

# Structural Review Provider Monitoring Report Out

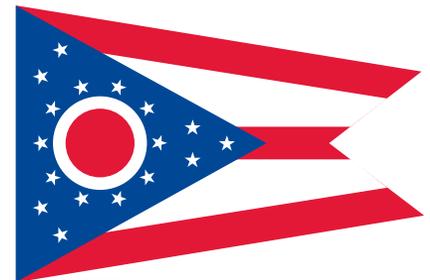
New DOO Review

(Detailed Oversight Observation)

February 9, 2018

*Facilitators: Chief of Staff, PMO Lean Six Sigma Team*

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# New DOO Review

## » Team Members:

- Bibi Manev, Heather Hire, Tara Stokes, Wayne Morgan, Meghan Duvall, John Haller, Joe Pichert, Lynda Zamora, Brandi Potts, Vanita Curry, Brandi Nicholson, Jim Rosmarin, Karla Warren, Megan Powell, Joel Lodge, Laura Leach, Elbony McIntyre, Jessica Nienberg, Hope Roberts, Brock Robinson, Dan Kiser, Monica Peck, Carol McChesney, Mary Bartlett, PCG: Angelene Willetts-Carvi, Sally Ratermann, Brandy Dickman, Jennifer Wilkens, AAA/PAA reps Jenny Janda, Diane Phillips, ODA-Meredith Finley, Kristen Harkness, Matt Hobbs, Jennifer Stires, fresh perspective - Cheri Hatfield



# How Did We Get Here?

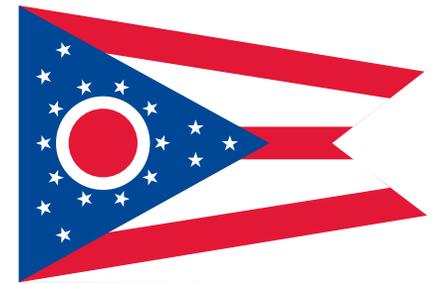
- Structural reviews for waiver providers who work with ODM are contracted to PCG which uses the Carestar Information System (CSIS).
- Other agencies, like ODA, DODD and ODH, also conduct structural compliance reviews because they are governed by their own set of rules and use separate systems to collect information.
- Thus, structural reviews are not currently interchangeable so providers may be subjected to several structural reviews in one calendar year which causes hardships and provider retention problems.

# Projected Benefits

- Improved provider and agency morale
- Potential cost savings by reducing the number of structural reviews
- Potential higher provider retention
- Increased training/technical assistance opportunities for providers
- More accurate claims submissions
- Greater consistency in review will result in greater consistency of service across the state

# Level Setting

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# Process Improvement Goals

Streamline structural reviews so that one review fits needs of both agencies

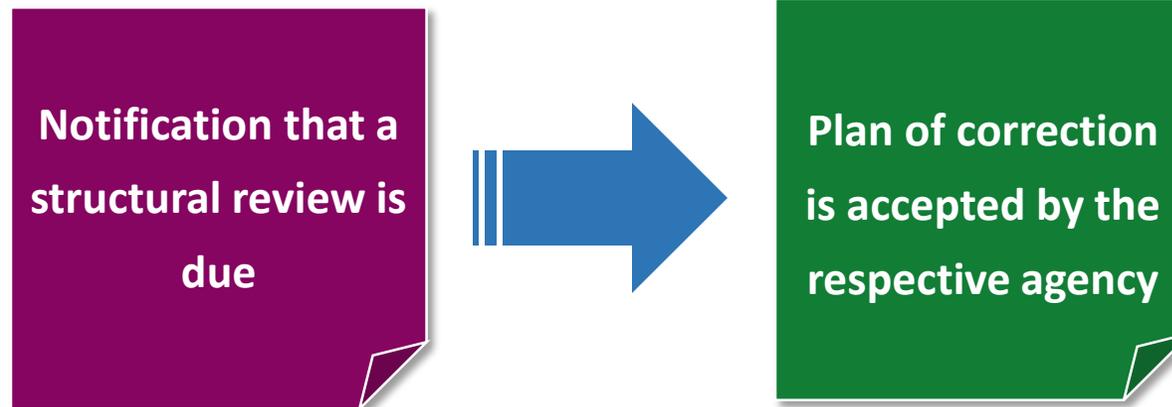
Reduce the number of structural reviews for a provider to one per calendar year

Benchmark other state agencies (i.e. DODD) and other states to determine best practices

