ANALYZING DATA FOR QUALITY ASSURANCE

IN A HIGH VOLUME ENVIRONMENT

"We have the data … Now what"

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DeAnna Brown, Medicaid Analyst, Prince George's County Schools
Ricardo Smith, Manager, Medicaid Recovery Office, PGCPS
Fred Orwiler, Director of Operations, CompuClaim

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Speakers:

Pam Katz has twenty years of experience providing oversight, management, and implementation of School Based Medicaid Services. She has been a driving force in CompuClaim's national sales and marketing efforts and partnership opportunities. Most recently she has been the project lead overseeing all of CompuClaim's California (CA) clients providing opportunities for increasing opportunities and growing our footprint within the State. She has developed ongoing partnerships within CA working with attorneys by providing her expertise on Free Care and has contributed to CompuClaim's recognition as an industry thought leader in the CA Medi-Cal billing option program. She was the lead project manager for one of Maryland's largest school districts', Prince George's County Public school.

DeAnna Brown has an extensive history with Medical Billing in an out of the school environment. She is an excellent communicator and for a five-year period she was a Medical Billing program instructor in Washington DC. Since 2007, DeAnna has been the Medicaid Analyst for Prince George's County Public Schools which serves more than 17,000 IEP students. In her capacity as a Medicaid Analyst, DeAnna was a key player in the transition from paper to electronic service documentation.

Fred Orwiler is the Operations Director and oversees implementation at CompuClaim. Fred has extensive experience in planning and implementing K-12, school-based data decision systems. Fred has been working with School Districts and other Stakeholders on Medicaid School-Based revenue programs since 2006. Mr. Orwiler has directed CompuClaim's national implementation teams and has introduced and managed the development of CompuClaim's Web-based billing solution that leverages data collected through other interfaces and sends to various healthcare payers. He was the implementation lead of web-based billing solutions for the New Mexico Medicaid Agency and Michigan Medicaid agency, has helped develop customized compliance standards for New Mexico and Michigan.

Ricardo Smith currently serves as the Medicaid manager for a local school district. Ricardo joined the Prince George's County in 2006 as the finance analyst/officer for the Head Start Program. Prior to the school district, Ricardo served as the Director of Finance for a $1 billion school district responsible for payroll, accounts payable and financial reporting. He also was the Controller at several organizations including state government agency and a $50 million public relations firm. Ricardo is Certified Management Accountant (CMA), Certified Government Financial Manager, and Certified Cash Manager. He attended the University of Maryland, College Park where he completed his MBA in finance. He is also a Ph.D. candidate at the University of Atlanta. Ricardo served as a director on the Head Start Association board for three years, including two as its Treasurer.

OBJECTIVE

After this session you should to be able to:

- **Perform a comprehensive review of your Medicaid Office organization design;**
- **Analyze the efficiency of your work processes and identify areas that could be improved,**
- **Identify more efficient methods to perform quality control Direct Service Entry**

OUR STORY

In July 2014, we implemented a cloud-based and paperless billing system that drastically changed our processes.

No longer was it necessary to print, distribute, collect and review 100,000+ paper forms. All of these functions are now done online, seamlessly integrating our student information and electronic billing systems.

As a result, we now have a wealth of Medicaid claims data in an electronic format that can now be easily analyzed and synthesised.

Have You Upgraded Your Billing System but NOT Your Process?

We added a key tool but was still organized under the old manual paper-based model

- Excessive time spent on manual processes
- Reviewing 100% of Medicaid claims

Yet we were still incurring

- Easily identifiable billing errors
- IEP mtg & evaluations errors not timely identified
- Monthly "approval" backlog of $2.2 million

The Pareto Principle

- In 1896 Italian economist, Vilfredo Pareto, published a paper that introduced the 80/20 principle:
  - 80% of the land was owned by 20% of the population
  - The idea was derived by observing his garden. 20% of the pea pods contained 80% of the peas.
  - Today there are many uses of the 80/20 principle from business to sports to economics.
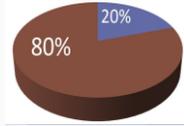 - And , now school based Medicaid billing.

Apply the Pareto Principle

We were …

- Assessing each claim with the same risk
- Reviewing 100% of Medicaid claims

But we knew …

- 80% of our claims were low risk with low chance of errors
- 20% of our claims required more closer scrutiny
- We were NOT devoting enough time to claims with higher risk of errors

Assumptions About Service Providers

- Want to do a good job
- Have complicated documentation beyond Medicaid billing
- Do not have time to "fix" logs (Help them get it right the first time)
- Have received quality training
- A high percentage of staff enter quality service logs that require minimal oversight.
- A small percentage of staff need extra support

How should we use the data we were collecting?

