



encompass™  
H O M E H E A L T H

# ENCOMPASS

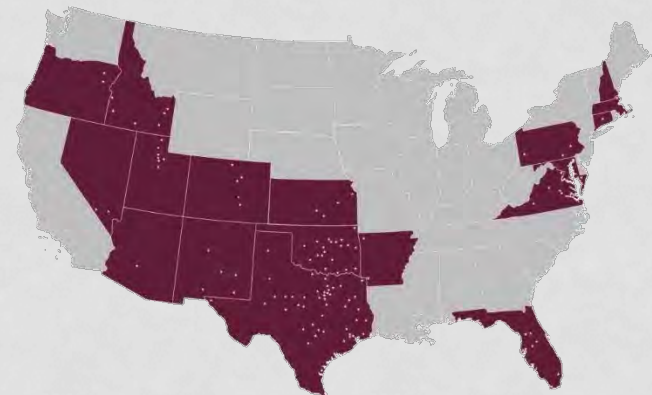
O P I C P C O N F E R E N C E

# ORGANIZATION OVERVIEW

- 154 locations – Homecare, Hospice, Pediatrics
- 18 states – TX, OK, NM, KS, CO, UT, ID, OR, NV, VA, FL, MA, CT, NH, PA, MD, AZ and AR
- 5,600 employees
- 30 Best Place to Work Awards since 2013
- Turnover remains below 17%

## Annually

- More than 2.5 million patient visits
- More than 75,000 patients served



# ORGANIZATION OVERVIEW

- Overview of Technology Platform
  - Homecare Homebase (HCHB)
  - Used by Encompass for over 12 years and initially developed by Encompass
  - Web-based software platform and point-of-care solution
  - Comprehensive, truly mobile and fully integrated solution
  - Allows for maximum efficiencies in operations and ensures that field staff is held accountable for meeting defined performance standards
  - Effectively automates key agency processes creating wide-scale organizational consistency

# ORGANIZATION OVERVIEW

## Clinical

- HCHB manages the entire patient workflow and provides field clinicians with access to patient records, diagnostic information, and notes from prior visits via a mobile application.
- Real-time, customized feedback and instructions provided on-site
- Customized plan of care developed based on specific symptoms, with actionable care items provided to patient

## Management And Operations

- Best-in-class data management and reporting ensures managers have access to relevant data needed to make correct decisions.
- Rules-based algorithms ensure accountability by escalating tasks and notifying management when processes are delayed.
- Seamless billing with processes in place to ensure claim completeness

homecare



homebase™

## Sales

- Provides real-time market intelligence to area managers, allowing them to quickly identify the most valuable referral sources
- Specialty programs integrate individual physician procedures into HCHB.
  - Creates loyalty and incentives for physicians and facilities, generating additional future referrals
- Web-based portal allows referring physicians to easily monitor the care and progress of patients and to sign orders electronically

## Compliance

- Field clinicians are required to adhere to clinical protocols and physician orders, ensuring that proper regulatory and compliance procedures are followed.
- Internal branch-level audits completed quarterly
  - HCHB-generated outputs reviewed by management and board of directors to identify any branches requiring additional oversight
- Compliance program also involves extensive internal training

# START WITH WHY

- Struggled with denials
- We respectfully disagreed
- Provider Contact Center fell short
- We sought relief and found...
- Harry on Twitter



# WHY ENGAGE WITH A MAC?

- Many asked us the same thing...
- Harry, Annette, and even Kathy put a human face on this process and convinced us they were here to help...not just deny claims.

*“If CMS wants to reduce denials rates...work with us like Palmetto GBA...don't just deny claims and send me a letter” - anonymous*



# OPICP TEAM MEMBERS

- Chief Clinical Officer
- Director of Medicare Billing Services
- Regional VPs of Operations
- Agency Administrators
- Branch Directors / Directors of Nursing
- Medical Review and Billing Specialists
- Sales teams
- Medical Records Staff
- Field Staff / Clinicians

# BARRIERS

- Encompass knowledge deficits
- Physician knowledge deficits
- Home Health community misinformation
- Lack of an effective tracking mechanisms
- Lack of internal controls and insight
- Redundancy
- Waste



# INITIATIVES LIST

- Physician Education Letter
- Revised Fax Cover Sheet and Referral Form
- SOP for Referral Failures
- Zip Code Look Up Improvement
- Internal Education
- Increase EHH Portal Utilization
- Software Enhancements
- Update to Who Owns F2F process (AM, Staff, BD)
- Better Billing Reports and Tracking
- Weekly Stand Up Meetings

# PRIMARY CHALLENGES

- Creating a solution that was reproducible company-wide
- Setting Goals
  - Identifying current performance
  - Interim goals
  - Target goals
- Developing and implementing measures
  - What do we need to measure?
  - What are we capable of measuring today with the tools available?
  - What resources do we need to create all measures necessary to ensure success?