Determine ideal future system for structural review

# Event Scope

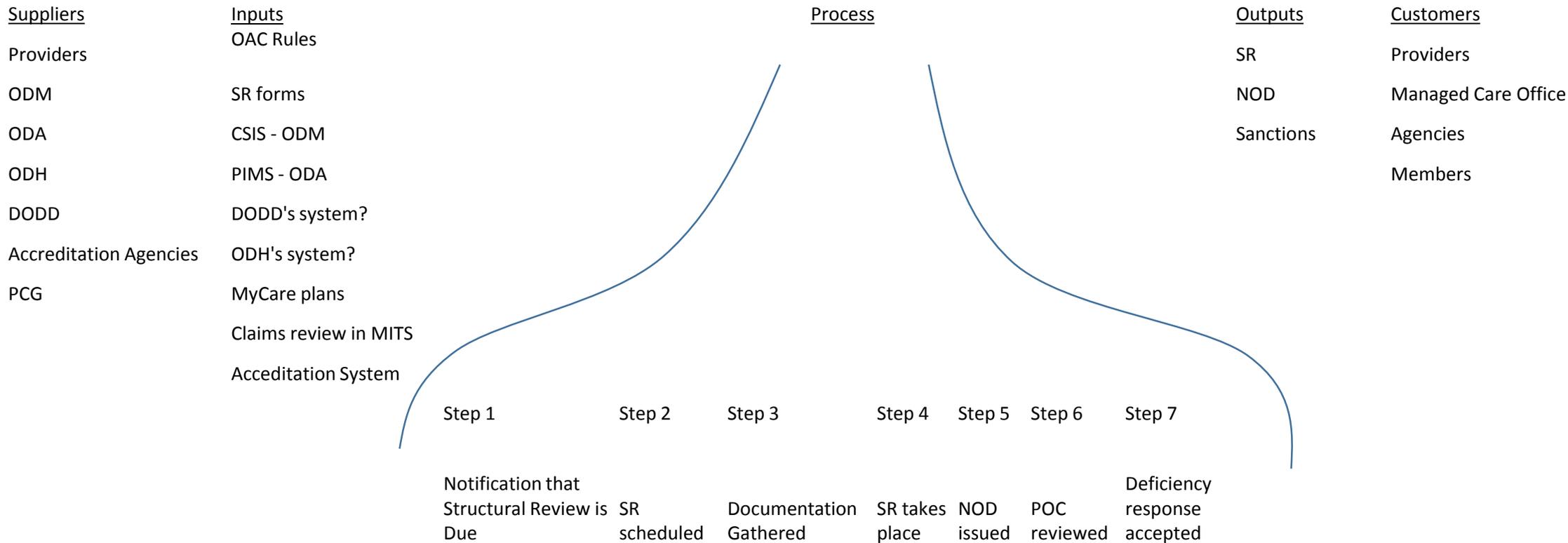
- What is the first step in the process?
  - » Our process begins with ...
- What is the final step in the process?
  - » Our process ends with ...





