
# UF HEALTH SHANDS HOMECARE

## OPICP CONFERENCE

PALMETTO GBA
A CELERIAN GROUP COMPANY

# ORGANIZATION OVERVIEW

- Home Health Agency
  - Owned by UF Health
  - Admissions
    - 61% Medicare
    - 37% Other
    - 2% Medicaid
  - Referrals
    - 64% Acute
    - 36% Community/Clinics
  - Average Patient Census ~ 600

# CHALLENGES

- Unclear F2F requirements (form)
- Physician and non-homecare staff lack of homecare regulatory knowledge
- Referral source frustration
- Physician frustration
- ADR's
- Denials
- Rework

# OPICP TEAM MEMBERS

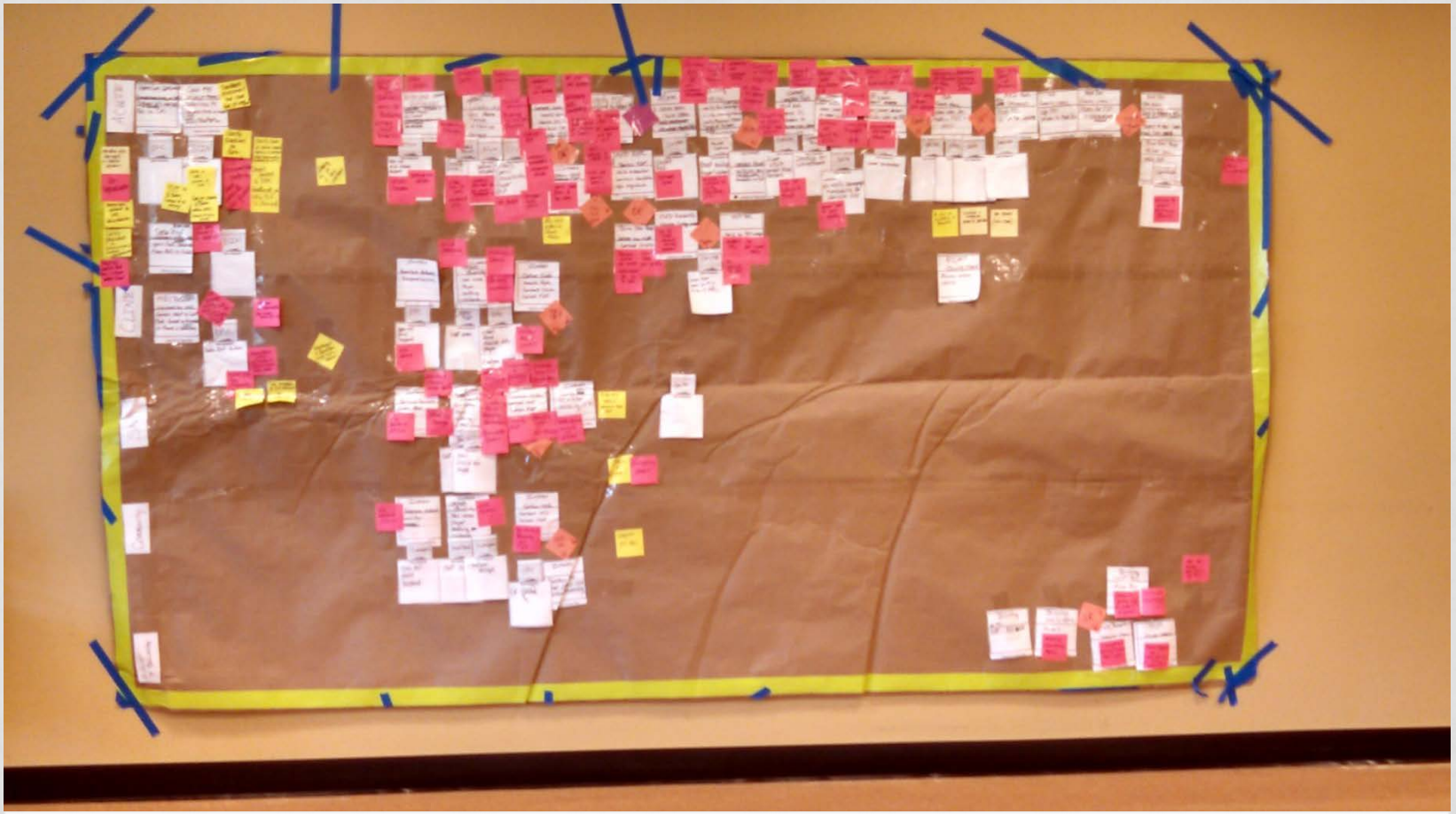
- Anthony Clarizio, Executive Director
- L.J. Duncan, Director of Operations
- Chris Montrowl, Systems Analyst
- Debi Howland, Director of QI Staff Development
- Shannon Boone, Director of Finance
- Melissa Munoz-Reyes, Billing
- Samantha Nieves, Medical Records
- Brenda Forsyth, Intake/Admissions
- Kacy Ealy, Business Development
- Andrew Courtney, Business Development

