

The Proven Science of Quality and Process Improvement in the Health Information Supply Chain (HISC)

Agenda

- Current state of communication
- Medicare Improper Payment Rate
- Health Information Supply Chain (HISC)
- Use of process engineering & social media
- Qs & As



Communication

“The single biggest problem in communication is the illusion that it has taken place”

George Bernard Shaw

Health Information

- “The lifeblood of Medicine in the 21st century” with “health information technology its circulatory system”
 - If true, **we’ve started the century out severely anemic and in heart failure**
 - Despite the huge volume of records generated by our health care system, denials for poor or insufficient documentation persist

Healthcare Delivery System

- Currently limited by:
 - Poorly organized health records
 - Incomplete health records*

* **Computational Technology for Effective Health Care: Immediate Steps and Strategic Directions.**
William W. Stead and Herbert S. Lin, editors; Committee on Engaging the Computer Science Research Community in Health Care Informatics; National Research Council.
<http://www.nap.edu/catalog/12572.html>

HHS FY 2013 Agency Financial Report

- Published December 16, 2013
 - The Medicare FFS gross improper payment estimate for FY 2013 is 10.1 percent or \$36.0 billion.
 - The FY 2013 net improper payment estimate is 9.3 percent or \$33.2 billion.
 - <http://www.hhs.gov/afr/2013-hhs-agency-financial-report.pdf>

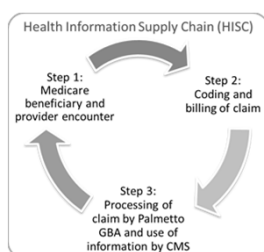
Health Information Supply Chain

- Medicare providers contribute to the Health Information Supply Chain (HISC)
- Coders, billers, and payers are downstream recipients of their health care records
- Records containing insufficient information are ineffective and produce inefficiency
 - Denied payments
 - Delayed payments

Medicare Appeals Process

- Takes time and resources:
 - Level 1 = Redetermination
 - Level 2 = Reconsideration
 - Level 3 = Hearing by Administrative Law Judge
 - Level 4 = Review by Medicare Appeals Council
 - Level 5 = Judicial review in U.S. District Court
- A measure of “waste” in our healthcare system
 - The provider appeals rate

The HISC



- The unit of analysis for healthcare process improvement and quality management
- Being analyzed by Palmetto GBA, process engineers and hospices

The OPICP (AKA The Marshall Plan)

- **Organizational Process Improvement Coaching Project (OPICP)**
 - Collaboration with the Healthcare Division of the American Society for Quality (ASQ)
 - Promotes sustainable improvement by:
 - Pairing hospices with process engineers
 - 8 – 12 week projects
 - Targeting a decrease in claim denials for insufficient information

“Put Me in The Game, Coach!”

- Article describes a hospital-based OPICP effort
- Published in [ASQ Quality Management Forum](#)
 - Validates the model
 - Demonstrates the value of collaborating
 - Documents a case study of how the OPICP is saving a hospital in Southern California >\$500K per year in addressing 1-day stays for chest pain

Palmetto GBA Hospice & Palliative Care HISC Committee

- Comprised of Hospice & Palliative care experts
 - Goal:
 - To improve effectiveness of provider documentation in support of clinical, coverage, and eligibility decisions
 - Objectives:
 - To identify feasible collaborative projects aimed at reducing improper payment for J11 hospice providers
 - To promote the use of formal process improvement tools (e.g., process/value stream mapping and root cause analysis) to achieve the goal

Bottom line

- Avoid errors, denials and appeals
 - Imagine not having to appeal claims because the original submission was correct
 - Palmetto GBA and the provider community can partner to ensure claims are paid correctly the first time
 - How much time, effort, and resources would that save you?

GBD Blog and Twitter

- Palmetto GBA is using the Going Beyond Diagnosis (GBD) blog and Twitter account to help facilitate communication on error rate reduction
 - <http://palmgba.com/gbd>
 - @BeyondDx

Qs & As

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ELECTRONIC DATA INTERCHANGE (EDI) UPDATE

Presented by Kim Campbell
Manager, EDI Operations

Agenda

- Direct Data Entry (DDE) ID Recertification and Reminders
- Sunsetting Dial Up Communication
- GPNet Enhancements
- ICD-10 Update
- J11 Contact Information

DDE ID Recertification

- Recertification of DDE IDs must be done once every calendar year
- Must maintain a business reason for current employee having access
- Recertification notifications were emailed to current email addresses of the EDI Contacts on file
- If no current email address on file, recertifications were mailed via US Postal Service

DDE ID Reminders

- DDE IDs must be used every 30 days
- If DDE IDs are not used once every 30 days, it will be purged for non-usage and the user must apply for a new id
- DDE IDs cannot be shared with other employees
- DDE IDs cannot be transferred to another employee
- Security violation emails must be responded to or id will be purged

Sunseting Dial Up Connectivity

- Asynchronous and FTP Dial up will no longer be offered as file exchange options beginning June 1, 2014
- Approved Network Service Vendors will provide connectivity for direct submitters to GpNet
- Check with your clearinghouse/billing service to make sure they are aware of the changes

Sunseting continued

- Will allow for a cleaner, faster transmission of files
- Use the most current methods available for file exchange
- Allow us to offer more options for file exchange in the future
- Monitor our website at www.PalmettoGBA.com/medicare for all updates

GpNet Enhancements

- Deploy new software upgrades which will affect dial up connectivity
- HIPAA compliance edits software upgrade
- Communication via PDF files through submitter mailboxes
- Communication Guide will be updated with all changes
- No change to submitter IDs and no new EDI agreements are required

ICD-10 Update

- Successful first week of provider testing
- Look for more opportunities to test including a second testing week in May
- End to end testing in late July
- PRO32 software is HIPAA compliant and ICD-10 tested
- Stay in communication with your clearinghouse/billing service to ensure they are testing and going to be ready to submit your ICD-10 claims in October

ICD-10 continued

- Test a good sampling of all the types of claims that you currently submit for production
- Consider sending claims that you know should reject – negative testing
- Test specific LCDs and complicated scenarios
- Review the 999 and 277CA Response Report Results to ensure your claims accepted or rejected as they should
- Report any issues to your software vendor

ICD-10 continued

- Monitor our website, www.PalmettoGBA.com/medicare and look for the colorful ICD-10 banner to see all information ICD-10 related



J11 Contact Information

- One telephone number is all you need to get assistance for any questions you may have including EDI, 855-696-0705
- Hours of operations are 8:00 AM – 5:00 PM ET
- Please have your PTAN and NPI available when calling
- Take advantage of our self service tools available on our website and our IVR

Questions?