# SIPOC

## Aligning Monitoring Standards for Waiver Providers SIPOC



# Level Setting

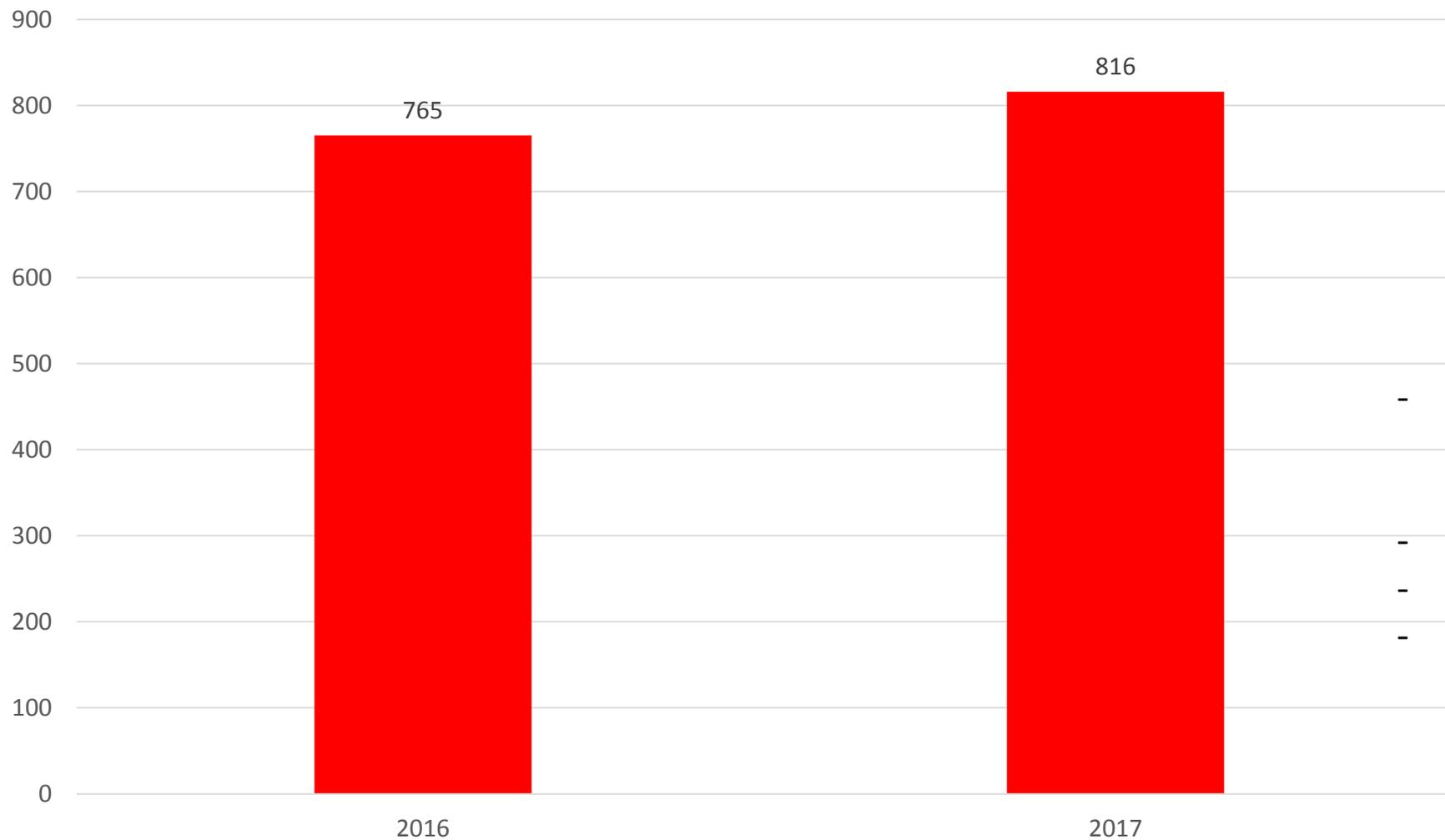
- We conducted 20+ interviews called Voice of the Customer to learn about the process:
  - ODA employees
  - ODM employees
  - Managed Care Plans
  - PCG
  - Waiver Providers
  