# MEASURES

## UNBILLED PERCENTAGE

- 47% Reduction in total unbilled episodes
- 2014 SOC's – F2F > 25% of total unbilled
- 2015 SOC's – F2F < 10% of total unbilled

<b>Week of 7/5/15</b>		
<b>Unbilled Episodes</b>	<b>Census</b>	<b>% Unbilled</b>

# MEASURES UNBILLED BY CATEGORY

## Claims Held Detail by Reason Group

Report Date: 7/8/2015					
Month End Date: 7/31/2015	Measure	INTERNAL	FACE 2 FACE	ORDERS	TOTAL

### Claims Held Categories

- Internal
- Face 2 Face
- Orders

### Measures

- Total Claims Held
- Audit in last 7 days
- Audit > 7 days
- Claims that will be > 90 days old at EOM

# MEASURES

## CLAIMS HELD DETAIL

- Reports detail behind the claims held category
- Drives focus on problem areas by region and branch

Date	Region	Branch	F2F 2015 ENCOUNTER	F2F 2015 VISIT NOTE	OASIS NOT TRANSMITTED	OTHER	UNSIGNED POC/NO UNVERIFIED SCHEDULED VISITS Grand Total
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# MEASURES

## DAYS TO BILL RAP

DAYS TO BILL RAP							
Branch Group	July	June	May	April	March	Feb	Average

INTERIM GOAL - 4 DAYS

TARGET GOAL – 3 DAYS

Average number of days between the SOE and when the following requirements are met:

- First billable visit completed and verified
- OASIS locked
- Plan of care approved and sent to the physician

# MEASURES

## DAYS TO BILL FINAL CLAIM

DAYS TO BILL FINAL CLAIM							
Branch Group	July	June	May	April	March	Feb	Average

INTERIM GOAL - 21 DAYS

TARGET GOAL – 14 DAYS

Average number of days between EOE date and date claim is transmitted to MAC

# MEASURES

## DAYS TO GET ORDERS SIGNED

DAYS TO GET ORDERS SIGNED							
Branch Group	July	June	May	April	March	Feb	Average

INTERIM GOAL - 14 DAYS

TARGET GOAL – 14 DAYS

Average number of days between order date and date signed  
order received



# ADDITIONAL MEASURES

## > 90 Day Accounts Receivable

- Analyze by Claims Held Category
- Set threshold for claims > 90 days
- Focus on locations outside of threshold
- 80% of total providers are now within an acceptable range
- 37% improvement in unbilled claims > 90 days

# LESSONS LEARNED PROCESS BENEFITS

Collaboration Beats  
Castigation

The Real Enemies  
Are:  
Misunderstanding,  
Redundancy, and  
Waste

People Are Not the  
Problem; Processes  
Are the Problem.

Metrics and  
Measurement Are  
Crucial

Leadership Must  
Lead

Must Have a  
Common Goal

The benefit of this process is a greater understand of how to correct the problems that lead to inadequate documentation or incomplete certifications.

# SUPPLY CHAIN MESSAGES



- All parts of the healthcare supply chain are interdependent.
- Providers within the healthcare supply chain are desperate for the following:
  - Clarity
  - Consistency
  - Collaboration
  - Conservation of the Medicare Benefit

# UPDATE

- Updated process did not meet expectations
  - Received physician notes 50% of the time
  - Determined to be unacceptable
- CR9189
- Aug 2015 CMS Probe
- New process highlights
  - A secondary form with ICF documentation
  - Sent to certifying physicians 100% of the time
  - Seeking clarification on who can document the date of the F2F encounter

# CONFERENCE AGENDA

TIME	DETAILS	SPEAKER
7:30 AM	Registration & Continental Breakfast	All
9:00 AM	Welcome	Joe Johnson Ed Sanchez
9:20 AM	OPICP Process	Kathy Merrill Annette Zwerner
9:40 AM	Carolina's Healthy@Home: Physician Practice Template Implementation	Kimber Walters Jennifer Piracci Lynne Bailey
10:10 AM	Break	All
10:30 AM	UFL Shands: Hospital Procedures & Measure Improving F2F Documentation	Chris Montrowl
11:00 AM	Encompass – Dallas: Improved MAC Relationship	Bud Langham
11:30 AM	Encompass – Tulsa: Measures installed to Improve Performance	Kelly Shearrer
12:00 PM	Spartanburg: Physician Education to Improve Documentation Integrity	Karla Lamb Dr. G. Snipes
12:30 PM	Break	All
12:45 PM	Lunch & Pilot Projects Exposition	All
2:30 PM	Results	Dr. Feliciano
2:50 PM	Best Practices/Lessons Learned/Needs Panel Discussion	Pilot Representatives
4:00 PM	Questions?	Dr. Feliciano
4:30 PM	Adjourn	Dr. Feliciano