- Hospital Case Managers
- Ambulatory Clinic Managers
- Orthopaedics ARNP
- Community Health & Family Medicine Physicians
- Hospital Home Care Specialists

- Hospital Leadership
- Case Management Managers
- Physicians

# OPICP TEAM MEMBERS WORKING ON BASELINE MAP



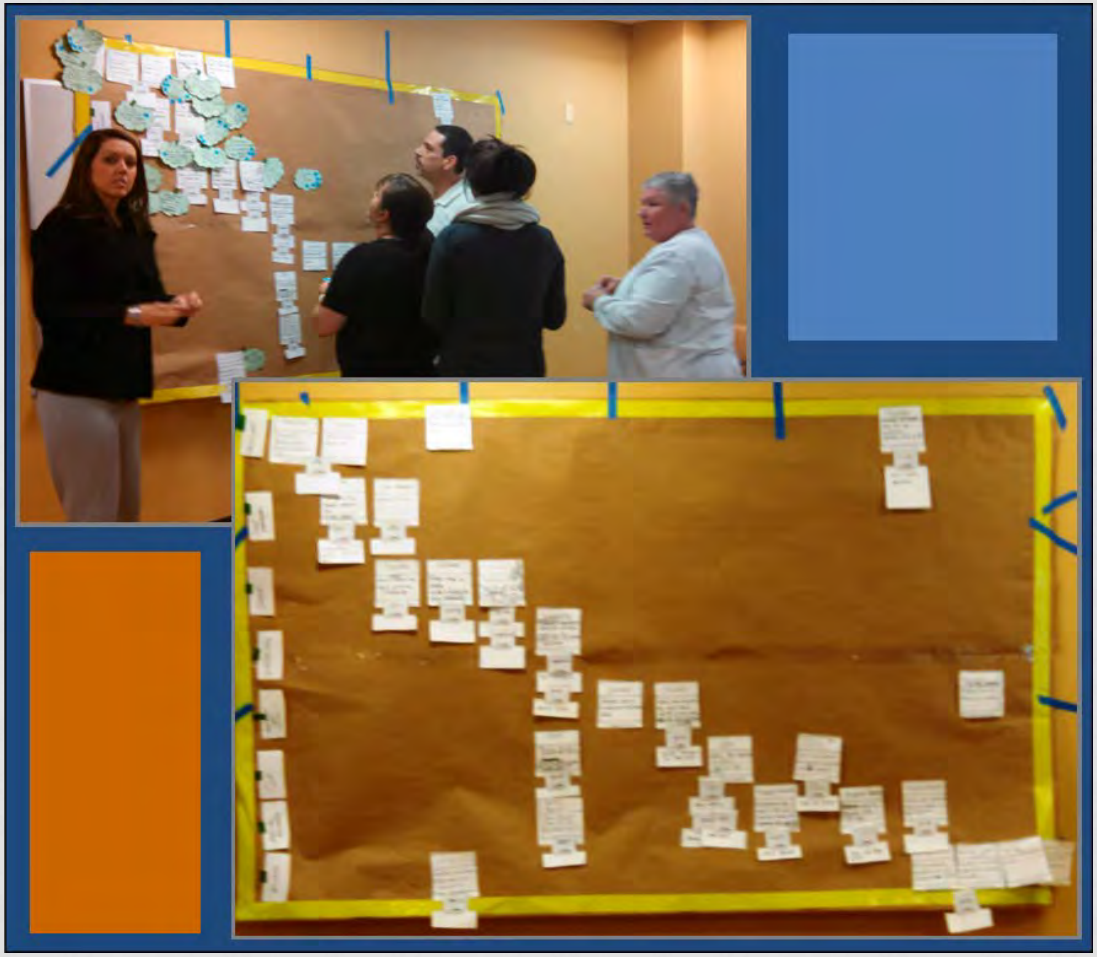
# BASELINE MAP

# BARRIERS

- Physician doesn't feel F2F issue is in their workflow
- Physician contacted numerous times to sign forms
- F2F in EPIC is not always completed
- F2F documentation confusing – doesn't answer 4 questions
- F2F documentation may not be in one place/ different places in chart
- No uniform template for F2F
- Other agencies use different forms
- F2F form time consuming
- Incomplete F2F with referral
- Not completed with referral
- Unwillingness of physician to sign
- Co-signature difficult to get
- Incorrect physician on referral
- Identifying PCP
- No established PCP
- Fax machine issues
- Incomplete order questions not timely to respond
- Incorrect demographics
- Incomplete info/orders on referral
- Multiple ways to communicate/make a referral
- Batching of referrals
- Handwritten orders
- No alert in EPIC
- After hours referrals
- Out of network payers
- Timely receipt of authorizations
- Software issues
- Physically locating the physician
- Service change
- Physician to follow unknown
- Failure to adopt electronic process
- Additional 26 "Out of Scope" Barriers



# FUTURE STATE MAP

# INITIATIVES LIST

- QA to include F2F acknowledgement statement on the POC including encounter date (remove co-signature)
- Hard Stop at Intake with immediate feedback to hospital Case Management regarding incomplete referrals & education. Pilot at North Tower
- Track F2F issues on front end- not waiting until billing audit
- Home health to provide education about F2F requirements to Resident Physicians & Attending Physicians by Division
- Research ECIN for F2F form (electronic vs. paper) Educate Case Management

# ELIMINATING CO-SIGNATURE ON F2F

## INITIATIVE #1

# ELIMINATING CO-SIGNATURE ON F2F

- Background:
  - Previously, we understood that a co-signature was required on the F2F if a different physician was signing the POC than completed the F2F encounter.