- Here's some of the VOC we heard.

# Project CTQ

Environment	Measure	Man	Method	Material	Machine
Ultimately want to see if provider provided and billed for services correctly	PCG does 300/month for the 7500 independent providers	Interagency “buy-in” complicated; this has been tried before	Provider must certify with each state agency they provider services for	One annual BCI should be enough	ODA has a portal BEFORE the info comes over to ODM
Had a provider leave OH for MI since they’re “easier to work with	Assumption that there is a decrease in # of independent providers who accept managed care	Personal bias from reviewers?	Waiver requirements are different across the waivers	“A wavier is a waiver is a waiver”	CareStar – old system, PCG uses it
Ancillary agencies have not had a review since PCG took over the contract....5 years ago!	Worry about decline with EVV	Review scheduling..	Don’t know the name of the beneficiary being cared form on provider claims	Tax affidavit; form should refer to the rules	
		MCP’s do Unit of Service Verification AND review 10% of claims according to guidelines from ODA 2x year; plans are responsible for any recoupment in this instance	Pain point: providers who do not keep their records; can take 6 weeks or more to receive documentation (MCP claims review)		

How can we all speak in one voice?

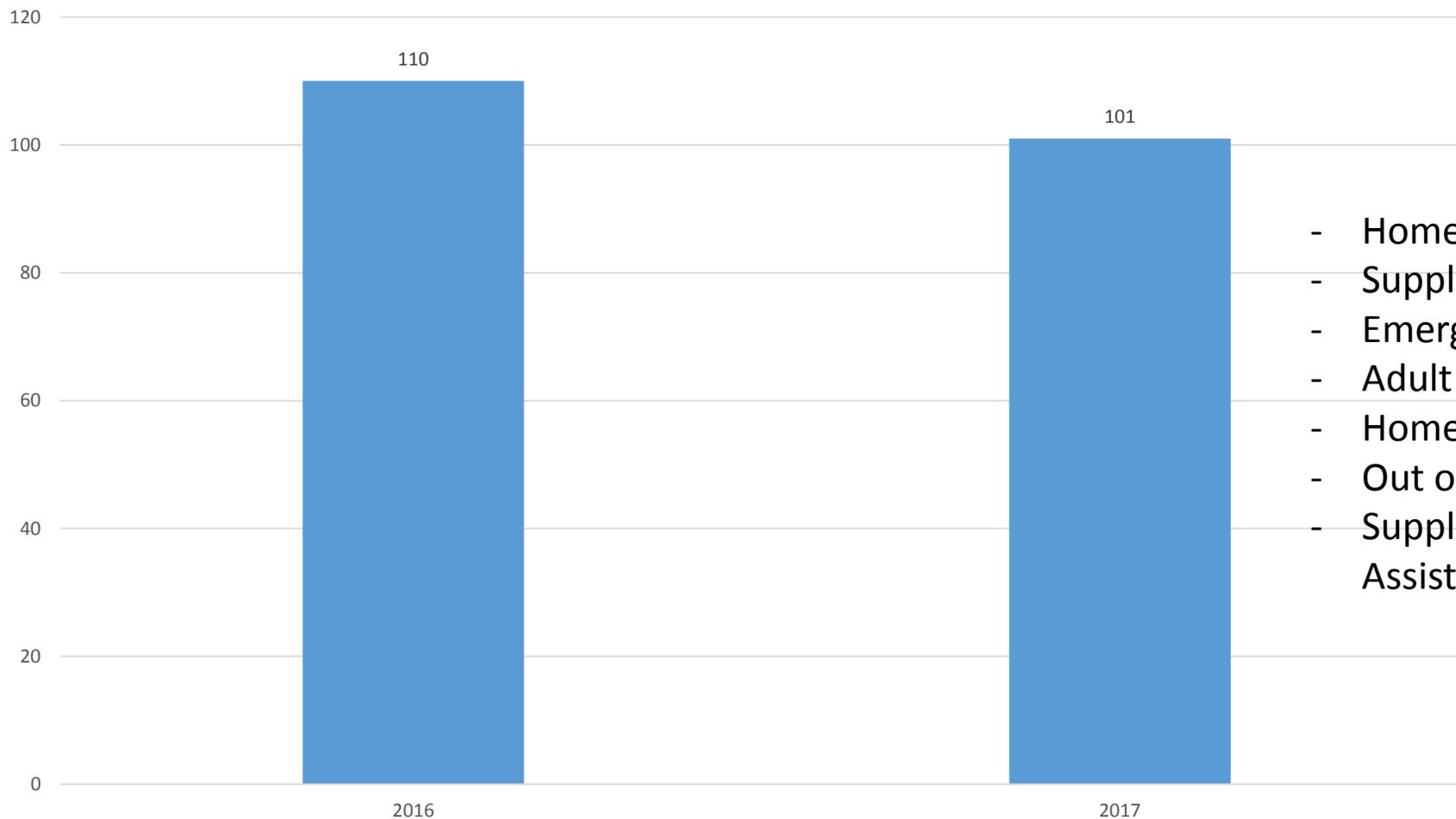
### ODM # of Missed Appointments (Provider doesn't show up)



- When providers do not show, PCG conducts a 12 month billing review
- PCG also writes a NOD
- Average of 3,000 per year
- 25% in 2016 and 27% in 2017



