

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
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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

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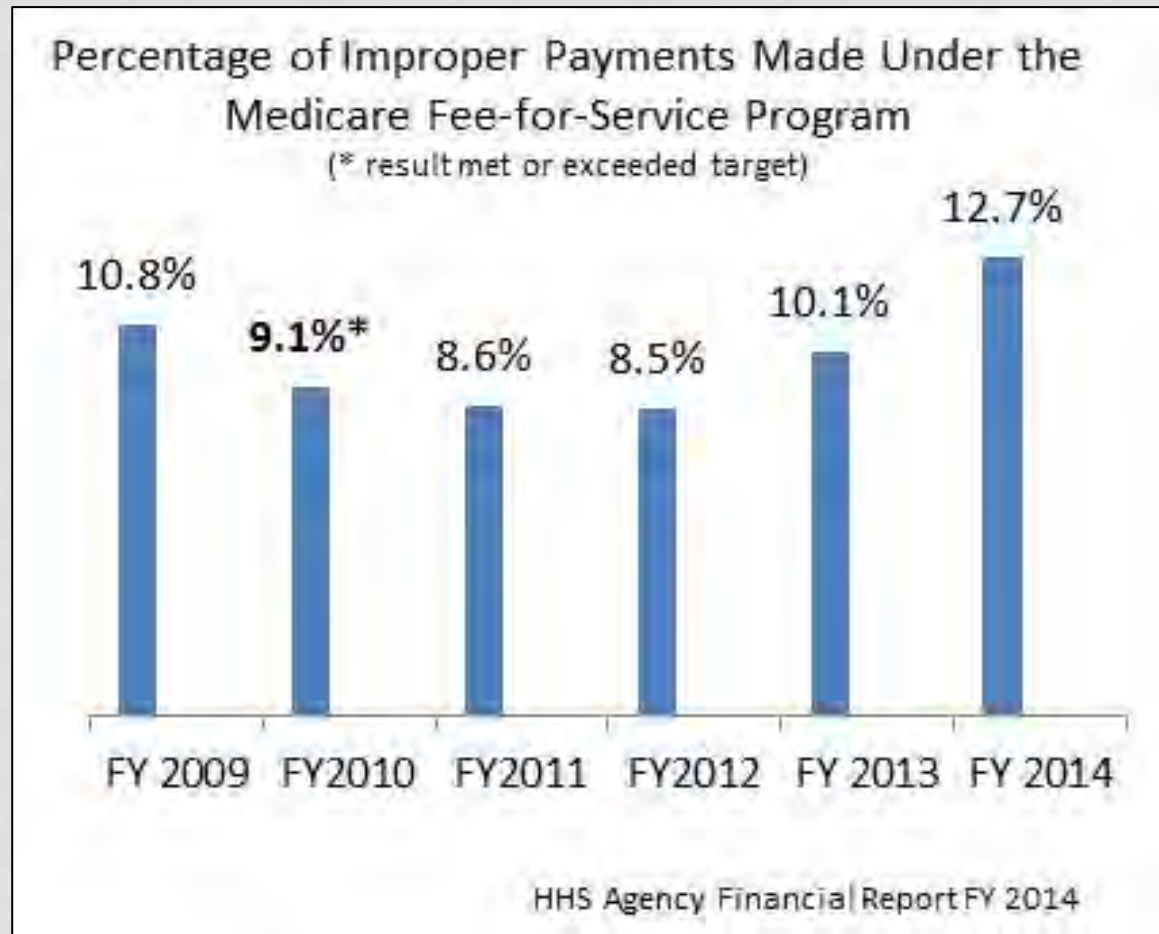
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PALMETTO GBA IS PROMOTING A PROCESS ENGINEERING APPROACH TO REDUCING ERRORS

- Partners in ExcellenceSM
 - The Organizational Process Improvement Coaching Project (OPICP) is a collaboration between:
 - Palmetto GBA
 - Providers, Home Health, Acute, Post Acute
 - Lean Six Sigma Process Engineers
 - J11/JM physician practices

PROBLEM

MEDICARE IMPROPER PAYMENT MAGNITUDE OF THE PROBLEM

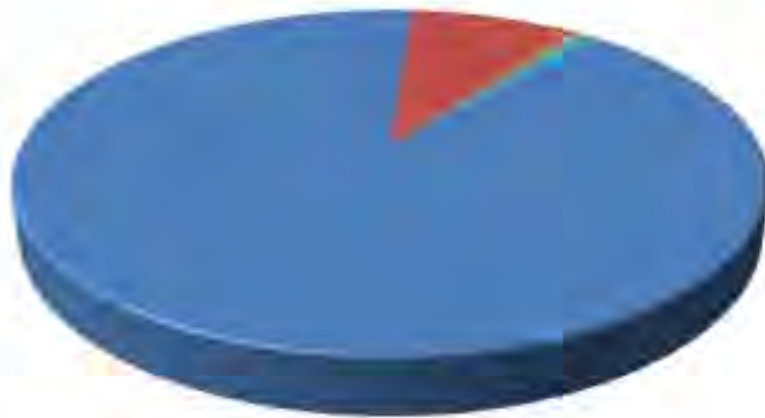


A BILLION HERE A BILLION THERE...

- Dollars associated with FY 2014 error-estimate
 - Medicare FFS Gross Improper Payment Estimate
 - 12.7% or \$45 billion
 - Medicare FFS Net Improper Payment Estimate*
 - 11.8% or \$42.7 billion
- The net improper payment estimate factors out \$2.3 billion in underpayments

HOME HEALTH SERVICES TYPES OF ERRORS

Medicare Fee-for-Service 2014 Projected Improper Payment Home Health = \$9.4B



Type of Error

- Insufficient Doc 90%
- Medical Necessity 8.9%
- No Documentation 0.4%
- Incorrect Coding 0.1%
- Other 0.6%

- 51.4% of Home Health claims have errors leading to an improper payment
- Insufficient Documentation accounts for \$8.5B of the improper payment

Source: U.S. Dept. of Health & Human Services
Supplementary Appendices
Medicare FFS 2014 Improper Payments Report

