return payment to payer. Indicate payment does not belong to FDIH on Summary Schedule of Collections.

ACCOUNTS RECEIVABLE/COLLECTIONS

Mission Statement: The Accounts Receivable and Collections Department provides exceptional accounts management by optimizing collections in an environment that fosters trust, honesty, communication, respect, accountability, and teamwork.

Presenter: Ms. RaMona Wauneka

Oversees the AR/Collections Department, which consists of nine Collections staff, who follow up on all outstanding claims and two Accounting Technicians, who handle all of the posting, adjusting and reconciliation duties.

Accounts Receivable/Collections
Role in UFMS

- Daily PNC financial report is compiled and sent to management every morning to monitor funds that would reflect UFMS data

- Batching from Finance and posting in AR is monitored closely several times daily to ensure that collections are being batched and posted in a timely manner (ICP)

- Daily transmissions of Third Party Billing and AR are sent daily prior to 8 am by the Patient Accounts Supervisor. Per UFMS requirement, two additional staff have been assigned

- Confirmation emails of successful transmissions are sent by UFMS Administrator and received daily by the Business Office Manager, Billing Supervisor and AR Supervisor

Accounts Receivable/Collections
Role in UFMS (Continued)

- UFMS reports are compiled by the AR Collection Supervisor into one standard report from TPB and AR data and tallied on to one worksheet for reporting purposes

- Reports are emailed to NAO Finance

- NAO Finance emails RPMS and HUB reports to FDIH Business Office and Finance along with the monthly reconciliation work sheet

- TPB and AR UFMS/RPMS data is entered into the worksheet and sent to Finance to reconcile Advice of Allowance

Accounts Receivable/Collections
Role in UFMS (Continued)

- Advice of Allowance report is compiled weekly and compared to the BSL at the month end

- BSL report is compiled daily and monitored

- Cashiering sessions are monitored closely and tracked to ensure all sessions are closed and reconciled at the end of the day

- AR Management Task Group meets on a periodic basis to ensure UFMS process is operating efficiently

- FY 2009 AR Work plan has been implemented, including Debt Management clean up

BUSINESS OFFICE POLICY COORDINATOR
Presenter: Ms. Caroline Yazzie

- The Policy Coordinator for the Business Office leads the Policy Development Committee consisting of the Business Office Manager and Supervisors to develop policies in all areas of UFMS and Internal Controls. This position documents and tracks all draft and finalized policies of the Fort Defiance Indian Hospital and Business Office related to UFMS and Internal Controls to official policy sign off and implementation.

BUSINESS OFFICE POLICY COORDINATOR
Presenter: Ms. Caroline Yazzie

What is a Policy?
- Guideline, goal, and position of the organization.
- "What" and "Why" of an operation, or procedure.

Purpose?
- to establish policy, provide instructions, and set forth basic principles to follow.

