A3 Report

For instructions: https://www.youtube.com/watch?v=JaVMUoQBygE

Title: NOD - Notice of Operational Deficiency

Date started: May 8, 2017   Current Date: August 31, 2017

Your name: Vanita Curry

Team: Bibi Manev, Hether Hire, Tara Stokes, Wayne Morgan, Vanita Curry, Shannon Allen, Steve Schlatter, Kim Reedy, Shonda Wells, Mary Bartlett

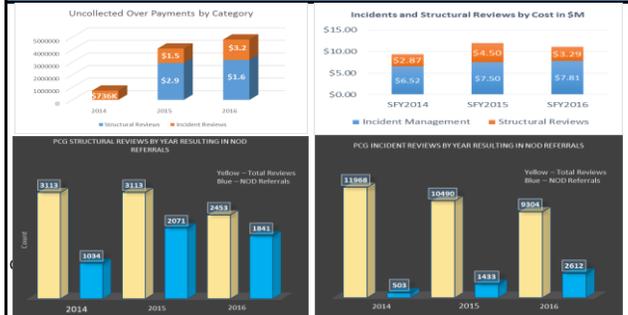**Executive Sponsor: Roger Fouts**

LEANOhio

P1: Why Change is Needed

The issuance of Notice of Operational Deficiency (NOD) process resulting from Structural Reviews and Incident Reviews was transferred from Long Term Care to Providers Operations in January 2017. There is a backlog over 9,500 NOD referrals dating back to 2013 that need to be created and cleared. From late 2013 - February 2017 little work was done to complete the NOD referrals. This was due to no clear defined NOD process, NOD referral rates faster than can currently be produced, and thus NOD backlog grew. In addition to clear the backlog, the goal is to create a new efficient process going forward to assure NODs are processed in a timely manner and to prevent any future backlogs.

NOD PRODUCTION 2014-2017

NOD's Complete, 186
NOD Referrals, 9494
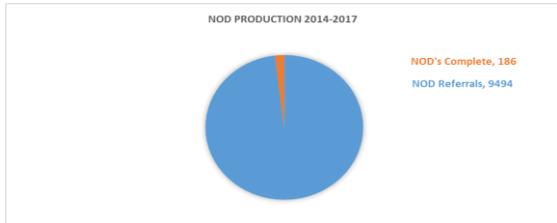
NOD's Completed – Approximately 9,500 NOD Referrals from 2014-2016 resulted in backlog

P2: Current State

Uncollected Over Payments by Category

Incidents and Structural Reviews by Cost in $M

PCG STRUCTURAL REVIEWS BY YEAR RESULTING IN NOD REFERRALS

Yellow – Total Reviews
Blue – NOD Referrals

PCG INCIDENT REVIEWS BY YEAR RESULTING IN NOD REFERRALS

Yellow – Total Reviews
Blue – NOD Referrals
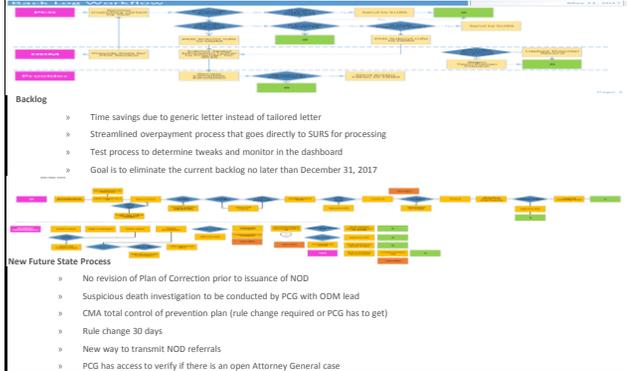
The ratio of NOD referrals for structural review is higher than incidents. No clearly defined NOD process. Ohio Medicaid losing money.

Currently 114 Process Steps; 29 Decision Points; 22 Waiting Steps; 3 Loopbacks and 5 Value Added Process Steps
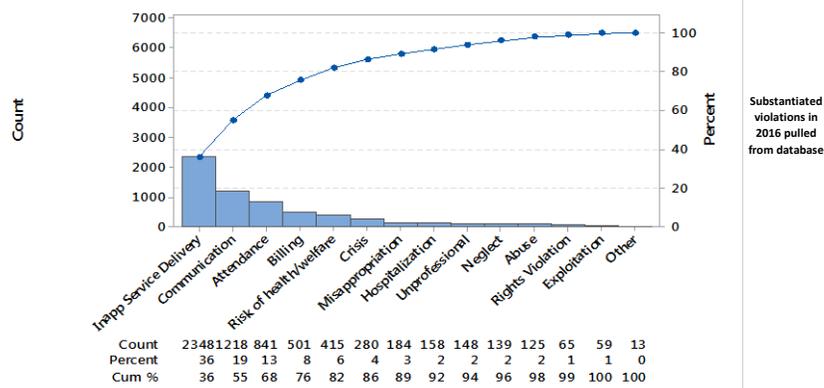
P3: Future State

Backlog

- Time savings due to generic letter instead of tailored letter
- Streamlined overpayment process that goes directly to SURS for processing
- Test process to determine tweaks and monitor in the dashboard
- Goal is to eliminate the current backlog no later than December 31, 2017

New Future State Process

- No revision of Plan of Correction prior to issuance of NOD
- Suspicious death investigation to be conducted by PCG with ODM lead
- CMA total control of prevention plan (rule change required or PCG has to get)
- Rule change 30 days
- New way to transmit NOD referrals
- PCG has access to verify if there is an open Attorney General case

P4: Analysis

Why important to work the NOD referrals?