PHYSICIAN DOCUMENTATION FOR HOME HEALTH

- Physicians' documentation of "confined to the home" and "need for skilled services" varies
- Contributed to a 52% HH Payment Error Rate
- Is now non-covered if the HH claim non-covered
 - G0179 - Physician re-certification for Medicare-covered home health services under a home health plan of care...
 - G0180 - Physician certification for Medicare-covered home health services under a home health plan of care...

agile^{ncy}
agile + efficiency

PROCESS ENGINEERS

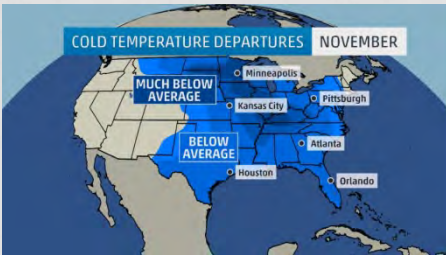
OPICP CONFERENCE

PILOTS IN THE CONTRACT

Pilot HHA	Location	Source Mix		Type
		Acute	Phys/ALF/SNF	
Carolinas H@H	Charlotte, NC	80%	20%	Healthcare system
Shands HomeCare	Gainesville, FL	70%	30%	Healthcare system
Encompass	Dallas, TX	25%	75%	Independent
Encompass	Tulsa, OK	80%	20%	Independent
Spartanburg Home Health	Spartanburg, SC	80%	20%	Healthcare system

WHAT WE DIDN'T SIGN-UP FOR

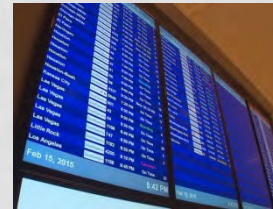
Nov 2014 Shattered Cold & Snow Records:
Charlotte NC: Low of 14 on Nov. 19



Closed

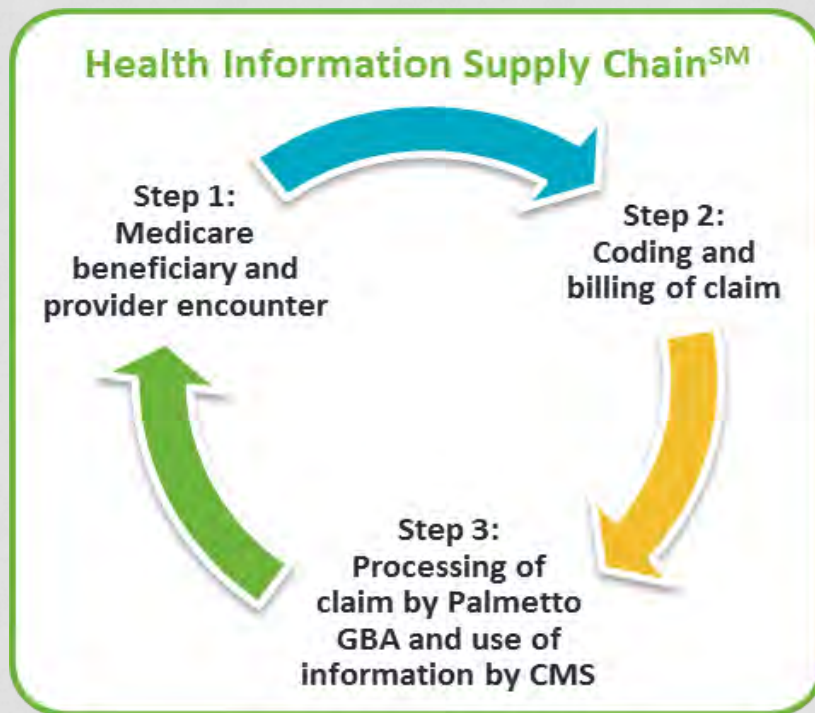


SNOWFALL TOTALS	
NORTH DALLAS	6.0"
MCKINNEY	5.3"
GRAND PRAIRIE	4.0"
HALTOM CITY	3.0"
ARGYLE	2.0"