  - Related problems- frustrated physicians, extensive use of resources, denials
- Solution Ideas:
  - Identified that the certifying physician does not have to "cosign" the F2F, but rather simply "sign and date" to acknowledge that it had been reviewed as part of the certification process and incorporated into his/her records
  - Edit our document templates to eliminate need for co-signature

# ELIMINATING CO-SIGNATURE ON F2F

- Process:
  - Met & Reviewed our current POC and F2F templates
  - Edits to the verbiage of the F2F template
- Final Solution:
  - Incorporated F2F acknowledgement into POC and revised F2F templates eliminating the need for co-signature

# HOSPITAL PROCEDURE CHANGE & IMPROVEMENT OF F2F DOCUMENTATION

## INITIATIVE #2

# HOSPITAL PROCEDURE CHANGE & IMPROVEMENT OF F2F DOCUMENTATION

- Background:
  - Identified that any F2F documentation not completed correctly and/or submitted at the time of referral were problematic
  - Related problems: increased work on the back end to resolve, inability to submit bills timely, denials in chart audits

- Solution Ideas:
  - Create a hard stop at time of initial referral receipt
  - Immediate screening of F2F encounter documentation

# HOSPITAL PROCEDURE CHANGE & IMPROVEMENT OF F2F DOCUMENTATION

- Process:
  - Met with the Manager of Hospital Case Management- discussed problem, it's impact, & potential solution ideas
- Final Solution:
  - Implemented a hard stop at intake/receipt of referral
  - If F2F received is incomplete, Implemented a process to immediately return the document to the Case Management Home Care Specialists
    - HC Specialists work directly with Case Manager and Physician to correct/complete
  - Added this step to job process expectation for case management discharge of Medicare patients with Home Care
  - Ongoing education
  - *Measure/Results discussed later*

# HOSPITAL PROCEDURE CHANGE & IMPROVEMENT OF F2F DOCUMENTATION

- Outcomes:
  - Increased collaboration between home care agency and hospital
  - More complete/thorough F2F documentation
  - Less work on the back end tracking documents, resubmissions to physicians for corrections and completion
  - Increased completion rate at time of referral receipt

