SHIP Quarterly Webinar

March 2019

ERCP Spotlight

Revenue cycle improvement project utilizing Lean methodology

- Hospitals chose a process to review/improve
- Hospitals brought a team to Kick-Off Training
- During Kick-Off, a subject matter expert instructed teams on Lean tools and techniques to help them analyze and problem solve their projects
- Hospitals left with an action plan and worked on their projects with their facility teams
Why Lean???

Utilizing Lean in health care can potentially:
• Reduce costs by 30-35%
• Improve work and patient flow
• Improve patient and non-patient care processes
• Improve morale, productivity and the bottom line

ERCP Participant Perspective

Logan County Hospital, Oakley
ReChelle Horinek, Financial Controller
LOGAN COUNTY HOSPITAL
LEAN IMPROVEMENT PROJECT
COLLECTION OF ER PATIENT’S DEMOGRAPHICS

LOGAN COUNTY HOSPITAL – BENEFITS OF LEAN PROJECT

May – Sept. 18 Uncollectible $88,700 (pre project)
Nov. – Present Missing information $3,835.11

Worked cooperatively between the
Business Office and Nursing Staff to
streamline the process allowing
for better collection of patient information
ERCP Participant Perspective

Community HealthCare System, Onaga
Liz Murphy, Registration/Access Manager

Rejecting Rejection
LEAN Project
Where to Start?

- Preliminary Data
  - Rejections
- Deep Data Dive
  - Data Time Frame: September and October 2018
  - Mapping of each rejection reason
  - Rejections by Count and Dollar Amount
- Decision to focus on Registration

Successes

- Review of Rejections
- Identifying Waste
- Identifying Value Added Process
- Mapping and data brought awareness of opportunities for improvement
Successes

- Current vs Future State
- Optimizing Tools
- Education
- THE WHY

“Registration is a very important role, they don’t just register patients, they are ultimately what help get us paid” - Alycea Lakin

Future

- Data
- Less Waste
- Less Re-work
- Timely Revenue
- Less Rejections
- Multi-disciplinary Approach
- TEAM

Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved.
- Mattie Stepanek
**ERCP**

- **Efficient Revenue Cycle Project (ERCP)**
  - Informational Webinar
    - May 22 at noon
  - Kick-Off Training
    - June or July
  - Looking for 6 to 9 Hospitals

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**2018 - 2019 SHIP Milestones**

Hospitals will be reimbursed in three payments upon completion of each milestone.

**Milestone 1:** Submission and approval of mid-year SHIP expense and activity report, due January 4, 2019.  **Payment amount:** $1,660

**Milestone 2:** Submission and approval of end-of-year SHIP expense and activity report, due June 30, 2019.  **Payment amount:** $1,661

**Milestone 3:** Data submission requirements met for Q4/2017 through Q3/2018  
**Payment amount:** $6,000

**Grant Period:** June 1, 2018 to May 31, 2019  
**Total Award:** $9,321.00
The Federal Office of Rural Health Policy has identified the following two priorities for using SHIP funds:

- ICD-10 Implementation
- HCAHPS

Once these priorities have been met, your hospital may select other activities listed on the SHIP Purchasing Menu.
Medicare Beneficiary Quality Improvement Project (MBQIP)
Hospital Data Submission Deadlines
Reporting Quarters Applicable to SHP 2018-2019 Grants

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Reported To</th>
<th>Q4 / 2017</th>
<th>Q1 / 2018</th>
<th>Q2 / 2018</th>
<th>Q3 / 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-1</td>
<td>Performance &amp; Reporting Information Capture and Reporting</td>
<td>QualityNet via Secure Login</td>
<td>May 1, 2018</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>OP-2</td>
<td>OP-2 (Median time to fibrinolysis)</td>
<td>QualityNet via Secure Login</td>
<td>May 1, 2018</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>OP-3</td>
<td>OP-3 (Median time to transfer for ACI)</td>
<td>QualityNet via Secure Login</td>
<td>May 1, 2018</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>OP-4</td>
<td>OP-4 (Median time to ECG)</td>
<td>QualityNet via Secure Login</td>
<td>May 1, 2018</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>OP-5</td>
<td>OP-5 (Median time to fibrinolysis within 60 minutes)</td>
<td>QualityNet via Secure Login</td>
<td>May 1, 2018</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>OP-10</td>
<td>OP-10 (Median time to ED departure time for discharged ED patients)</td>
<td>QualityNet via Secure Login</td>
<td>May 1, 2018</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
</tr>
<tr>
<td>OP-18</td>
<td>OP-18 (Median time to ED arrival time for discharged ED patients)</td>
<td>QualityNet via Secure Login</td>
<td>May 1, 2018</td>
<td>August 1, 2018</td>
<td>November 1, 2018</td>
<td>February 1, 2019</td>
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</tbody>
</table>

*Although the denominator for SHP 2.3 is limited to inpatient discharges during October through March (Q4 and Q1), data submission is also expected for Q2 and Q3.*