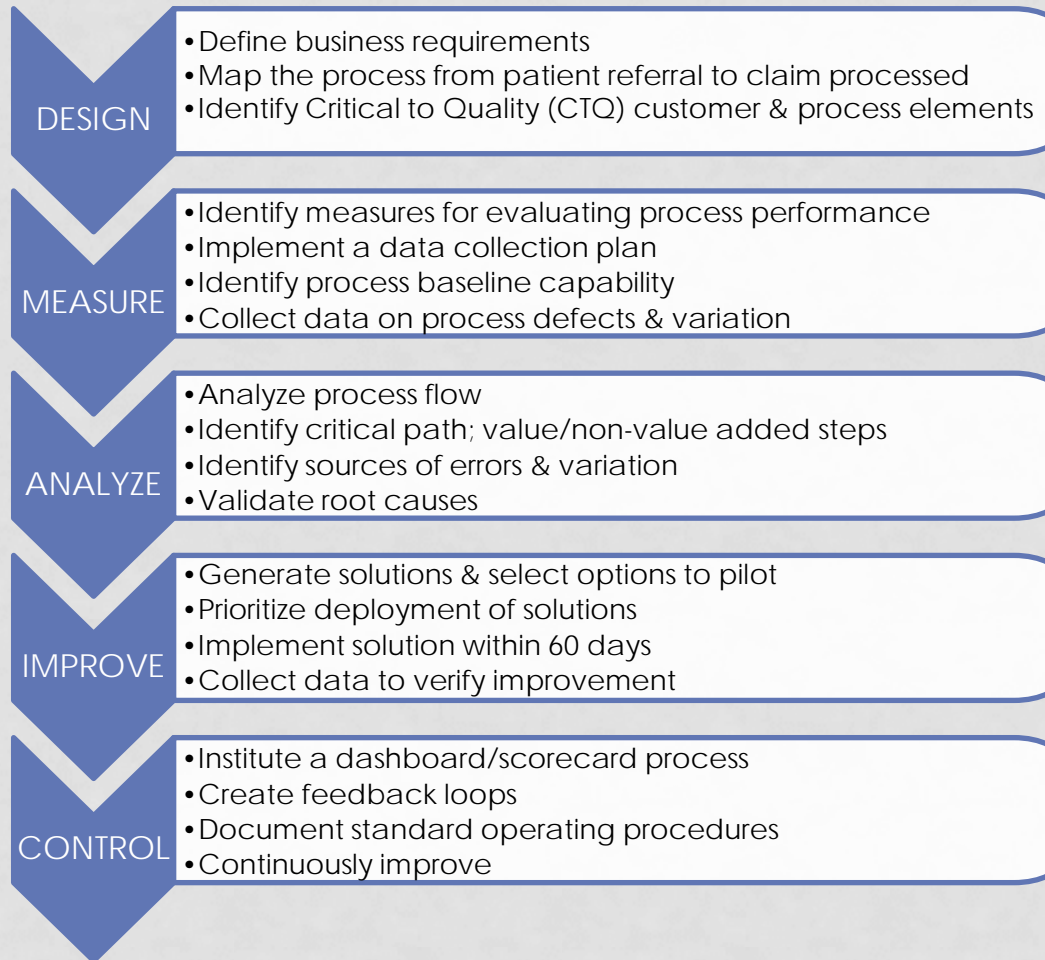
APPROACH

HEALTH INFORMATION SUPPLY CHAINSM



- The unit of analysis for healthcare process improvement and quality management
- Being analyzed by Palmetto GBA, process engineers and Medicare providers in J11/JM

METHODOLOGY



OPICP TEAM MEMBERS

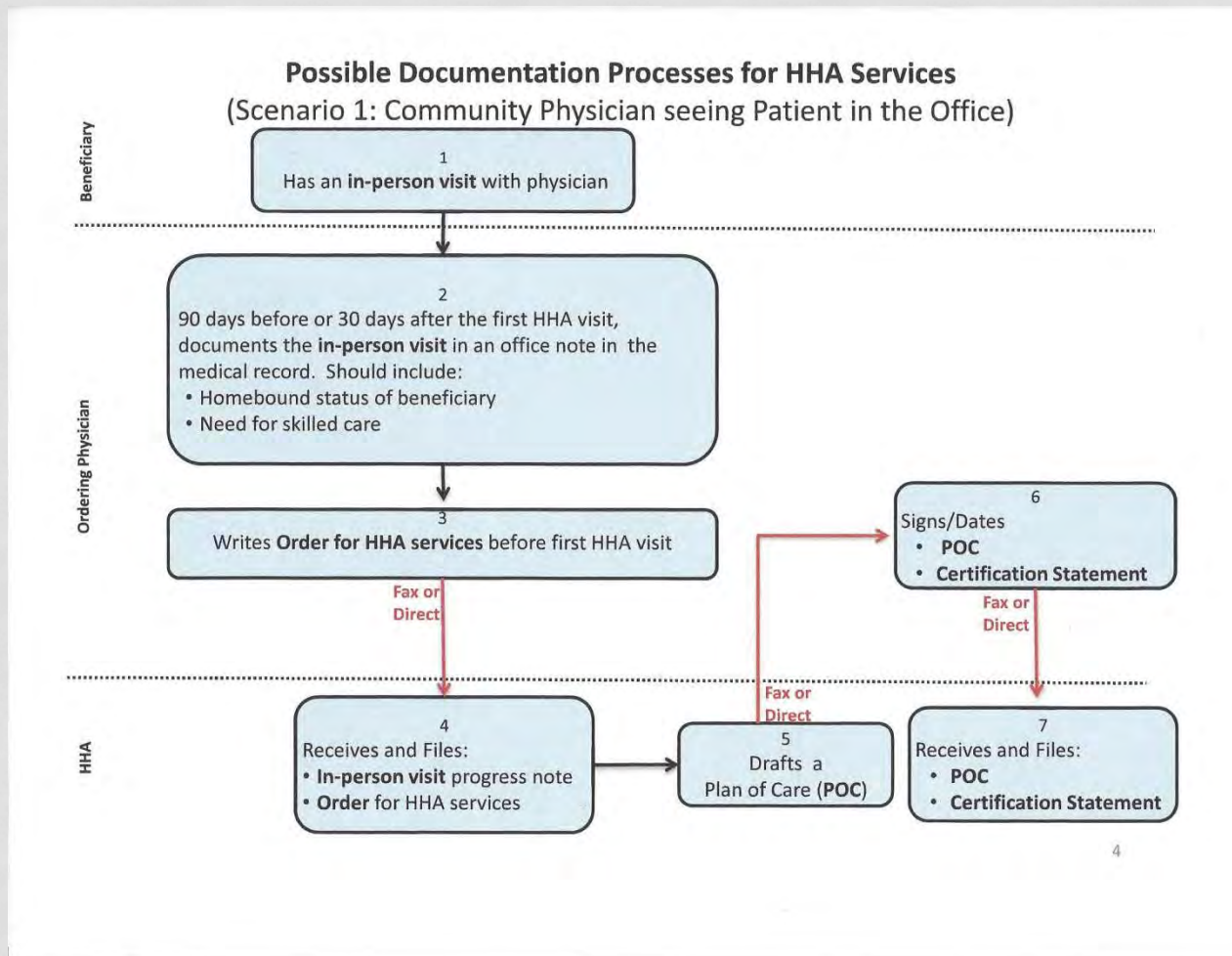
CROSS FUNCTIONAL

<p>Week 1</p> <p>Home Health Operations (meet at HH office)</p>	<p>Week 2</p> <p>Referral Sources (meet at their location- 1 hr segments)</p>	<p>Week 3</p> <p>Home Health Operations (meet at HH office)</p>
<p>CORE</p> <ul style="list-style-type: none"> • VP's/Directors/Managers • Representatives from Divisions or Branches • Sales • Admissions/Intake/Scheduling • Clinical Manager • PRQI/Medical Review • Billing • IT • "Talent" - people who do the work (schedule in 2 hour shifts Wednesday & Thursday) • **Talent" are welcome the entire week but this is optional 	<p>Clinicians</p> <ul style="list-style-type: none"> • Case Managers • Clinical Transition Coordinators • Practice/Office Managers • PCP's • Specialists (Ortho/Cardiologist) • Hospitalists • Nurse Practitioners • Physician Assistants 	<p>CORE + Clinicians</p> <ul style="list-style-type: none"> • VP's & Directors, Operations Managers, representatives from Divisions or Branches • Sales • Admissions/Intake/Scheduling • Clinical Manager • PRQI/Medical Review • Billing • IT • All other participants, including representatives from referral sources, are welcome to attend Tues/Wed & encouraged to join final review meeting Thurs afternoon