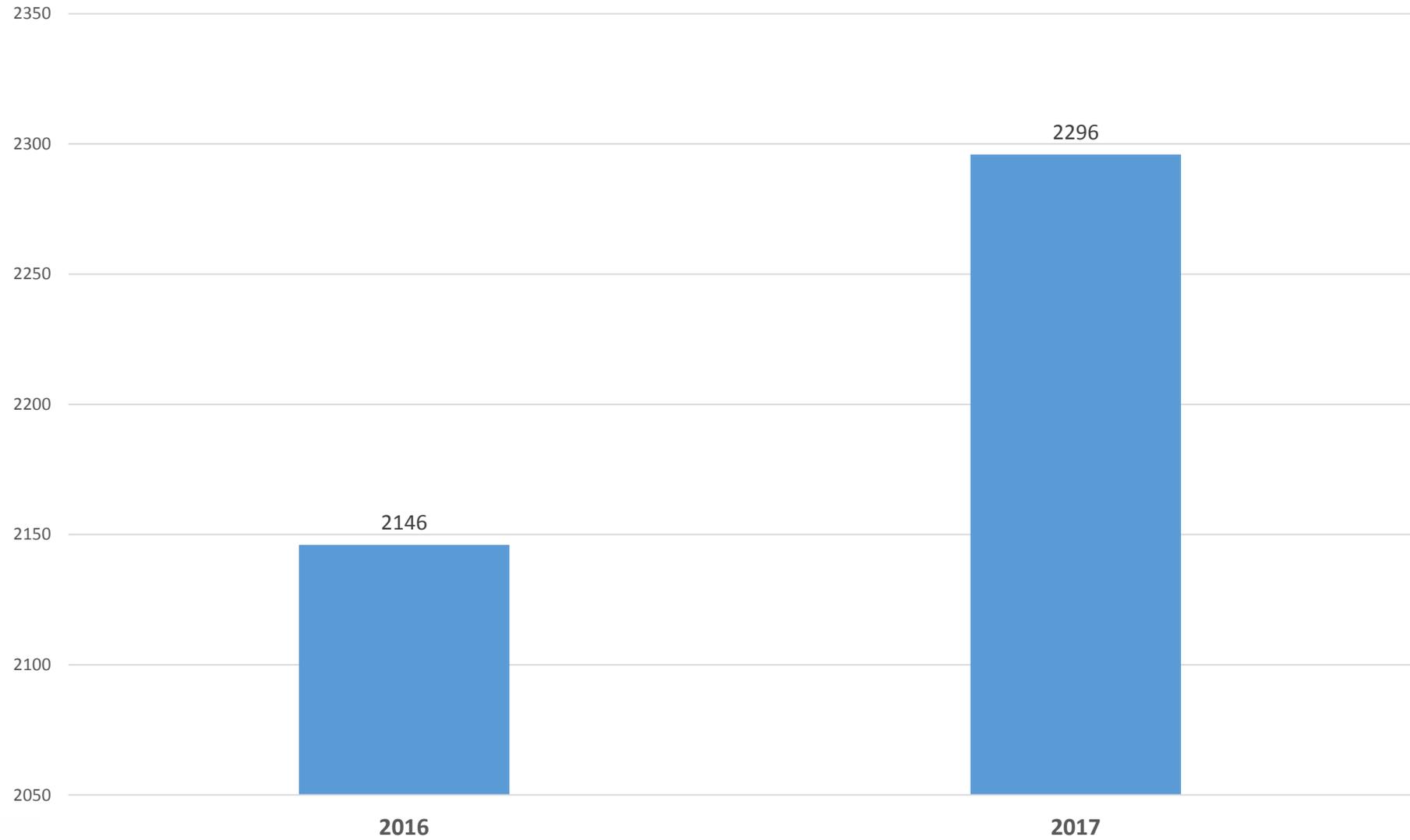
### ODM Agency Providers not reviewed



- Home Delivered Meals
- Supplemental Transportation
- Emergency Response Services
- Adult Day Center
- Home Modifications
- Out of Home Respite Services
- Supplemental Adaptive and Assistive Services



ODA On-Site Compliance Reviews

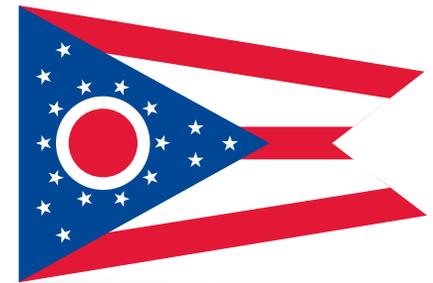


# Summary

- Opportunity to align the Structural Reviews to get to one format
- Opportunity to try to get more providers to a Structural Review upon initial request
- Opportunity to review other systems