Procedure?
- Describes specifically "how" to accomplish the policy.
- Defines "how it is done"
- Step-by-step how to accomplish a task.
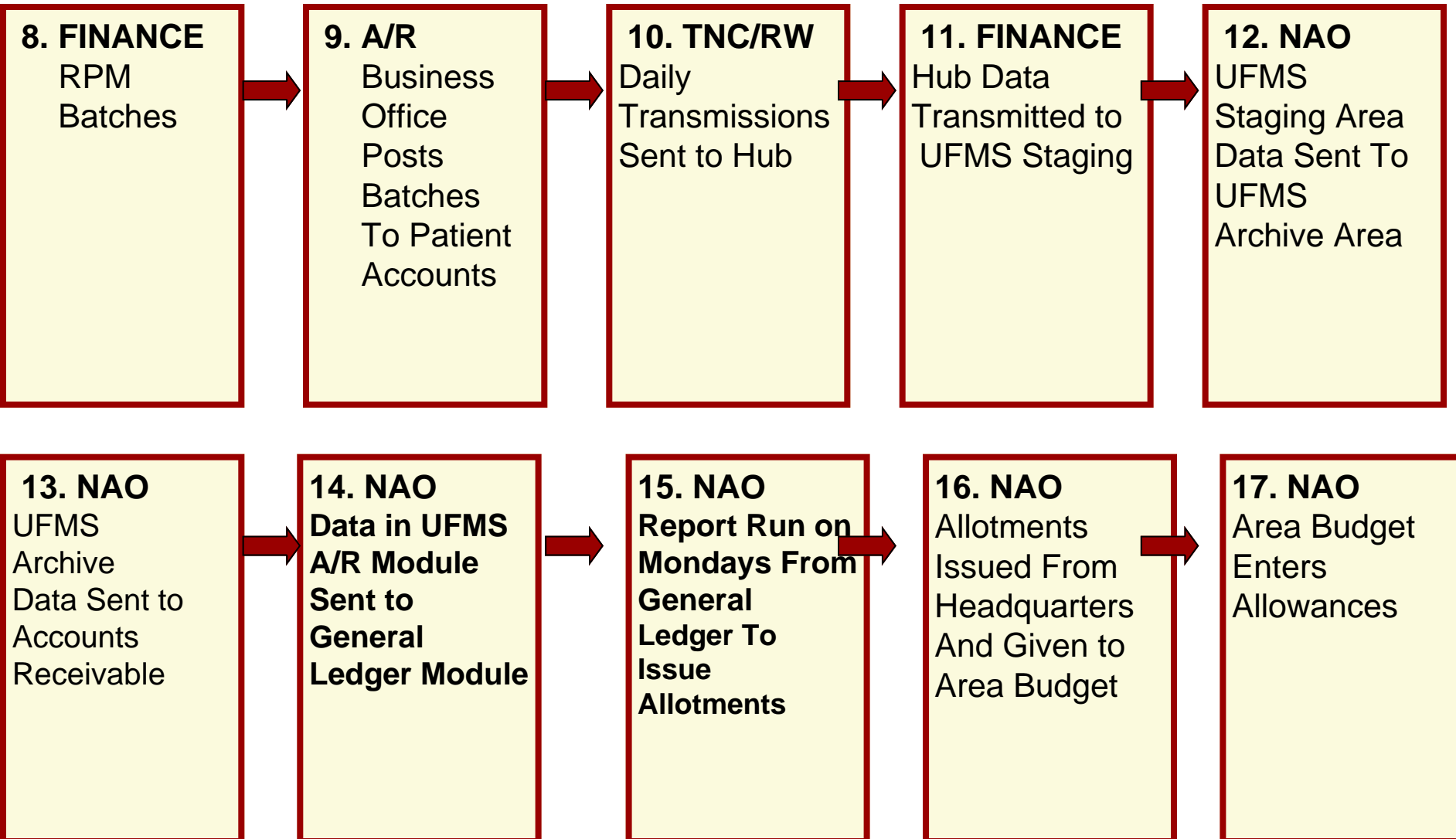- helps to achieve goals & ensure understanding & compliance.

Responsibilities?
- responsibility of any person participating in this policy.

OVERVIEW OF UFMS POLICY

- FDIH UFMS POLICY (attached)

- The following policy was developed by the Fort Defiance Indian Hospital UFMS Committee, which consists of the Business Office, Finance Department, Contract Health, Procurement, and FDIH Administration and Management. Ms. Caroline Yazzie, led the policy team in the development of this policy. It is a comprehensive policy that is officially approved by the FDIH Chief Executive Office Dr. Franklin Freeland.

- The purpose of the policy is to give guidance and direction to all departments of the Fort Defiance Indian Hospital in implementing UFMS at a service unit.

OVERVIEW OF UFMS FLOW CHART

8. FINANCE
RPM
Batches

→

9. A/R
Business
Office
Posts
Batches
To Patient
Accounts

→

10. TNC/RW
Daily
Transmissions
Sent to Hub

→

11. FINANCE
Hub Data
Transmitted to
UFMS Staging

→

12. NAO
UFMS
Staging Area
Data Sent To
UFMS
Archive Area

13. NAO
UFMS
Archive
Data Sent to
Accounts
Receivable

→

14. NAO
Data in UFMS
A/R Module
Sent to
General
Ledger Module

→

15. NAO
Report Run on
Mondays From
General
Ledger To
Issue
Allotments

→

16. NAO
Allotments
Issued From
Headquarters
And Given to
Area Budget

→

17. NAO
Area Budget
Enters
Allowances

Summary of Business Office
UFMS Issues and Concerns
by Kenneth G. White Jr.
Business Office Manager
FDIH Business Office

- The following items are identified by the Business Office as issues and concerns related to UFMS. Each item is identified and a recommendation is included to address each issue and concern:

1. COMMUNICATION

- UFMS roles and responsibilities include many different departments of the FDIH, including the Business Office, Finance, Procurement, IRM, Contract Health, and other important components of the administrative, finance, and service delivery aspects of the FDIH. There is a great need to have consistent verbal and written communication between all staff and departments involved with UFMS. Therefore, it is recommended that coordination meetings be held every two weeks through the FY 2009 calendar year. The purpose of this meeting is to coordinate and address any related UFMS issue between departments and management for the benefit of the FDIH. A schedule of these meeting dates and times has been developed.