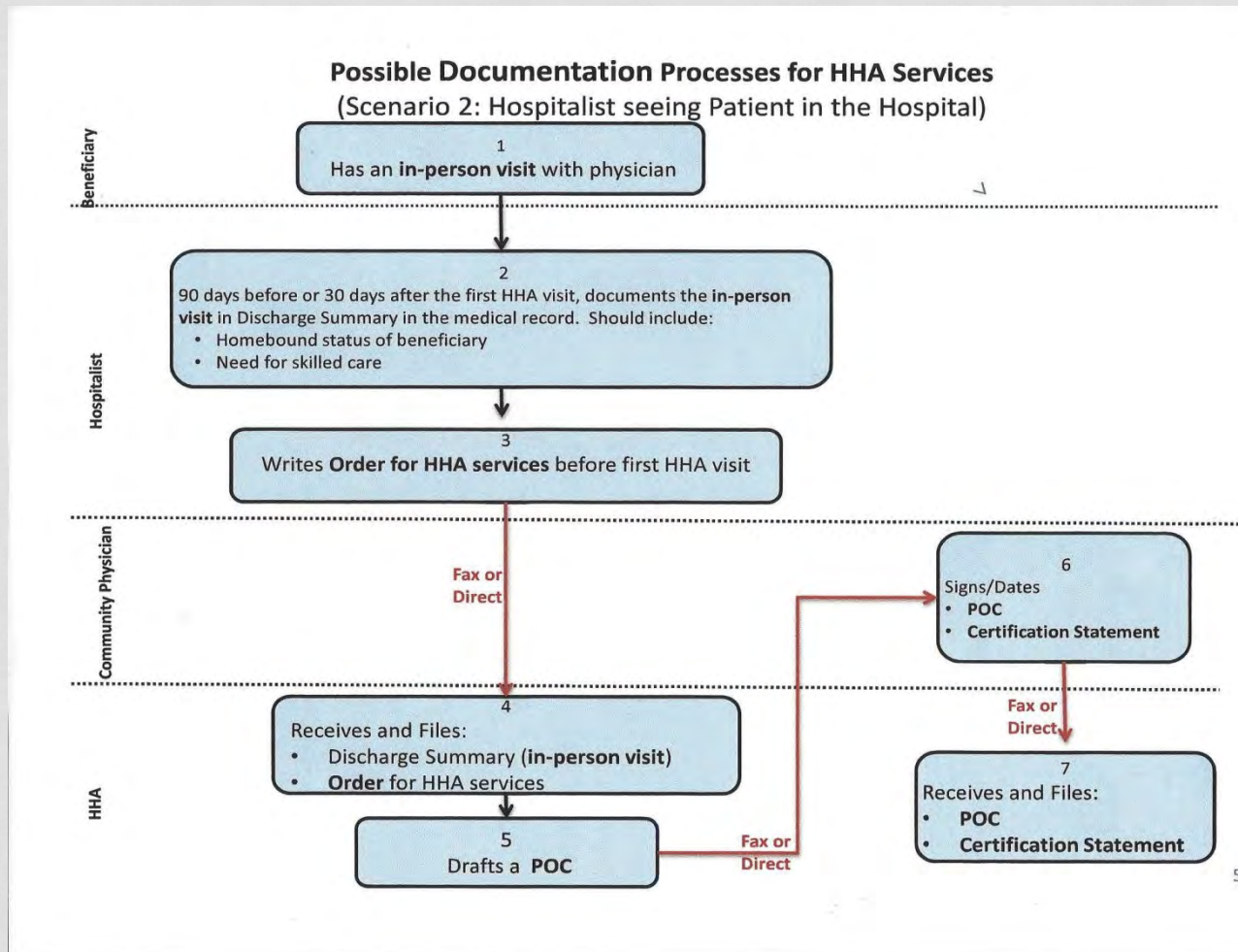
HOME HEALTH PROCESS

CMS DEPICTION HHA PROCESS

PATIENT SEEN BY COMMUNITY PHYSICIAN

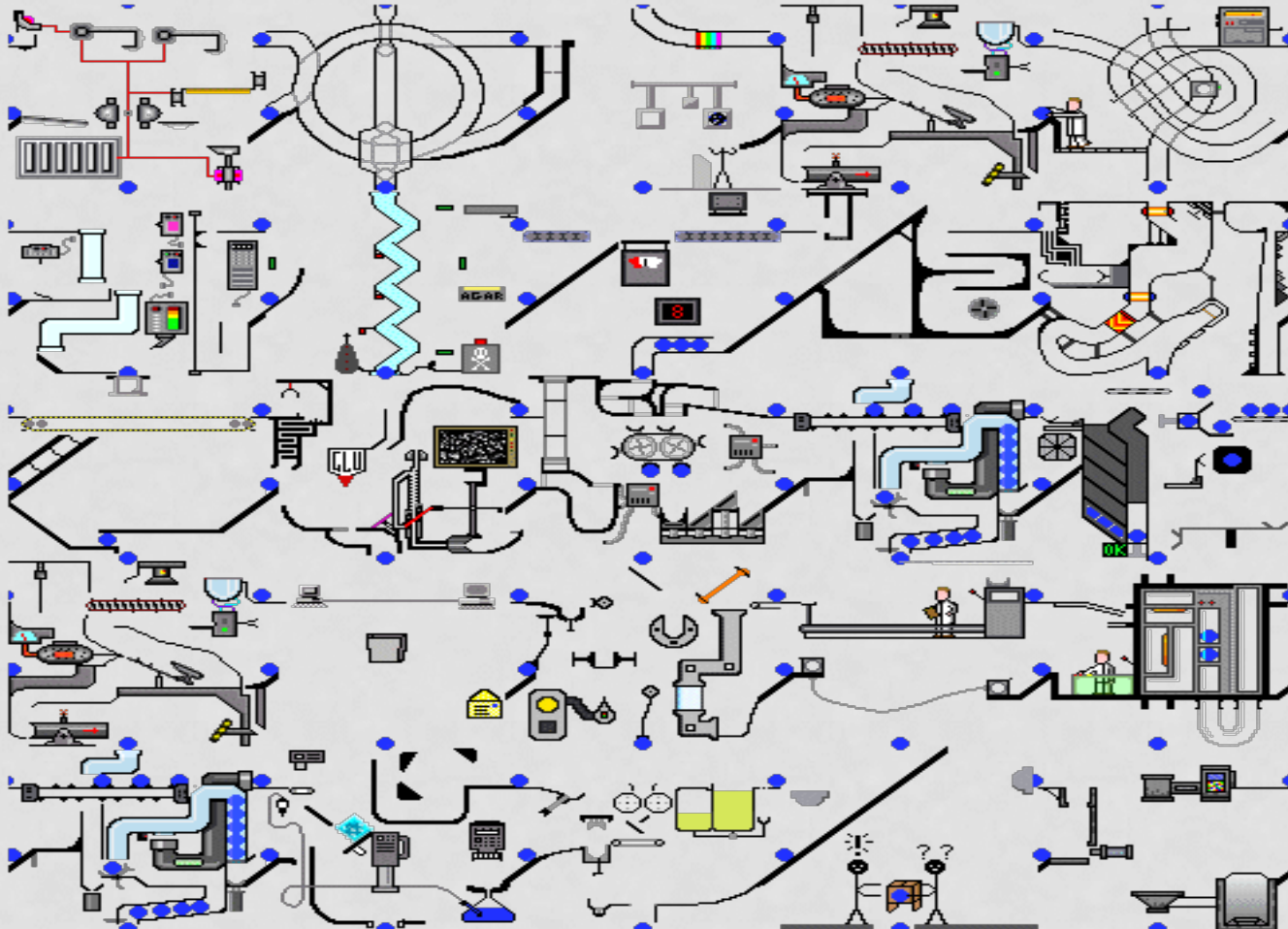


CMS DEPICTION HHA PROCESS PATIENT IN HOSPITAL