Updated 7-18

OP Reporting Deadlines

**4Q18 Submission due May 1, 2019**

- OP-2 (Median time to fibrinolysis)
- OP-3 (Median time to transfer for ACI)
- OP-5 (Median time to ECG)
- OP-18 (ED arrival time to ED departure time)
OP Reporting Deadlines

**Submissions due May 15, 2019**

- OP-22 (Left without being evaluated by a qualified medical professional)
  - All of 2018
  - In QualityNet
  - Screenshots at krhop.net under ‘abstraction’ on how to complete

OP Reporting Deadlines

**Submissions due May 15, 2019**

- OP-27 (HCP) (Influenza vaccinations amongst healthcare professionals)
  - 4Q18/1Q19
  - In NHSN
IP Reporting Deadlines

4Q18 Submission due May 15, 2019
- IMM-2 (Influenza Immunization)
- ED-1 (Time from ED arrival to ED Departure for admitted patients)
- ED-2 (Time from Decision to admit to ED Departure for admitted patients)

EDTC Reporting Deadlines

1Q19 Submissions due May 1, 2019
- January 2019
- February 2019
- March 2019

- KS Report is due to FORHP by May 10, 2019
Population and Sampling Deadlines

4Q18 Submissions due May 1, 2019

• OP Measure Sets
  – ED Throughput (OP-18)
  – AMI (if needed)
  – CP (if needed)
• IP Measure Sets (if needed)

OP-22

Patient left without being seen:
• What was the total number of patients who left without being evaluated by a physician/APRN/PA? __________ (numerator)
• What was the total number of patients who presented to the ED? __________ (denominator)

Open now – submission deadline is May 15, 2019
At the request of the Centers for Medicare & Medicaid Services (CMS), beginning with the Critical Access Hospital (CAH) Program for Evaluating Payment Patterns Electronic Report (PEPPER) version Q4FY18, scheduled for release on April 5, 2019, the CAH PEPPERs will be available for access through a secure portal at https://pepper.cbrpepper.org.

Previously the CAH PEPPERs have been uploaded to QualityNet Administrators and those who have basic user accounts with the PEPPER recipient role. An email with instructions for accessing the CAH PEPPER will be sent to CAH QualityNet Administrators a few days before April 5.
PEPPER Reports

- Program for Evaluating Payment Patterns Electronic Report (PEPPER) provides provider-specific Medicare data statistics for discharges/services vulnerable to improper payments.

- PEPPER can support a hospital or facility’s compliance efforts by identifying where it is an outlier for these risk areas. This data can help identify both potential overpayments as well as potential underpayments.
PEPPER Reports

Distribution Schedule - How to Get Your PEPPER

TMF will distribute PEPPER according to the schedule and methods below.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Distribution Schedule</th>
<th>Distribution Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Acute Care Hospitals</td>
<td>Quarterly, or as about December 4, 2019, March 4, 2019, June 3, 2019, September 9, 2019</td>
<td>Electronically via the QualityNet Portal</td>
</tr>
<tr>
<td>Critical Access Hospitals</td>
<td>Annually, April 9, 2019</td>
<td></td>
</tr>
</tbody>
</table>

Change starting with April release: Available electronically to the hospital CEO, president, administrator, compliance officer or quality assurance/performance improvement officer at the QualityNet Portal. You will need to enter your hospital CMS Certification number (also referred to as Provider Number or PIN). The last digit of the number will be a 1. For more details see the Training and Resources page.
Hot Topics

You should still run Case Status Summary Reports about 2 weeks before the deadline to verify what is in the Warehouse

“How To” at krhop.net under “abstraction”

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Hot Topics

EDTC
  – Download Tool from QHi for 2019
  – Proposed Measures overhaul coming summer 2019
  – Training over changes will occur before hospitals are expected to report the new way
Abstraction Resources

Abstraction Review Process Consultation Available

- Customized abstraction review process and phone consultation that will provide hospitals with the opportunity to receive one-on-one education and assistance on how to abstract IP/OP/EDTC MBQIP measures.
- Free of charge
- No risk
- Details available in MBQIP Monthly

www.KRHOP.net

- Quality Reporting page will split into two
  - Quality/MBQIP
  - Abstraction
- When technical assistance topics are trending – resources will be created or found and located here
Upcoming Webinars

• 2019 SHIP Informational Webinars
  – June 20, September 20, and December 20
• Quality Corner Calls
  – April 17 – TBD
  – May 15 – TBD
  – July 17 – TBD
  – August 14 – TBD

Upcoming In-Person Education

• ED Efficiencies
  – April 5 – Salina
• Turning Data into Improvement
  – May 29 – Garden City
  – June 19 – Emporia
  – August 15 – Belleville
Upcoming In-Person Education

• CART Abstraction Training
  – July 23 – Wichita
• Quality 101
  – August 1 & 2 – Topeka
• MBQIP Basics
  – October TBD – Salina
Contact Us

Jennifer Findley
jfindley@kha-net.org
785.233.7436
Susan Runyan
srunyan@kha-net.org
620.222.8366
Susan Cunningham
scunningham@kha-net.org
785.276.3119

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