# F2F TRACKING MECHANISM

## INITIATIVE #3

# F2F TRACKING MECHANISM

- Background:
  - No tracking mechanism on the front end
  - Reactive fixes on back end for tracking incomplete F2F forms

- Solution Ideas:
  - Create a proactive tracking mechanism on the front end instead of waiting for a billing audit to catch problematic documents

# F2F TRACKING MECHANISM

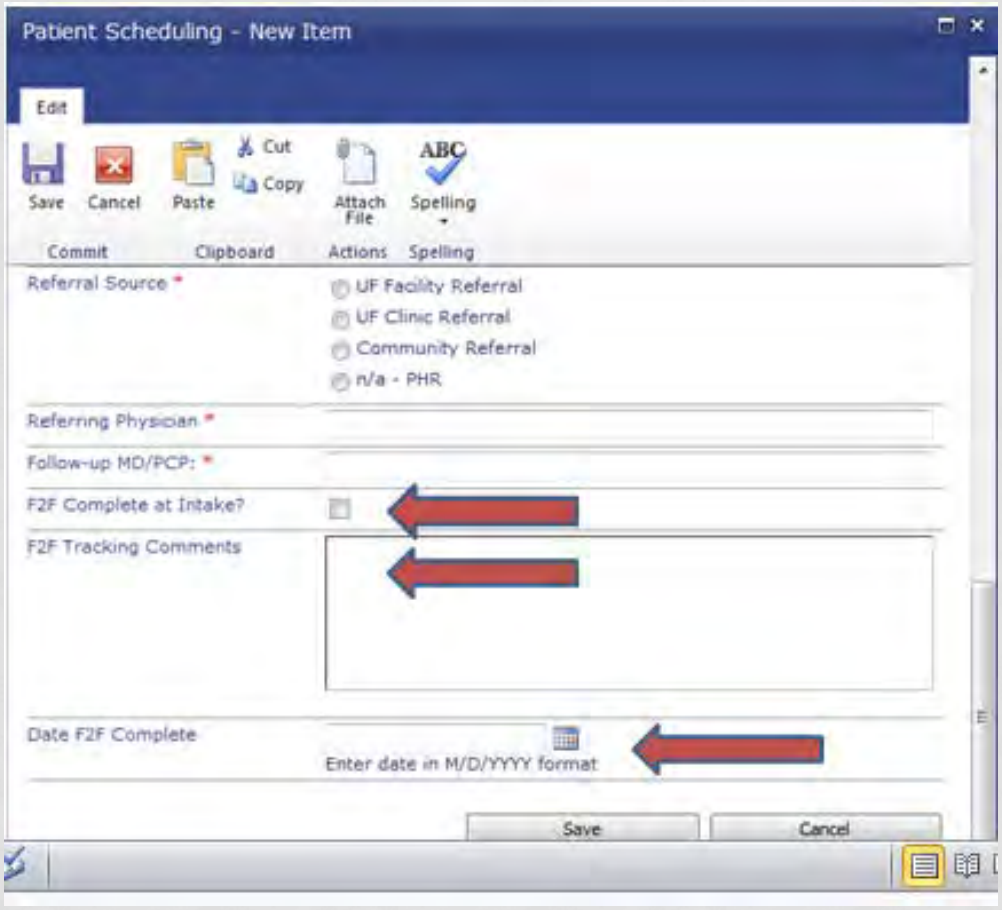
- Process:
  - Added data collection fields in SharePoint program to be completed by Intake at time of initial referral receipt

- Final Solution:
  - Development of a Metric
  - Front end data to monitor changes implemented in Initiative #2 for effectiveness
  - Less document chasing on the back end
  - Ultimate Goal: No Denials due to F2F documentation!