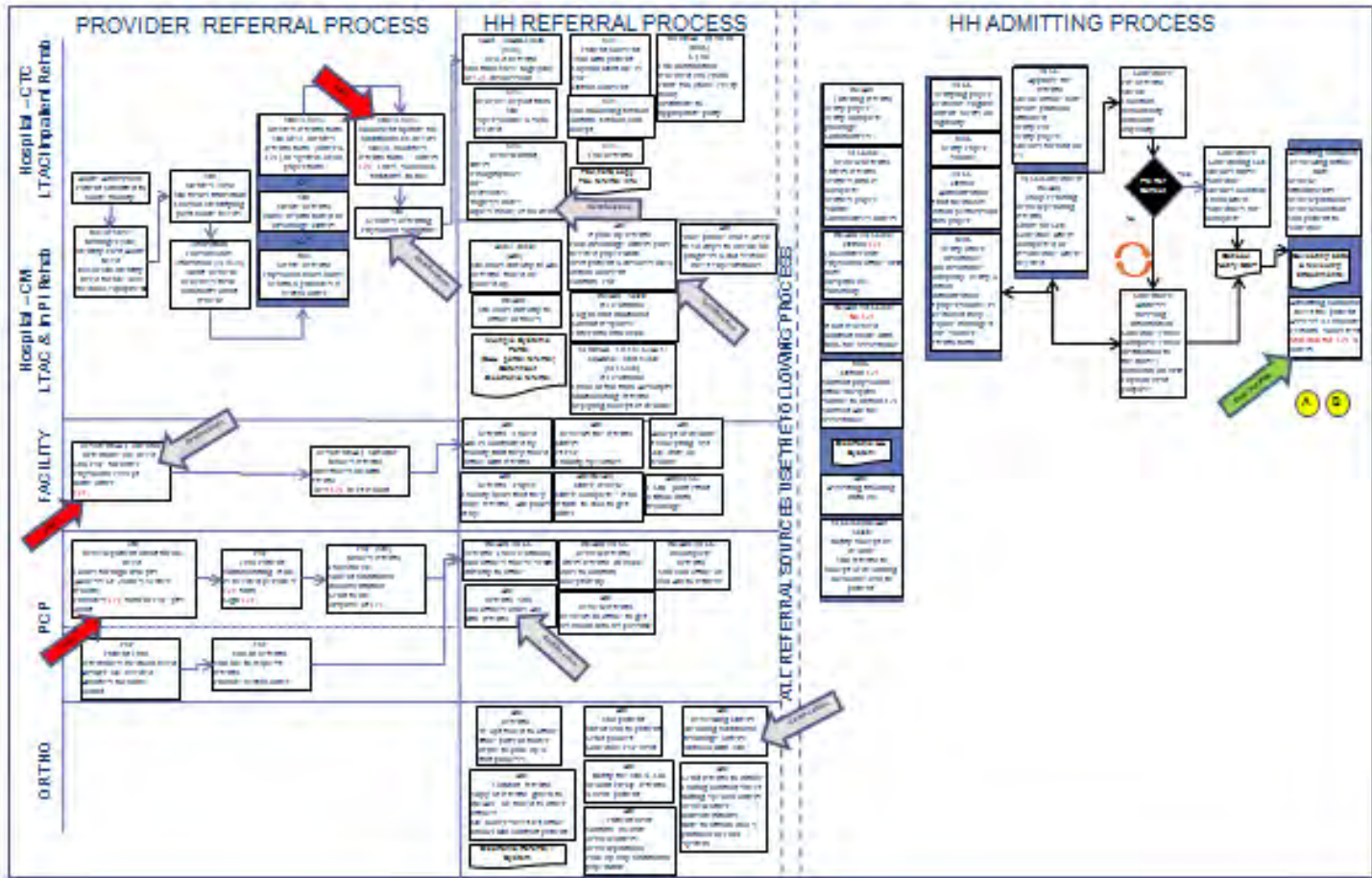
DESIGN

BUSINESS REQUIREMENTS



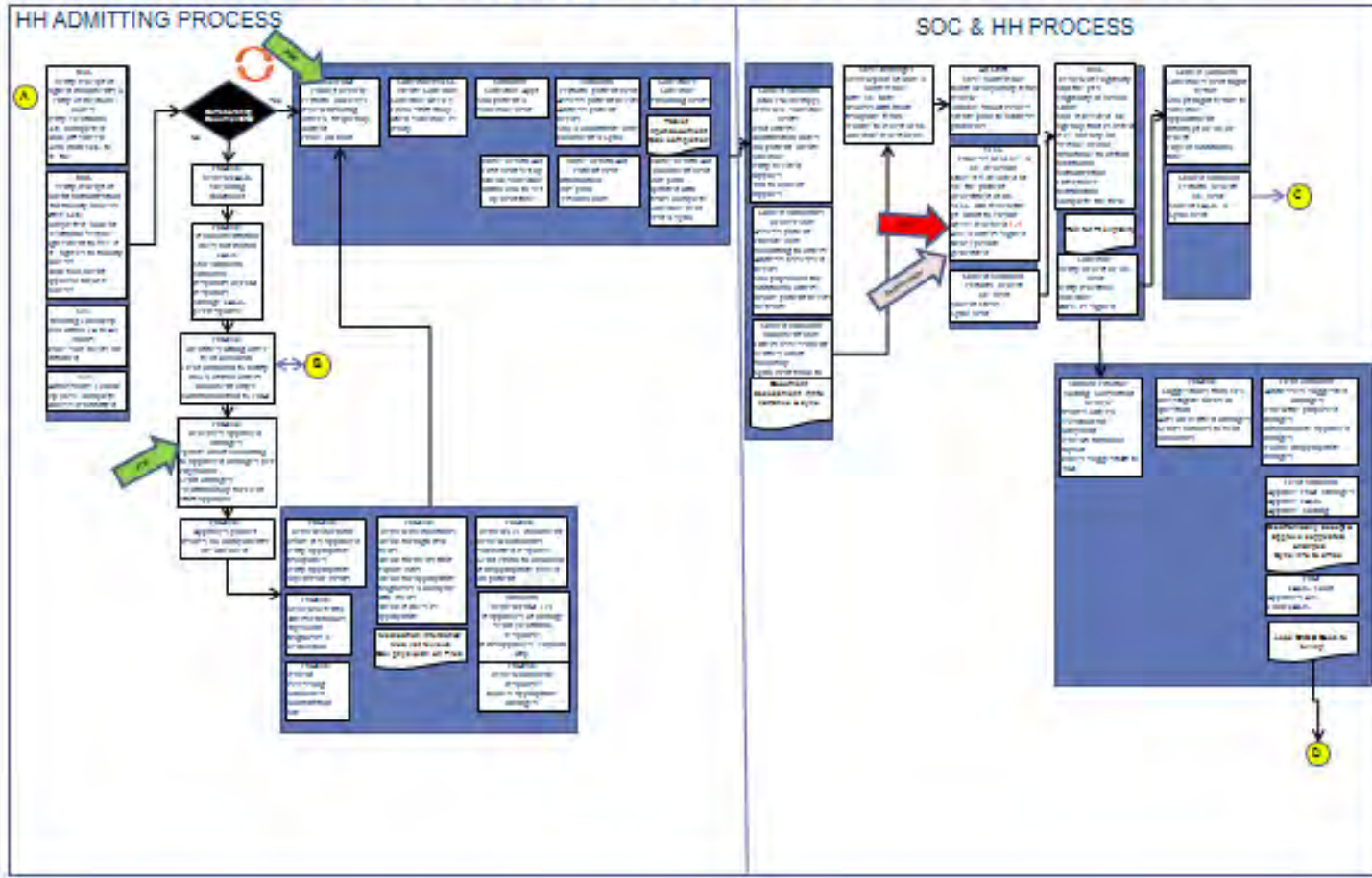
BASELINE MAP

Health Information Supply ChainSM Baseline