2. BATCHING AND POSTING

- Among the many roles and responsibilities of staff involved with UFMS is batching by the Finance Department and Posting by the Business Office's AR/Collections Department. It is crucial to the FDIH financial integrity to have these roles and responsibilities coordinated at an optimum level between the Business Office and Finance Department. Any delays in time frame or content will directly impact the monthly advice of allowance received by the FDIH to operate the following month. Therefore, it is recommended that the following timeframes be approved and in effect immediately related to batching and posting for all FDIH staff involved:

  a. Batching: To be completed within 48 of receipt of documentation.

  b. Posting: To be completed within 72 hours of receipt of batched documentation.

  c. Lockbox: To be batched within 48 hours of receipt of documentation.

- In addition to these timeframes, it is recommended that the Business Office be provided one additional AR/Collections staff position to assist in the completion of these daily tasks and assignments.

3. REPORT SHARING

- There are several UFMS related reports that are specific to the department responsible for them including the Business Office, the Finance Department, Procurement, and Administration and Management. In addition, there are several UFMS related reports that are sent to, and received from, the Navajo Area Office (NAO). Each of these reports contains key qualitative and quantitative UFMS data. Each FDIH department can benefit from viewing or having accessibility to these specific public information reports developed, received, or sent to the NAO. Therefore, it is recommended that a shared folder be established by the FDIH to document and share these public information reports among staff and departments on a consistent professional basis.

4. DIRECTION ON FIXING UFMS ERRORS

- Inclusive in the UFMS data, reports, requirements, and compliance, are mandates to correct UFMS related errors that arise either in specific departments (Business Office, Finance, IRM, Administration and Management), or from the FDIH as an overall reporting entity. There is also continuous communication between the FDIH and NAO on various UFMS topics related to errors. It is important to have definitive, comprehensive direction on how to correct UFMS related errors to Business Office staff. Therefore, it is recommended that official direction be received and forwarded to all UFMS staff from source staff and agencies that have this information available, including the NAO, UFMS Administrators, and other identified sources. This includes keys to specific computer functions related to error correction.

5. CASCADING UFMS ELEMENTS FOR PMAP's

- There are three cascading PMAP elements related to UFMS. It is recommended that each of these PMAP elements be officially incorporated into applicable FDIH staff member's current PMAP and that such elements be monitored periodically by supervisors of each staff member involved.

6.UFMS FLOW CHART

- The flow of UFMS data through the FDIH system is critical to the effectiveness and efficiency of all UFMS mandates. The visual identification of this flow of information to specifically identify the roles and responsibilities of the Business Office, the Finance Department, the Contracts and Procurement Department, Contract Health, and IRM will enhance the success of UFMS at the FDIH. It is recommended that a high level flow chart be developed and defined to identify this flow of UFMS information, roles and responsibilities, timeframes, and reporting requirements among each FDIH department. A UFMS flowchart developed by the Business Office is attached.

7. MANAGEMENT SUMMARY REPORT

- Included in the UFMS and Internal Controls requirements are at least 40 required reports from several different sources. These reports contain an overwhelming amount of data that are difficult to digest upon initial review. In many instances, these data paint a scattered and piece meal picture of UFMS to the reader. Therefore, it is recommended that a Management Summary Report be devised to include a high level comprehensive and overall picture of where the FDIH is with UFMS on a daily and/or periodic basis. This report shall be devised from critical data elements contained in UFMS and ICP reports and shared with all UFMS staff and the Administration of the FDIH.

8. UFMS TRAINING

- Upon implementation of UFMS, several FDIH staff were identified to perform various roles and responsibilities including requestor, first line approver, second line approver, procurement specialist, and other related roles. Upon designation of each role to each staff person, no training was provided on a consistent basis. The result is staff who are responsible, yet who are not trained for key roles and responsibilities of UFMS. Therefore, it is recommended that an official FDIH UFMS training plan and schedule be devised for all FDIH staff identified to fulfill a specific role and responsibility in the UFMS implementation. This training plan should address every area of UFMS and be specific to an I.H.S. service unit's role in the UFMS implementation.

9. BUSINESS OFFICE STAFFING REQUEST

- The UFMS implementation and Internal Controls Policy are mandates that have been required of the Business Office without any additional resources or staff. The daily functions, roles and responsibilities, and reporting requirements of each of these mandates require the full attention of at least one new staff person in the AR/Collections Department and one new staff person in the Business Office Patient Accounts Department. As of this time and date, the AR/Collections Department only has two staff persons responsible for the UFMS implementation. These two staff members have other daily duties and assignments other than UFMS and can only pay attention to UFMS on a part time basis.