Pareto Chart of Violation Description

Substantiated violations in 2016 pulled from database

	Count	Percent	Cum %
In Pop Service Delivery	2348	36	36
Communication	1218	19	55
Attendance	841	13	68
Billing	501	8	76
Risk of health/welfare	415	6	82
Crisis	280	4	86
Misappropriation	184	3	89
Hospitalization	158	2	92
Unprofessional	148	2	94
Neglect	139	2	96
Abuse	125	2	98
Rights Violation	65	1	99
Exploitation	59	1	100
Other	13	0	100

Protect the Consumer– Important to determine violations, notify provider, and approve plans of correction from the NODs.

P5: Potential Solutions

- There were over 100 brainstorming ideas generated
- High Impact/High Control ideas:
  - » Create and use templates to streamline work
  - » Reduce extensions granted
  - » Expedite issuance of NOD when provider is a no call no show
  - » Eliminate the need for NOD to be reviewed by supervisor/manager
  - » Maximize current vendor functions and make ODMs role monitoring/oversight
  - » Change who approves prevention plan from PCG to Case Management Agency
  - » The person who creates the NOD also mails the NOD
  - » Give PCG access to query QDSS/BIAR/billing data directly, instead of sending a request to ODM which slows the process
  - » Create one system to track all NODs and PAOs across ODM
  - » Mandate provider training when a person enrolls as a provider - ideally this will decrease NOD referrals
  - » Don't track down bad addresses for NOD - failure to update address w/ODM is a reason to terminate
  - » Decrease number of days provider has to submit a plan of correction from 45 -days to 30-days.

D6: Action Plan

Action item:	Assigned to:	Due Date
Standardize letter templates without dates of occurance but attaching the occurances with cover letter	Heather	5/26/2017
Meet to discuss w/SURS the amount an overpayment is worth pursuing & if all overpayments from PCG to SURS	Meghan	7/30/2017
PCG/ODM to implemement education plan - Create a video for providers to watch instead of prevention plan	Angelene	6/6/2017
Decision: MFCU would like for PCG to continue to check with them prior to initiating a structural review	Meghan	5/16/2017
Rule change: Meet w/Policy/Legal-Decrease # of days provider has to submit POC from 45 days to 30 days	Sue	6/30/2017
Meet with Meng-Chen to discuss the need to create a new way to transmit NOD referrals from PCG to ODM	Betty Birt	7/1/2017
Suspicious death investigation to be conducted by PCG with ODM lead - Need to define process & roles	Bibi	8/30/2017
Meet w/PCG to instruct if a provider is a no call /no show on a Structured Review then issue a NOD referral	Tara	5/17/2017
Meet w/Provider Enrollment for training on how to upload all NOD's and PAO's to the provider record in MITS	Wayne	8/30/2017
Meet with MyCare to discuss a change in MyCare process in current provider oversight model	Tara	5/17/2017

C7: Check Results

	Current	Projected	Actual
# Process Steps	114	18	22
Lead time	2 days	4 hours	45 mins
# Defects	100%	50%	
Customer Satisfaction:			

Plan of Corrections are prepared more thoroughly & efficient

Staff providing better education & provider compliance during telephone calls & during face to face meetings

The educational video's content is welcomed by customer/providers

More claim adjustments by providers & overpayments are being recouped

C7: Check Results

- Innovation and Continuous Improvement
  - » Use of online training to address current NOD backlog and improve quality of services
  - » Ability to track status of NODs
  - » Decrease paperwork leading to more efficiency
- Performance Management
  - » Timelines to keep workflow moving
  - » Ongoing quality assurance by ODM
  - » Improved transparency
- Potential recoupment of approximately $4.5 million of overpayments per year
- Increased provider education will increase quality of care

A8: Follow-up Action

- Determine if there are any production issues. Monitor production to determine if NODs are processed timely (within 7 days of receipt)
- Determine if any future enhancements can be incorporated in the on-training tool to be implemented as education for newly enrolled providers (to reduce deficiencies)
- Rule Changes implementation & project boundaries - out of scope: Care Star System, Managed Care (July, 2018)
- Determine if changes/enhancements should be made to the future state for processing NODs for newly cases moving forward
- To re-visit the NOD process after six months to determine what is working and what is not working well
- Determine a filing/sharing system (perhaps SharePoint) for a better sort, track, and organize
- Determine if skype or other secure service instead of video conferencing for interview