Map highlighting F2F/Certification Barriers



BASELINE MAP

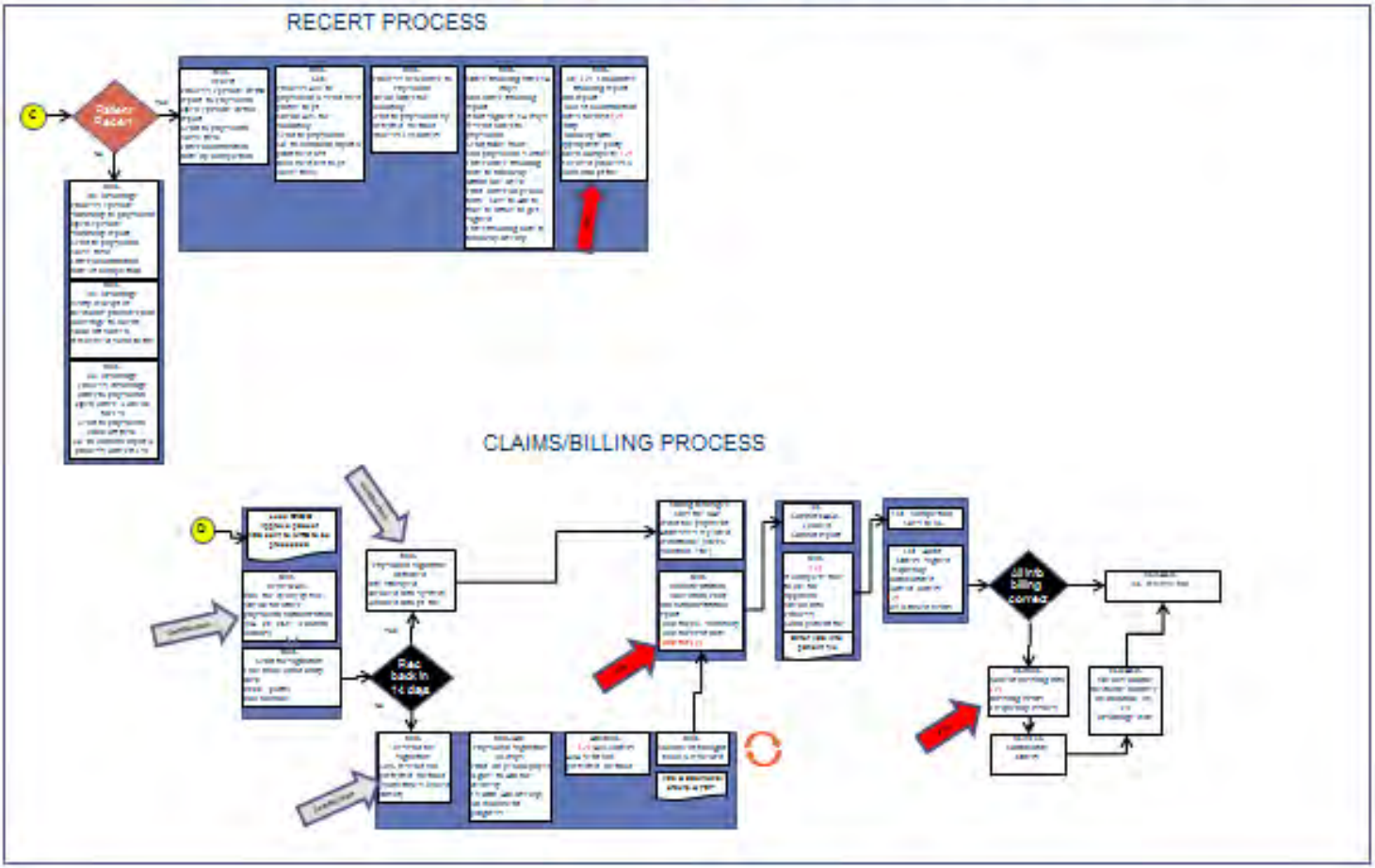
Health Information Supply ChainSM Baseline Map highlighting F2F/Certification Barriers