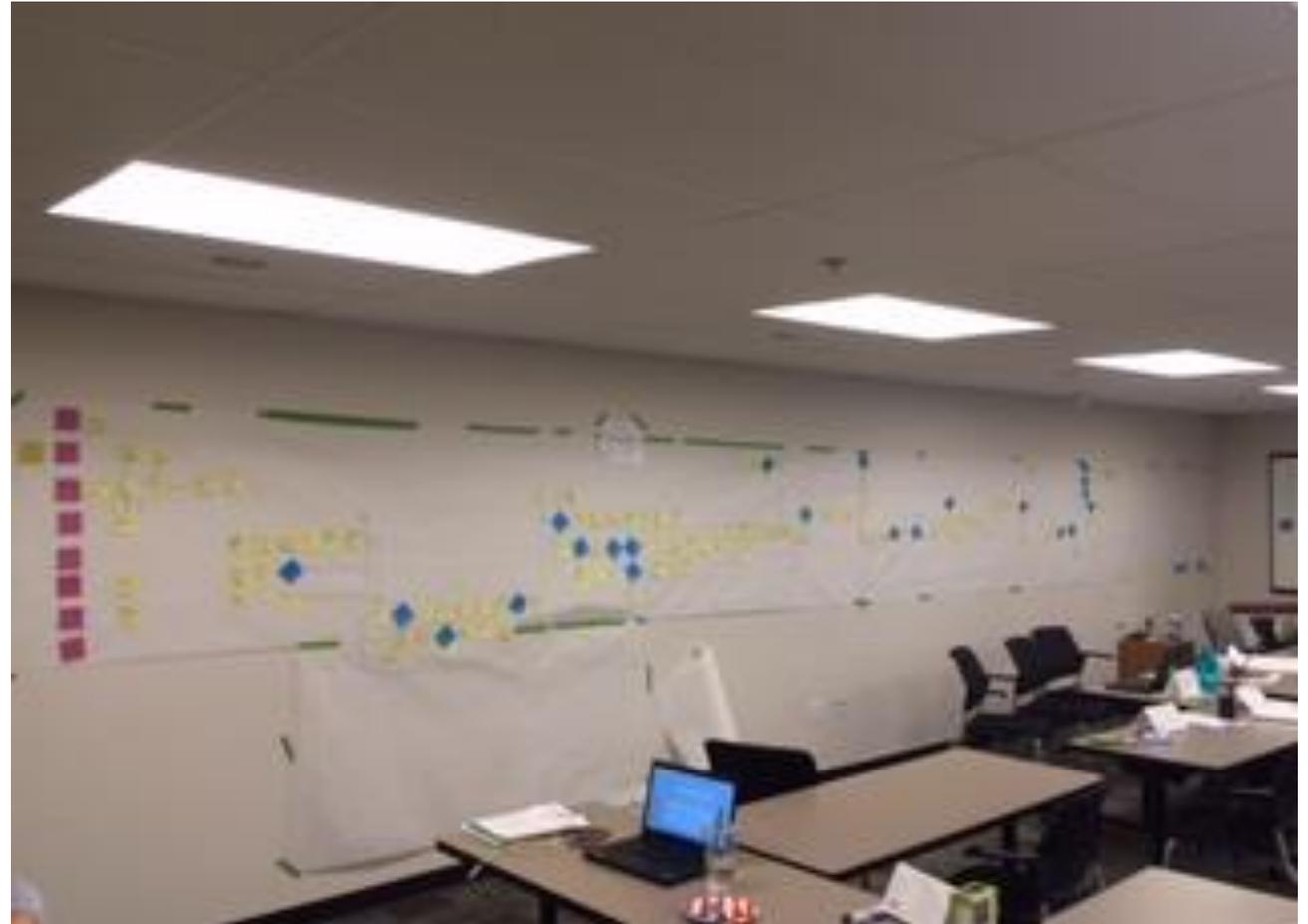
# Current State

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# Current State Process

- 2 separate processes
- 211 Process Steps
- 38 Decision Points
- 41 Wastes
- Multiple Loopbacks
- 4 Value Added Process Steps



# Examples of TIM U WOOD Waste

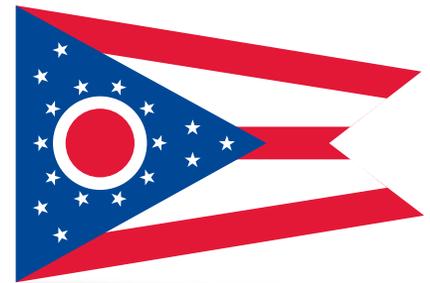
- Each of the 13 PAA's have their own process
- 12 months of records required for review for all providers
- Provider documentation is not standardized
- Need to share areas of non compliance (e.g., timesheets and consumer record deficiencies)
- Need threshold for “compliance” – what is good enough
- Lack of centralized monitoring depository results in manual file transfers
- ODM looping back to PCG after NOD is issued for POC process
- Provider no shows waste valuable resources in cost and prep time
- Defect: risk of no or poor quality service to MyCare members

# Value Added Steps

- Value Added Processes
  - » Schedule the review or engaging the provider
  - » Conduct exit conference including education with provider and providing technical assistance
  - » Review Plan of Correction
  - » Interaction with AG office on potential Medicaid fraud cases

# Brainstorming

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# Brainstorming Ideas

- There were over 127 brainstorming ideas generated
  - » Brainstorming ideas were lumped into the following 5 categories:
    - Systems Changes
    - Roles and Responsibilities
    - Training
    - Forms
    - Procedures/Policies/Rules

# High Impact High Control Examples

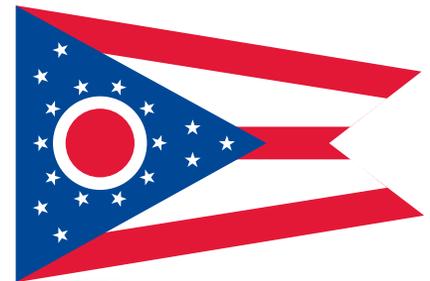
- High Impact/High Control ideas to be considered for the Future State:
  - » Change training messaging to focus on process improvement or technical assistance instead of punishing the provider
  - » Provide a full protocol like DoDD on how a structural review is conducted
  - » Provide handbook for providers on expectations so they can understand the process
  - » More electronic forms, tools, processes to reduce paper clutter
  - » Figure out a good way for ODA and ODM sanctions to be shared with managed care plans (e.g., file transfer) – already underway
  - » Develop one system (not PIMS, not CSIS) for all structural reviews

# High Impact Brainstorming Ideas continued

- Rule/Policy Change Requests:
  - » Consistent OAC rules for compliance reviews and disciplinary actions (multi-level sanctions)
  - » Give providers only one plan of correction (either from PCG or ODM)
  - » Have one review for nurses (either ODM or ODA)
  - » Shorten from 45 days for providers to respond to citations with their plan of correction (e.g., 30 days, 15 days)
  - » Add score or grade or extra benefit to help provider to succeed
  - » Change rules to have a claims/\$ consequence for frequent non-compliance with a communication mechanism to the MCPs

