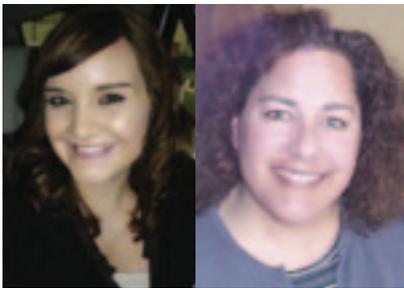


Faces Behind-the-Scenes Profile... Suzanne Picklesimer and Haley Sutton:

Dynamic Duo of Reimbursement Cover Revenue Stream from Intake Throughout Duration of Therapy



Haley Sutton (left) and Suzanne Picklesimer (right), Intake Coordinators at Yakima Valley Memorial Infusion Care

A lot can be said for continuity. In clinical terms, we want patients to receive quality care at each step of the continuum and transition smoothly into the next.

In reimbursement terms, it's not much different. Home infusion providers want to protect and maximize the revenue stream from the time a patient comes on service until their therapy has ended. That means conducting a thorough intake and revenue qualification process that alleviates the risk of payer denials—and curtails the need for re-work later in the reimbursement process. It also means, staying on top of and managing changes in everything from the patient's insurance status to lab results that substantiate the need for therapy.

It's a big, and often thankless, job. But at **Yakima Valley Memorial Infusion Care**, the financial aspects of intake, re-verification, and change management are handled with precision by the "dynamic duo" of **Suzanne Picklesimer** and **Haley Sutton**, whose effectiveness is admired by their colleagues.

Team Effort

"Overall, we have a very good team environment at our organization, but these two have really figured out how to work well together," says Gayle Dunbar, BSHA, CPAT. Infusion Care Reimbursement Supervisor. "Suzanne verifies insurance eligibility and obtains the payer authorization, as well as obtains the necessary documentation to support the need per Medicare criteria, such as labs and previously tried treatments," Dunbar explains. "Then she works with the clinical staff to determine the details of care—will the patient receive care at home or in the infusion suite, for example—and then makes sure all the documentation is in place." She also talks with the patients about their coverage and prepares paperwork for the nursing staff for patient signature.

"Haley follows the patients after they have started therapy," continues Dunbar. "She monitors their file for labs, nursing notes, and other documentation needed to support their ongoing treatment; posts charges; talks with patients; and verifies their eligibility every month." This last item is critically important for any reimbursement department, but in Yakima, where unemployment has hovered near 10 percent for the past two years, many patients' benefits are running out—something that is essential to stay on top of.

Picklesimer and Sutton work quickly to obtain the correct authorizations and have all the paperwork in place before patients are scheduled for therapy. "Suzanne is the green light for new patients to begin therapy—when they can wait," explains Dunbar, "and Haley clears ongoing patients to start the next round of therapy—they are the crucial connection between the financial and clinical teams." Fellow intake coordinators Barb Mullen and Tracey Dusin, R.N., assert that, in the end, Picklesimer and Sutton allow their organization to extend their non-profit health system's mission to more patients throughout the hard-hit community.

Editor's Note: Could your business thrive without the knowledge, skills and experience demonstrated by the personnel in the warehouse, the technicians, intake staff, dieticians, drivers and other critical individuals who display the passion and caring for the patient through the work they do every-day? NHIA plans to utilize this periodic INFUSION department to better recognize and examine these indispensable faces behind-the-scenes!

Engine that Can

If the longer-term benefit of an effective reimbursement team is a healthy bottom line, the everyday advantage is a smoother-running organization. Picklesimer and Sutton “are like the engine that runs this place,” says Mullen. “They are both very detail-oriented—and they are willing to work together to get things done.”

Their shared skill set amazes Dunbar. “Suzanne and Haley have an incredible ability to multi-task and proactively work with the other disciplines to get the details they need,” she says. “For example, they can keep up with Medicare and Medicaid local coverage guidelines—which are always changing—and work with the pharmacy team to understand what kind of documentation we need to support reimbursement.” Such consistent, hands-on collaboration with other disciplines assures that the correct clinical information is present and documented to attain appropriate reimbursement for care being provided—making a tedious process, often ripe for mistakes, a shining example of the type of success that can be achieved with genuine partnerships across departments. Picklesimer and Sutton appear to set the tone for such authentic partnerships at their organization.

Despite the overwhelming volume of information they track, Picklesimer and Sutton rarely let anything fall through the cracks. “The way they hand-off information and take responsibility for follow-through is amazing,” observes Dunbar, “especially considering they don’t even work in the same area of the hospital.”

Dunbar explains that the two maintain a shared contact database

that keeps each other up to date on each patient, actions they’ve taken, items for follow-up, and so on. “The two set up an off-the-shelf software program to maintain a record for each patient that includes fields for insurance, authorization numbers, and notes,” explains Dunbar. “They enter each new order, the dates of service, codes involved, and response they received when talking to the payer (including a reference number). Suzanne checks a box if the payer requires re-authorization, and that’s Haley’s cue to schedule monthly verifications.”

Sutton works a week ahead of the clinical schedule and communicates with the patient care team about any outstanding issues, says Dunbar. The clinical staff has a report meeting every morning where they print out the day’s schedule along with any updates from the on-call nurse. Picklesimer and/or Sutton are often conferenced in to ensure that there are no issues on hold, and to prioritize issues for resolution. “There’s a trust factor there,” observes Dunbar. “The nurses have learned to check with them before scheduling, but they also know they will get the information they need as soon as possible. Everyone is utilizing their strengths and working together.”

The combination database-journaling system—which has evolved over the two years since Sutton joined the organization—is proving to be effective, she adds. “In 2008 our home infusion accounts receivable over 90 days was 25 percent,” Dunbar recalls. “Today it’s down to 11 percent.” It has also helped the provider successfully appeal denials. “We were told by one payer that a patient had exhausted his benefits. We printed out all the

information in the patient record regarding authorizations for care, and won the appeal,” she exclaims.

Results with a Smile

The hallmark of the duo’s effectiveness is their ability to build good relationships, points out Dusin. “The beauty of their partnership is that they get along very well,” she says. “They have very different personalities, but somehow it works for them.”

That ability to bridge divides translates to all they do, adds Mullen. “Their relationship with other departments is great too,” she observes. “We respect what they tell us; we defer to them a lot; and no one ever second-guesses what they tell us.”

Picklesimer and Sutton are especially good when dealing with patients on financial issues, continues Mullen. “They are kind and genuine with patients. They go out of their way to make sure the patients get what they need and understand what’s going on.”

Even though it’s a little trickier with referral sources, their relationship-building skills have proven helpful in this arena, as well. “That can be a little more strained, because a lot of times we’re asking the referral source to do something, like revise an order or send documentation,” explains Dusin, “but Haley and Suzanne are good at explaining why we need it and getting the paperwork in hand.”

Dusin, Mullen, and Dunbar recognize that the organization has grown accustomed to the dynamic duo’s success. “Unfortunately, success means nothing goes wrong,” quips Mullen. “It’s a no-news-is-good-news job,” she points out. “But in the end,” adds Dusin, “they make us all look good.” ■

Share your stories and help us celebrate—and learn from—the unsung heroes of the alternate-site infusion community. Contact INFUSION Editor **Jeannie Counce** at jeannie.counce@nhia.org or 406-522-7222.