BASELINE MAP

Health Information Supply ChainSM Baseline Map highlighting F2F/Certification Barriers





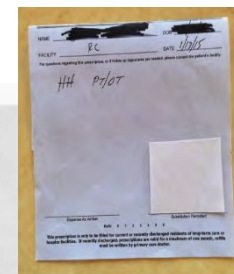
DRIVERS OF PROCESS DEFECTS

Home Health Agency Findings:

- “Do What Ever It Takes” process
- F2F documents are “chased” throughout the process
- “Claim Ready to Bill” process had exceptionally low First Pass Yield (FPY)
- Referral forms are unique to each entity
- HHA must bridge the gap between hospital d/c and transition of care to “following physician”
- Internal HHA often have the same challenges as external HHA
- Limited access/timely access to patient medical records
- Often have burden of finding a physician to follow patient



DRIVERS OF PROCESS DEFECTS



Physicians Findings:

- Belief that F2F requirement has been eliminated
- Lack of understanding of drivers of eligibility for HH services
- Not trained in medical school regarding the HH segment-
"I don't speak or think in that language"
- Not aware of documentation requirements
- Do not retain documentation sent to them from HH agencies
- The "work" is mostly done by other clinical professionals
- Community physicians resist accepting F2F documentation completed by another physician- i.e. Hospitalists
- Need to document evidence versus conclusions for HH in cases of protocol patients is non-value activity (e.g. Orthopedic)
- Universal desire for a simple standardized referral form



DRIVERS OF PROCESS DEFECTS

Universal Findings:

- Lack of understanding of F2F/Certification documentation requirements
- Lack of leading/process metrics to evaluate performance
- Lack of interfaced IT systems to smooth process hand-offs
- Lack of feedback loops to identify errors & provide corrective actions
- Misaligned incentives
- Problem solving done in functional silos



VARIATION OF LANGUAGE & TERMS

You say



Tomato

I say



Tomato

Something
different,
but we mean
the same thing.