# Future State Process

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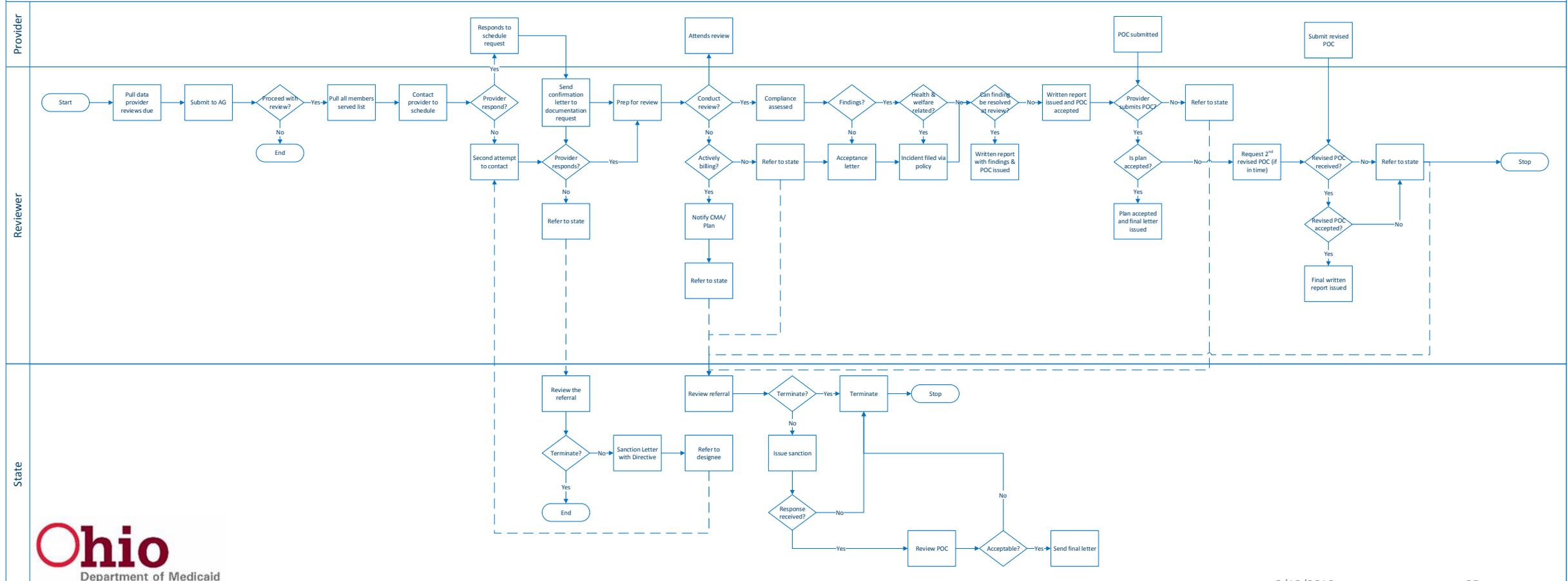


# Our New Future State

- Planning for an ideal future state started with two separate groups developing clean sheet redesigns of the current state process
- The best ideas/strategies from each clean sheet was incorporated into one ideal future state process map

# Proposed Future State Process

## Structural Review Provider Monitoring



# Future State Summary

- One process for ODM and ODA provider reviews
- Streamlined POC and sanction process
- Emphasis on training, education and technical assistance
- One future universal provider review system
- Reduction of processing of no shows
- Increased number of structural provider reviews completed
- Eliminate multiple reviews
- Greater assurance of quality healthcare

# Implementation



# Action Registers

Category	Description	What Needs to Happen	Who Will Take Lead	When Will It Start
Systems	ODM to determine how to pull data and track trends of non-compliance	Workgroup	Mary B., Brandi D, Kristen	60 Days
Systems	Data drop to share sanctions with Managed Care Plans. Hold on referrals and/or removal of cons.	Determine plan of action	Wayne, Meredith	30 Days
Form	Update form requesting higher level sanction	Update form	Meredith	90 Days
Form	Standardize Structural Review form criteria for alignment with MLTSS (post rule alignment)	Develop new form	Jim R., Matt H.	> 90 Days
Form	One referral to ODM for NOD & SUR referrals and POC	Determine plan, feasibility and value	Heather, Dan, Tara Angelene	60 Days
Form	Develop provider surveys after compliance review to get feedback	Develop survey	Mary G	90 Days
Roles & Responsibilities	Case Management to check on consumer when the provider is non-responsive	Determine plan, feasibility and value	Wayne, Kristen, Mary	90 Days
Roles & Responsibilities	ODM to resume agency compliance reviews	Just do it	Wayne, Tara, Bibi	90 Days
Training/Education	Require provider training prior to enrollment	Develop curriculum & training	Jennifer, Meredith, Kristen (ODA), Wayne, Brock	> 90 Days
Training/Education	PCG/ODA complete a 90 days review with providers within the first year of enrollment	Change PCG Contract, Develop review form, etc.	Bibi, Tara, Jennifer (ODA), Megan (ODM)	> 90 Days
Training/Education	Once programs are aligned, develop universal training for all reviewers. For Aging, ensure one training for all regions	Develop universal training for all reviewers	Angelene, Tara, Kristen, Meredith	> 90 Days
Training/Education	Develop a full protocol (like DoDD) on how a structural review is conducted	Transparent structural review protocol and tools accessible to providers	Jennifer, Kristen, Meredith (ODA), Heather, Tara (ODM)	> 90 Days
Procedures/Policy/Rules	Develop single OAC rule for all NF based waivers	Align ODM and ODA OAC rules	Jim R., Matt H.	Goal effective date 1/1/19
Procedures/Policy/Rules	Standardize what happens when a provider does not comply	Develop new standard procedures for ODM & ODA to follow	Jim R, Meghan, Matt H	Goal effective date 1/1/19
Procedures/Policy/Rules	Standardize review process protocols	Workgroup	Heather, Tara, Wayne, Matt H, Kristen	Kick-off by 3/2018; goal completion date 11/1/18
Procedures/Policy/Rules	Determine what data can be provided for MyCare & AG	Research	Brandi N.	3/7/2018