# F2F TRACKING MECHANISM

SharePoint



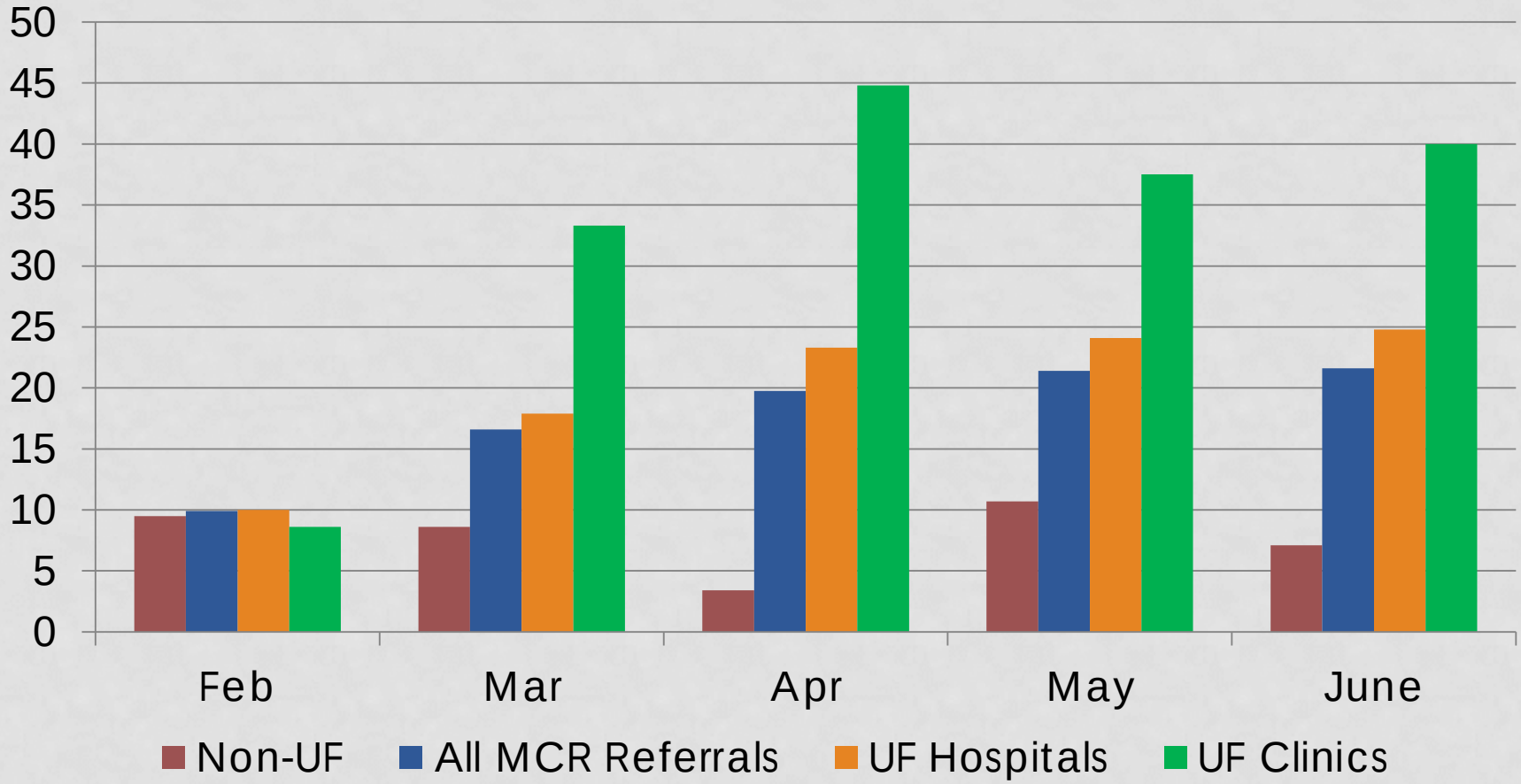
# CONTROL PLAN - METRICS

- Implemented
  - F2F complete at time of referral/Total Referrals
- Future/Proposed
  - Incomplete F2F – how many days to complete
  - Percent reject/modify of directors SOC review
  - Final Bill/Audit incomplete due to F2F
  - A/R
  - Denial rates