Identified Areas for Improvement

❖ **Quality Assurance**
❖ **Denial Analysis**
❖ **Provider Feedback**

Quality Assurance Program

❖ Statistical sample of claims
❖ Increased emphasis on high risk areas
❖ Changed billing cycle to bi-weekly
❖ Bill on entry date rather than service date

Identify and Prevent Billing Errors More Timely

- Ongoing Coordination / Health related therapy
  - Select random sample at 95% confidence level
  - Population = review logs report
  - Review comments for compliance
  - Expired IEPs
- Health-related assessments
  - Review all assessment reports
  - Subsequent dates for assessments; Correct procedure codes

Identify and Prevent Billing Errors More Timely
(Continued)

- IEP Meetings
  - Crosswalk all IEP meetings for Prior Written Notice & Meeting Notices
- Keyword Analysis
  - Electronically search for keywords that usually indicate error in billings (absence, assessment, school closed, sleeping)
- Face-to-face for students under 7 years of age
- Absences for Health-Related
  - Electronic match with student information system
- Nonbillable
  - Review for accuracy

How We Did It (Collecting Sample Data)

How We Did It (Review Data)

Collect Sample Data

Utilize Quality Control Sheet

Divide Types of Service

Separate IEP Meeting, Nonbillable, TCM services from Therapy/Counseling Services

The remaining on-going therapy services is reduced to a statistical sample

How We Did It (Determining Sample Size)

What is your total of services export from software?

To the right is a picture of sample size calculator to determine your sample size.

Based on 4000 service the sample size is 94 services of the excel document created.

Determine Sample Size

Confidence Level: • 95% ○ 99%

Confidence Interval: 10

Population: 4000

Calculate   Clear

Sample size needed: 94

Keyword Searches

Sleep Absent Consult Testing Assessment

Indicators for IEP Frequency, Goals and Objectives

Therapy services are numbered in Comments right from the start. For Example:

- For a Monthly Frequency: "*Regular service for the month of May. Session 2/6...*"
- For a Weekly Frequency: "*Regular service for the month of May. Session 1/2…*"

Key indicator or Red Flag:

- Two sessions in a day. NOTE: MD only pays 1 unit per day, must indicate (make-up)

Goals and Obj:

- Providers are responsible to manage. An adapted"SOAP" note template pushes providers to properly document encounter notes.

Traditional SOAP Notes

❖ **S**ubjective - Patient's conditions as told by patient
"*Reports counseling is not helping him with family at home. Reports history of violence.*"

❖ **O**bjective - Clinician's observations
"*Generally agitated throughout the session.*"

❖ **A**ssessment - Results from Tests, etc
"*Ruled out Intermittent Explosive Disorder given bouts of uncontrolled rage with non-specific rage.*"

❖ **P**lan - What clinician will do based on gathered information
"*Scheduled next session @ 2 pm. Continue cognitive therapy. Next session introduced use of "time-outs"*"

Adapted SOAP Note

Subjective Information (what you hear)
● Information that you hear or relevant data obtained from teacher interview in response to "how things are going" and/or "not going"
  ○ Session 3/3 for May and last session for this school year. Heard back from outpatient PT who concurred with assessment to have Glenn start walking again in school. Additional Adult Support (AAS) reports she has been having Glenn walk but he's not doing much with it.

Objective (what you observe and do)
● Results from "examination" and interventions performed
  ○ As is typical for him, Glenn was extremely distracted by any noise, movement or people in the hall. He has clearly lost some skills from not walking for the last few months but feel those will be recovered with practice. As noted many times, Glenn's interfering behaviors are detrimental to his function and progress.

Assessment / Activity (what you think or did)
● Identification / interpretation related to function and performance.
● Student response to your intervention / relevant activities
  ○ Today, pulled from class and worked in the hallway on walking with the posterior rolling walker. Initially had the Ultraflex brace on but then removed it to see if it made any difference it didn't. He did poorly at initiating stepping and once he got going he would only take a few steps before stopping. When the walker is pushed along for him he steps with it. Bilateral step length is poor and he is on his toes much of the time. Due to his head turning, facilitated a head forward position which seemed to help him focus a little more. In 15 minutes he only walked approx. 60' with one turn half way down.

Plan (what you will do)
● Think specific rather than just continue the IEP
● Future interventions / activities
  ○ Asked AAS to continue to do what she can given his speed and the classroom schedule. Will resume PT in the fall semester. Marilyn Rogers, PT

Denial Analysis

❖ Nature of denials
❖ Why were claims rejected? Focus on fixable denials.
❖ Now, we can target problem areas
  ➢ Medicaid name/number issues
  ➢ NCCI edit
  ➢ Rendering Provider Licensure lapse
  ➢ Missing Prior Authorization

DENIED

Provider Feedback

❖ Surveys (Google forms)
❖ User concerns
  ➢ Where is their provider turnover?
  ➢ Pipeline blockage
  ➢ What processes weren't clear to providers?
❖ Now, we can target problem areas
  ➢ Focused provider training
  ➢ Better designed communications
  ➢ Improved processes

How Do You Use Your Data?

● Share some interesting ways you have used your data

● What have been your experience?

● Challenges?

Questions and Answers

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