# Dashboard – What Gets Measured Gets Done

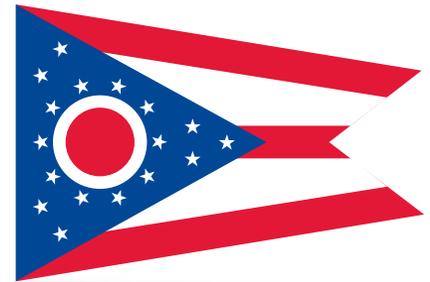
- Provider List – Who needs reviews, due dates
- Standard Compliance Grid (Review)
- Standard Sanction Grid (State)
- AG open case list
- Access to billing (if needed) or # of consumers being served by provider
- Database to upload provider documentation
- EVV data access
- Standardized review tools
- Data Analysis:
  - » Citations/Sanctions Numbers and Types of Violations
  - » Timeline Compliance
  - » Timeline of provider review process
  - » Trends ( terminations, deficiencies, sanction, etc)
  - » Timeline of sanctions/POC
  - » Data by Plans (# of providers, # of non-compliances)
  - » Provider Regional certification by county and service

# Decisions Needed from Senior Leadership

- Give PCG the ability to pull billing data directly for Medstat process (beginning of SR process)
  - » Current hurdle but there is potential with the new OMES Provider module to overcome this barrier
- Recommend that we separate billing and overpayments from the Structural Review process and give to the appropriate team that understands this piece
- Establish a workgroup to prioritize and authorize rule changes
- Single rule (including frequency and type of review) authorizing structural reviews conducted across agencies – waiver provider SR Process Rule

# Questions or Comments

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# Special Thanks to...

- **Senior Leadership:**
  - » Director Sears, Jenelle Hoseus, Beverly Laubert, Matt Hobbs
- **PMO Director:**
  - » John Pendergast
- **Sponsor:**
  - » Patrick Stephan, Elbony McIntyre, Jessica Nienberg
- **Team Lead:**
  - » ODA – Karen Boester
  - » ODM -- TBD
- **PCG**
  - » Sally Raterman, Angelene Willetts-Carvi, Brandy Dickman, Jennifer Wilkens
- **ODA/PAA:**
  - » Kristen Harkness, Meredith Finley, Jenny Janda, Diane Phillips
- **Green Belt:**
  - » Amanda Gillespie
- **Black Belts:**
  - » Betty Birt, Debora Mayle, Felicia Sherman
- **Belt Assistants:**
  - » John Haller, Vanita Curry, Joe Pichert, Brandi Potts, Irene Barnett, Cheri Hatfield, Lynda Zamora

# Appendix A

Linkages to ODM Strategy Map



# Increase Value for Taxpayer Dollars

- Process improvements help prevent provider overbilling
- Helps prevent Medicaid fraud by drawing attention to issues and concerns that lead to overbilling
- More efficient use of resources that lead to consistency
- Editing unneeded steps allows us to move forward with less needed man power and less expenditure of tax dollars (also means more money to pay for health care results in Superior Health Outcomes)

# Consistent & Rewarding Business Partner

- More training for providers
  - » Improve and develop better providers by tracking and addressing problem areas
- More timely interaction/follow-up/action taken with providers
- Increase collaboration with PCG
- Improve provider education to ensure they clearly understand ODM's expectations
- Improve data collection to increase compliance with federal regulations

# Easy to Work With

- Defined expectations help providers, recipients, business partners and tax payers understand next steps
- Process improvements lead to efficiency and better process results
- Providing education videos help providers to meet compliance guidelines and improve service delivery

# Additional Perspectives

- 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

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