# RESULTS

## PERCENTAGE OF REFERRALS RECEIVED WITH COMPLETE F2F



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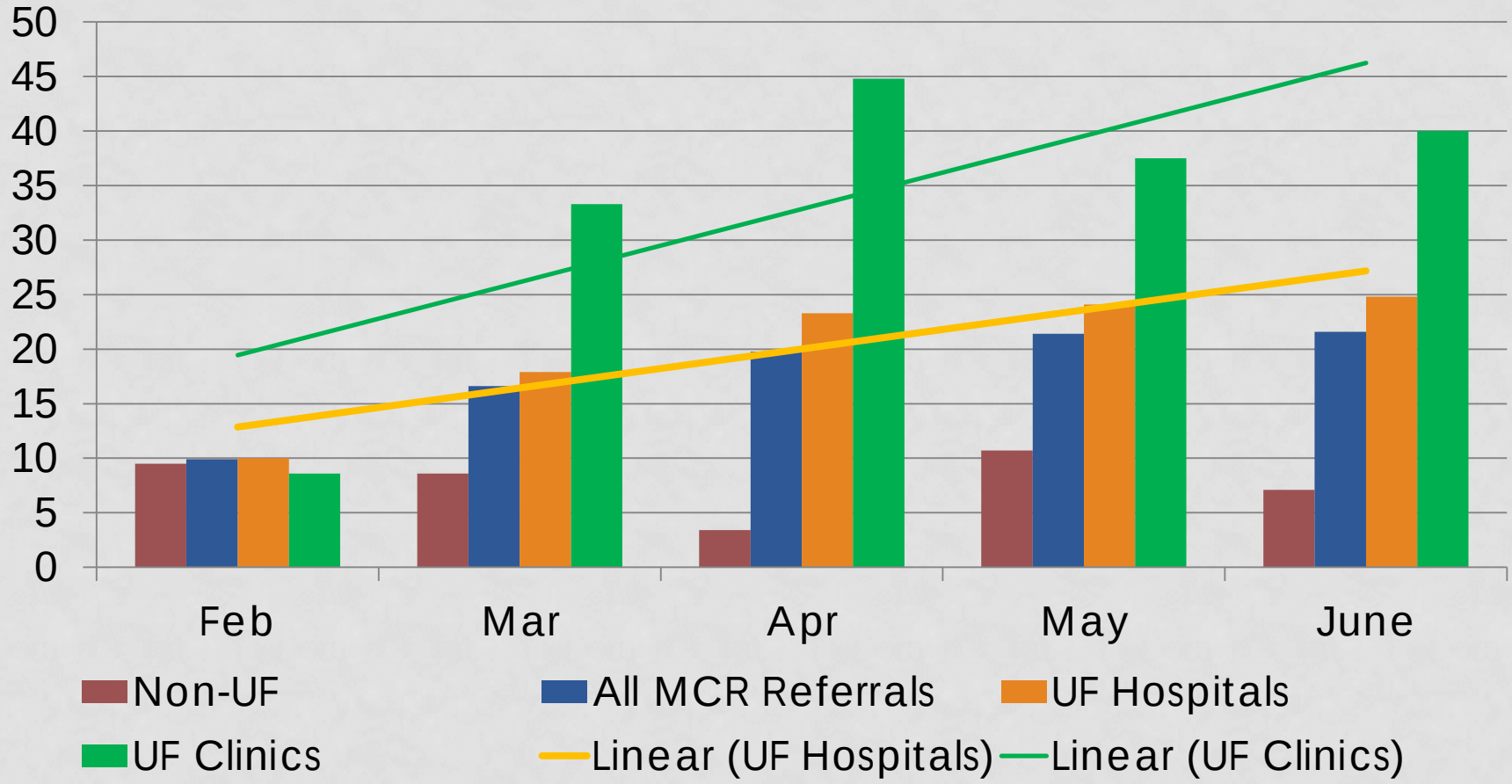