- The Patient Accounts Department has no designated full time person assigned to UFMS or the Internal Controls Policy mandates. The full attention of at least one staff person for each department will enhance the likelihood of a significant advice of allowance for the FDIH to operate on a monthly basis.

- Therefore, it is recommended that the FDIH identify at least two full time staff positions to fulfill the roles and responsibilities of UFMS in the AR/Collections Department and Patient Accounts Department of the Business Office. **Note**: The FDIH Administration and Management approved two additional positions in March, 2009.

10. BILLABLE CLAIMS FOR COVERED SERVICES

- In UFMS related reports there is a misunderstanding that the Business Office is submitting claims that are denied due to errors. Upon analysis, these claims are intentionally submitted by the Business Office to the first payer, with the understanding that they will be denied, so the Business Office can bill the secondary payer with the denial documentation attached.

- This is standard practice in the health care industry, and in force and in effect with FDIH payers such as AHCCCS and Medicare – bill first and receive a denial, attach the documentation, then bill the secondary payer.

- With this explanation, it is recommended that all FDIH UFMS related departments acknowledge this process as standard practice required by outside payers – not errors on the part of the Business Office. In addition, because of this practice, not all billable claims will be initially paid due to the denial process, therefore some UFMS related reports may be skewed to erroneously reflect that the Business Office is submitting erroneous claims, or not receiving anticipated revenues, when in fact, staff is following a defined industry process for payment.

11. ADVICE OF ALLOWANCE

- The Advice of Allowance received by the FDIH to operate on a monthly basis is the most crucial data element to track with the UFMS configuration and implementation. This allowance is the actual dollar amount authorized for the FDIH to spend and is based upon the communication, batching, posting, report sharing, error correction, training, staffing, and billable claims, among other factors, mentioned previously in this document.

- Therefore, it is recommended that a daily Advice of Allowance tracking report be identified, developed, and shared with key UFMS staff of the FDIH. This tracking report will allow FDIH management, and Business Office, Finance, and Procurement staff to be aware of the dollar amounts authorized for spending on a daily basis.

12. OFFICIAL DIRECTIVE FOR WRITE-OFF AUTHORITY

- One of the important tasks for the FDIH is to clean up the AR/Collections 120 day bucket by March 31, 2009. As of Monday, April 13, 2009, the balance of FY 2008 clean up was approximately $200,000.00 for the FDIH and Nahata Dziil Health Center. This balance incorporates the Debt Management Policy. In order to write off or adjust accounts contained in this amount, the Business Office needs clear direction and authority from the FDIH Management and Administration and NAO. This topic has been discussed previously and direction has been received from the FDIH CEO. It is recommended that continued direction and authority to legally proceed with this clean up be documented and supported through an official directive. In addition, similar direction and authority is requested from the Navajo Area Office and other related I.H.S. agencies as deemed necessary.

13. CHANGES IN PROVIDER STATUS AND STATE PAYERS

- There are several ongoing changes, reductions, enhancements, and notices from FDIH providers and New Mexico and Arizona Medicaid payers. These changes will directly impact both the revenue and collections projections of the FDIH and the Advice of Allowance received by the FDIH for the remainder of the fiscal year. They include reduction in rates of reimbursement and services, new services, elimination of providers, addition of new providers, and other reimbursement and provider changes.

- It is recommended that these changes be distributed among all FDIH UFMS staff and those adjustments to the FDIH revenue and collections projections be analyzed and tracked throughout the fiscal year.

- PMAP requirements established by the NAO state that a service unit shall increase its revenues by 1% over the previous year to receive a fully successful rating. It further states that a service unit shall increase it revenue by 2% over the previous fiscal year to receive an exceptional rating.

- The official projection for the FDIH is $40,000,000 in collections for FY 2009.

14. OFFICIAL UFMS POLICY FOR THE FDIH

- One clear direction needs to be established for the FDIH with regard to UFMS implementation, roles and responsibilities, processes, and policies. This direction can best be established through an overall FDIH policy. Therefore, it is recommended this UFMS policy be developed and established for the benefit of the FDIH and all staff involved. A UFMS policy developed by the Business Office and approved by the FDIH CEO is attached.

SUMMARY

- Policy finalized hospital wide
- A/R Collections clean-up
- Two new positions established
- Educating and training staff
- UFMS related meetings conducted every two weeks
- Work Plan developed
- Deadlines being met (UFMS and ICP)
- A/R Patch 10, 11, & 12

OPEN DISCUSSION AND QUESTIONS

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THANK YOU