RULE INTERPRETATION DIFFERS BY STAKEHOLDER



That's What I Say, It's Not What I Mean

signature

certification

POC

co-signature

following
physician



ANALYZE

BARRIERS



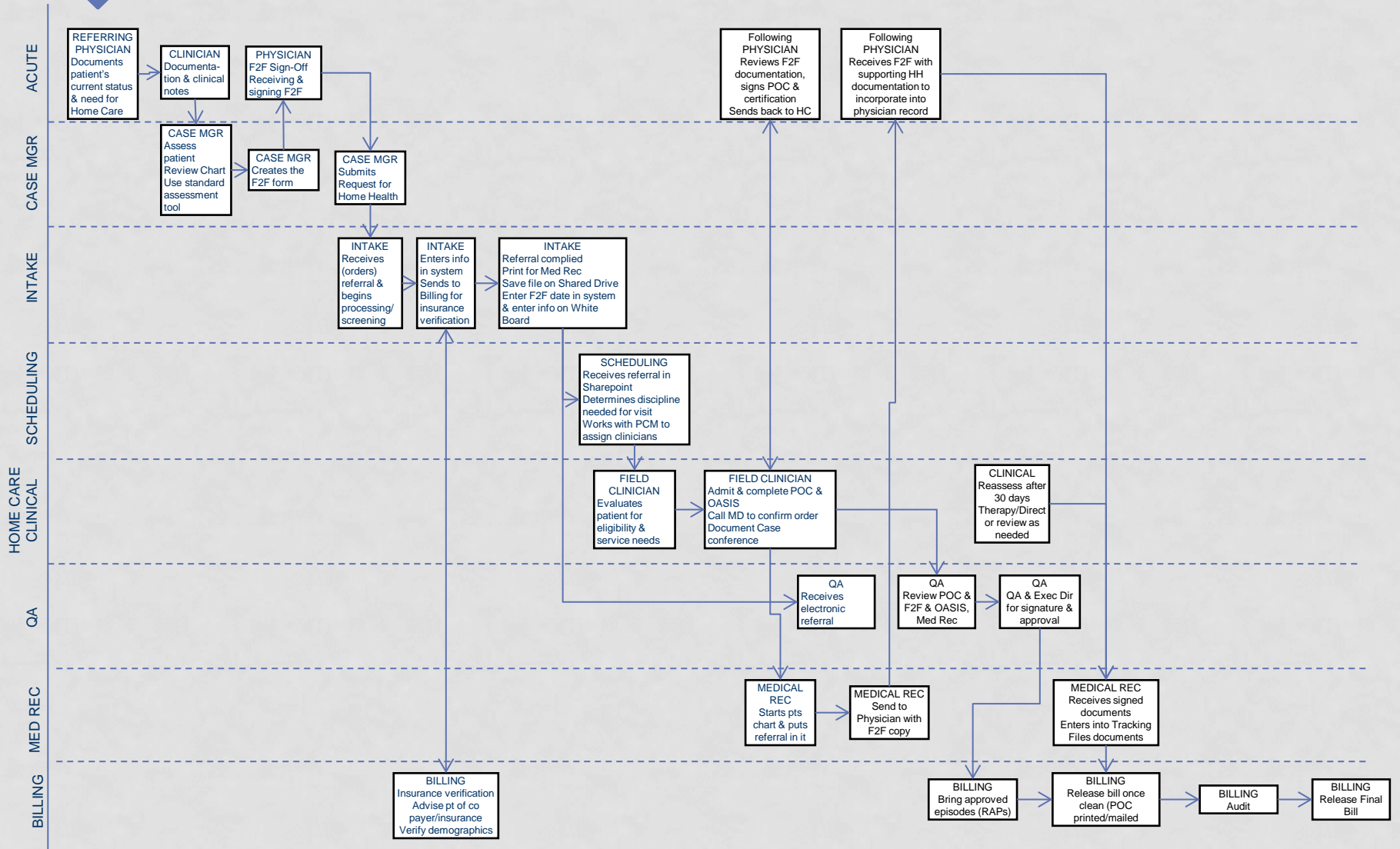
IMPROVE

GENERATING SOLUTIONS



IMPROVE

HOME HEALTH FUTURE STATE MAP HEALTH INFORMATION SUPPLY CHAINSM





IMPLEMENTATION

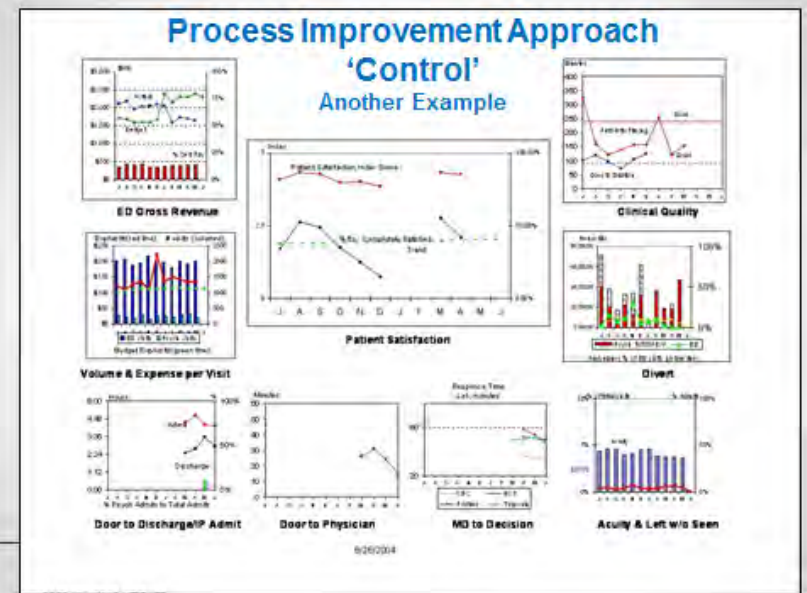
- Each pilot provided a list of prioritized initiatives to change their process to meet CMS Home Health requirements
- Implementation time line:
 - quick hits – immediate
 - 9 months or > to implement full scale EHR changes.

Spartanburg Regional Home Health Follow Up Agenda						
6a/Lean Event						Date: 6/23/2015
Date Assigned	Activity - What	Votes	Who	Due Date	% Complete	Status
06.23.15	Evaluate the idea of having a combined 485 & F2F form/ Rapid referral form - Standard unified referral form	12	Patricia		50%	Dr. Feliciano 4 questions? Paper - varies by referral source. Vicki, IT?? Interim system. Have developed rapid referral form. Tried it but have yet to roll out. Want to start Monday for practices that do not have electronic access. Vicki has contacted Heather Jones to see if forms can be combined.
06.23.15	7-14-21 Day process - Create cross functional team/ Don't resend info	8	Vicki		75%	Bobbie & Karla on the team - cross functional team. Meeting to deal with citation issue and have combined this initiative with that. Action plan complete. Roll out has yet to be done. Measures need to established
06.23.15	Get access for Centricity/Give employees access to HPF/ Modify portal access	7	Phyllis		90%	IS? - Susan ..Centricity not feasible. Wait until EPIC. All employees can have access to HPF. Education still needed



MEASURES TO DRIVE CHANGE

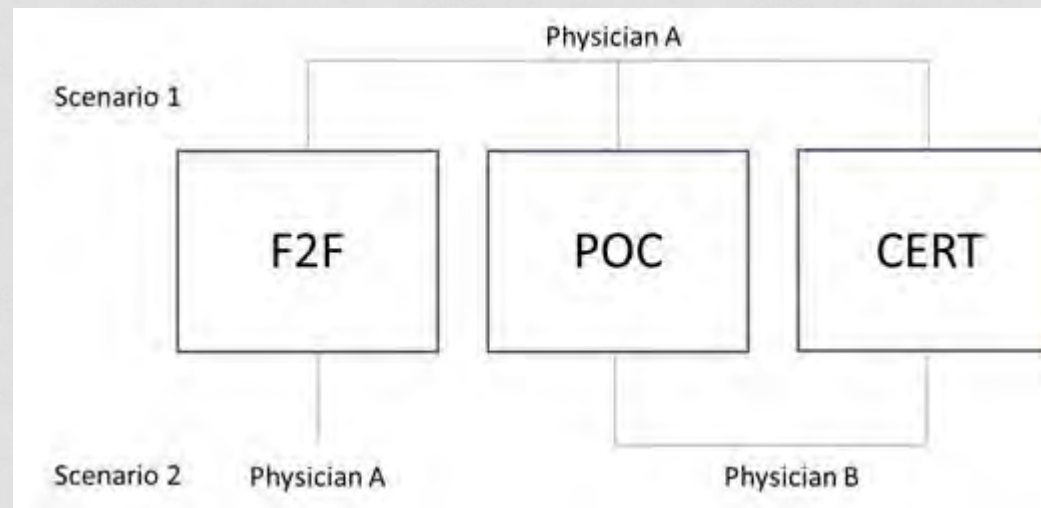
Each Pilot will share
their measures.
Most common:
Clean Referral at Intake



SUPPLY CHAIN MESSAGES



Simple 3-step Process



Complex Definition

CR 9189 July 10, 2015. pub 100-08 Medicare Program Integrity Manual
13 pages
4571 words
255 paragraphs
757 lines

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