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### ***Maximizes Savings:***

When claims are received for a patient who has alternate resources, benefits are coordinated with the primary carrier(s) to ensure the primary payer covers all appropriate charges resulting in your program paying only the remaining patient liability.



### ***Provides Insight Regarding Patients Receiving Care in the Most Appropriate Setting (inpatient hospital, outpatient hospital, and ER):***

- Are your patients routinely using an emergency room rather than office visits?
- Are patients being admitted to the hospital for procedures that can be outpatient?

The IHS/PRC FI can evaluate your claim data to identify these, and other situations, and make recommendations on how you can achieve high quality care at the most appropriate cost.



### ***Compliant with the Health Insurance Portability and Accountability Act (HIPAA):***

IHS/PRC FI works closely with IHS in the implementation of HIPAA transaction sets and privacy regulations. IHS/PRC FI is also compliant with applicable privacy regulations and transactions, including electronic claims.

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### ***Provides Support for Provider Contracts:***

Provider contracts are negotiated between the Tribe and the Provider. The IHS/PRC FI is available to provide support to ensure you are getting the best benefits.



### ***Provides Expert Data Analysis and Reporting:***

The IHS/PRC FI can produce ad hoc reports to address your unique questions and provide recommendations for managing your program dollars. Previous inquiries include:

- ✓ How much has been spent on outpatient day surgeries for a specific list of surgical procedures?
- ✓ What is the volume of Emergency Room visits to a specific hospital provider, by day of week, and by diagnosis category?
- ✓ What are the top diagnoses in terms of frequency of service? In terms of money billed by or paid to providers?

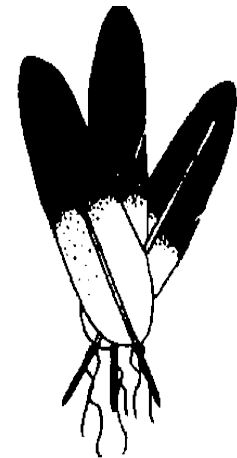
The IHS/PRC FI can evaluate your claim data to help you understand where your health care dollars are being spent.

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# **Tribal Services**

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## **IHS/PRC Fiscal Intermediary**



**IHS/PRC FI**

**P.O. Box 13509  
Albuquerque, New Mexico  
87192-3509  
Phone: 1-800-225-0241  
E-mail address:  
ihsfics@bcbsnm.com**

# Fiscal Intermediary Functions

## Overview

Since September 1986, Blue Cross and Blue Shield of New Mexico (BCBSNM) has been the Fiscal Intermediary for the Indian Health Service/ Purchase Referred Care (PRC) and several Tribal programs.

We understand the unique nature of the IHS/PRC program and have worked closely with IHS/PRC staff to address new challenges while continuing to meet expectations in day-to-day operations in a highly dynamic environment. Within our integrated fiscal intermediary operation we have an established base of knowledge and expertise.

BCBSNM understands that Tribes are continually looking for ways to obtain maximum benefit from limited funds while providing quality care. We partner with IHS and tribes in a number of initiatives to assist them in making informed decisions about how their health care dollars are spent.



## What does the IHS/PRC FI do?

- ✓ Processes about 460,000 Medical and Dental claims per year.
- ✓ Creates and maintains provider information, contracts, and pricing files and interacts with about 15,000 providers nationwide.
- ✓ Maintains information on Medicare regulations and payment methodologies.
- ✓ Supplies IHS with management, financial, and statistical reports.

- ✓ Processes inpatient and outpatient facility charges, and medical, professional, and dental services according to IHS requirements.
- ✓ As the payer of last resort, the FI coordinates benefits on approximately 50% of all claims.
- ✓ Participates in efforts to increase efficiency, effectiveness, quality, and cost savings.
- ✓ Analyzes data to provide information/ recommendations to IHS regarding provider contracting and reimbursement, clinical appropriateness, utilization, access, quality, trends, and costs of health care provided.



## Provides Expert Medical and Dental Claims Processing:

The IHS/PRC FI has experienced, skilled staff and an integrated suite of applications to process medical and dental claims and make payments to providers according to industry standards, IHS requirements, and provider contracts.

### Including:

- ✓ Use of industry-standard diagnosis and procedure codes.
- ✓ Editing for industry-standard billing protocols to avoid overcharging.
- ✓ Ability to price according to contracts for reimbursement methods including Medicare rates, PRC rates, per diem rates and percentage of billed charges.

- ✓ Invoice payment capability that permits payments without patient-specific claims (used to reimburse situations such as specialty providers for a clinic at your site).
- ✓ On-line access to view the status of claims, provider or patient information.
- ✓ Prompt claim payments - The FI's contract standard is to pay 97% of all clean claims within 30 days.



## Pays Providers MLR or PRC Rates:

Medicare may offer substantial savings from charges billed by providers. The IHS/PRC FI uses a sophisticated claims processing system to price claims following the Medicare Like Rates (MLR) regulation

Purchase Referred Care (PRC) Rates are available to Tribal programs. Tribes have the choice to "opt in" to the PRC Rates via a modification to the funding agreement the tribe has with IHS.