ANALYZING DATA FOR QUALITY ASSURANCE
IN A HIGH VOLUME ENVIRONMENT

"We have the data... Now what"

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OBJECTIVE

After this session you should 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 synthesized.

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

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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

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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)

1. Search in db on Date Entered
2. Export To Excel
3. Conduct Keyword Analysis

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 number of services export from software?

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

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

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 5/2...

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

❖ Subjective - Patient’s conditions as told by patient

"Reports counseling is not helping him with family at home. Reports history of violence."

❖ Objective - Clinician’s observations

"Generally agitated throughout the session."

❖ Assessment - Results from Tests, etc

"Ruled out Intermittent Explosive Disorder given bouts of uncontrolled rage with non-specific rage."

❖ Plan - What clinician will do based on gathered information

"Scheduled next session @ 2 p.m. Continue cognitive therapy. Next assessment will be at the next visit."

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/ not going"

❖ Feeding from interview that the student is having significant difficulty with not being able to focus, concentration, or paying attention. He is also having difficulty with multi-tasking and his motor skills.

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 these 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. Made a request for Glenn to use the wheelchair for a trial run to see if it helps with his concentration.

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 experiences?
● Challenges?

Questions and Answers

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