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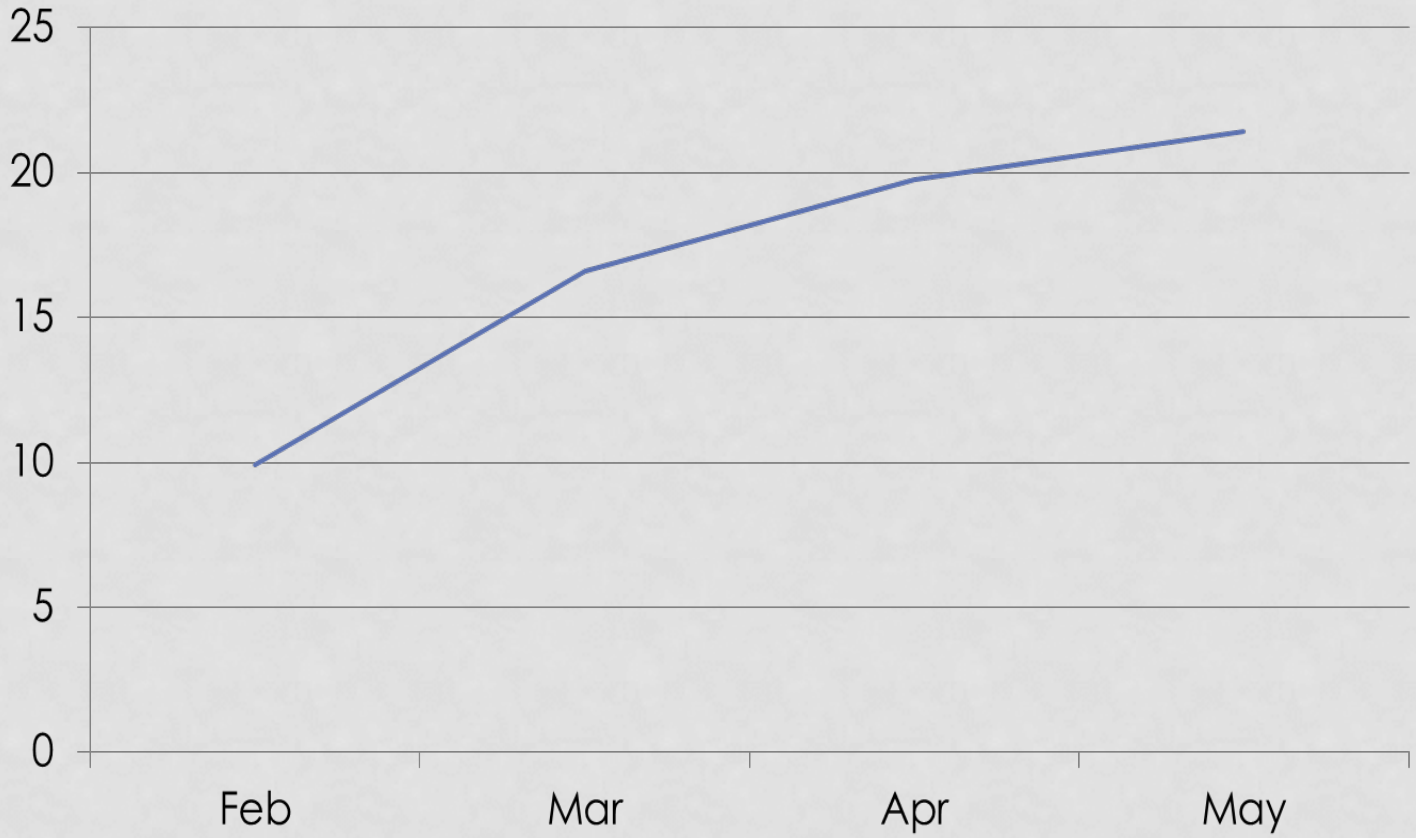


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# LESSONS LEARNED PROCESS BENEFITS

- Certifying physician does not have to "co-sign" the F2F
- Benefits of increased communication, education, and collaboration with the hospital system for better F2F encounter documentation
- Improved billing timeliness
- Process Map provided multiple overall benefits
  - Brought together all stakeholders to develop strategies to improve processes
  - Help reduce RAC audits, denials, etc.
  - Being able to step outside the box to identify our Future State
  - Helped us create better work flow processes reducing errors and rework
  - Many new ideas to implement

 

# SUPPLY CHAIN MESSAGES

- Regulatory changes to EHR may require long cycle time
- Some requirements are out of the control of HHA

 

# CONFERENCE AGENDA

| TIME | DETAILS | SPEAKER |
|---|---|---|
| 7:30 AM | Registration & Continental Breakfast | All |
| 9:00 AM | Welcome | Joe Johnson<br>Ed Sanchez |
| 9:20 AM | OPICP Process | Kathy Merrill<br>Annette Zwerner |
| 9:40 AM | Carolina's Healthy@Home: Physician Practice Template Implementation | Kimber Walters<br>Jennifer Piracci<br>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<br>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 |

 