

An Examination of Quality Improvement Methodology and Health Insurance Access in a Low-Incidence State

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NH Division of Public Health Services



Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Identify a minimum of two PDSA cycle models for achieving improvement in insurance payment error rate and cycle time.
2. Describe a minimum of three strategies for raising visibility and advancing Ryan White Care Program priorities among clinical providers and marketplace carriers.
3. Describe methodology for monitoring, assessing and tracking invoice error rate and type through the utilization of Quality Improvement tools.



Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>





Session Overview

- Background
- The Problem
- QI Project
- Results
- Lessons Learned
- Next Steps
- Questions



New Hampshire

True Facts



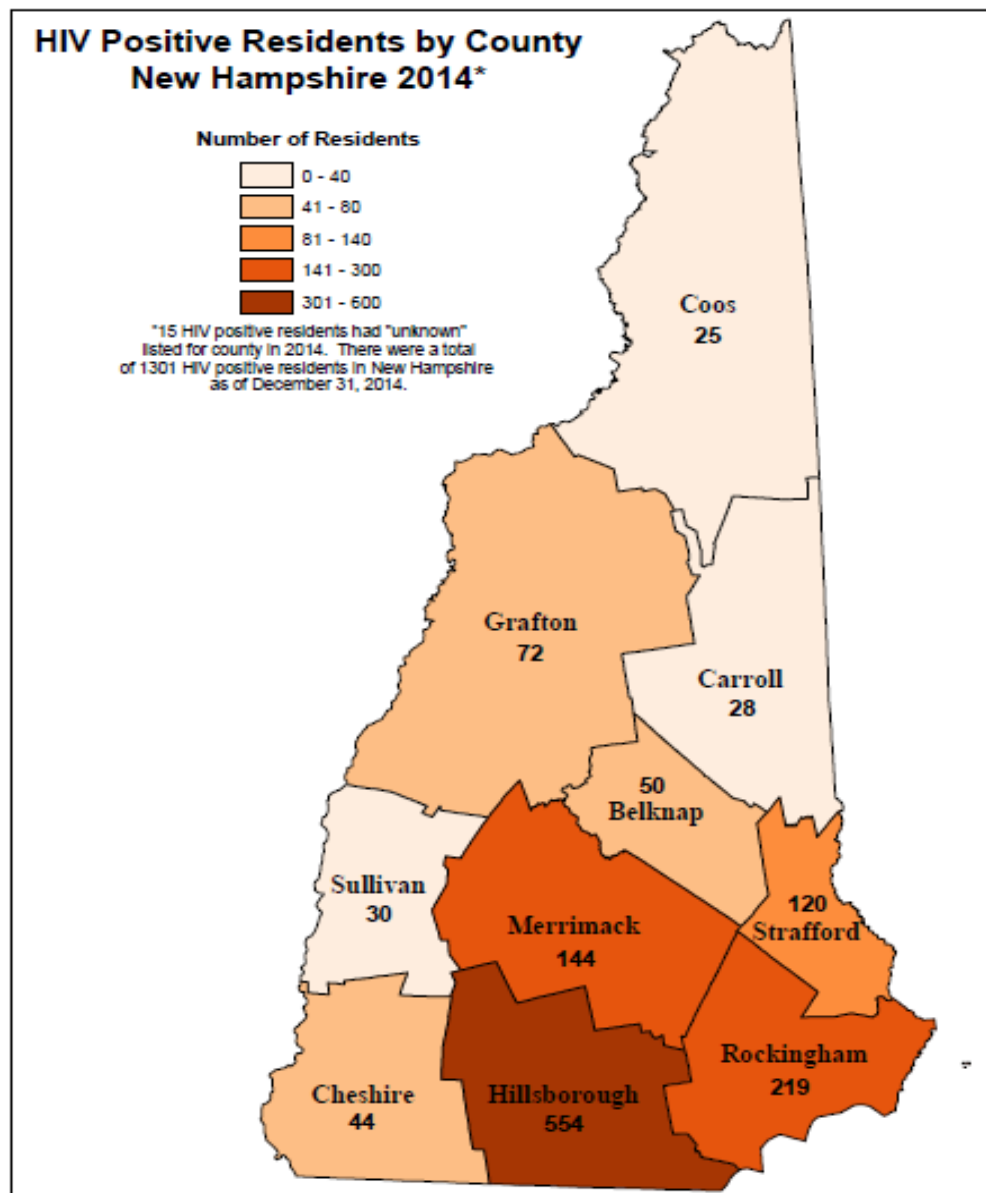
- The first potato planted in the United States was at Londonderry Common Field in 1719.
- Alan Bartlett Shepard Jr., the first American to travel in space is from East Derry, New Hampshire.
- New Hampshire's state motto is "Live Free or Die". The motto comes from a statement written by the Revolutionary General John Stark, hero of the Battle of Bennington.
- It takes approximately 40 gallons of sap to make approximately 1 gallon of maple syrup

HIV in NH

Low incidence State:
Population of 1.3M
(2010)

As of 12/31/14:

HIV: 612 +
AIDS: 689 =
1,301 PLWHA





Health Care Landscape

- NH Medicaid:
Expanded Medicaid = Health Protection Program
- Medicaid Fee-For-Svc & Managed Care Orgs
- Medicare Parts A, B, C (Medicare Advantage), D
- ACA Marketplace Plans
- Private employer-sponsored or individual plans
- *Patient Assistance Programs – Rx manufacturers*
- *Ryan White Parts A, B, C, D*



**Covering
New Hampshire**
Your Gateway to the Health Insurance Marketplace

NH Ryan White CARE Program

NH Department of Health and Human Services

- Grantee for RW Part B Funds
- Recipient of RW Part A funds from Boston

Public Health Commission

(3 southern NH counties are part of Boston EMA)

- 340B Rebates for ADAP
- No State funding currently
- 400% FPL
- 4 ASOs for medical case mgt.

New Hampshire CARE Program Services Could Cover Your

- Prescriptions
- Insurance Premiums
- Insurance Copays and Deductibles
- Dental Care
- Outpatient Medical Visits
- Lab and Diagnostic Tests
- Medical Case Management
- Home Health Care Services
- Mental Health Counseling
- Substance Abuse Treatment

The New Hampshire Division of Public Health Services (DPHS) is a responsible, expert, leading-edge organization that promotes optimal health and well-being for all people in New Hampshire and beyond. Since 1990, DPHS has been responsible for delivering high-quality, evidence-based services. DPHS responds promptly to public health threats, inquiries, and emerging issues.

Ryan White Legislation

In August 1990, Congress signed the Ryan White CARE Act, creating a system of services that greatly improved the quality and availability of health care services for people living with HIV and AIDS. Named for Ryan White, the HIV-positive teenager from Indiana who made headlines with his brave fight against ignorance and prejudice, the CARE Act continues to fund many health and social programs throughout the United States.

New Hampshire CARE Program
20 Hours Other
Contact: NH 603-971-4581
1-800-850-5546 ext. 4081
TDD 1-800-735-2664
TDD
Download an application



114
New Hampshire
Division of Public Health Services

The New Hampshire CARE Program



NH Department of Health and Human Services
Division of Public Health Services



NH Ryan White CARE Program

As of 2015 – 634 active clients

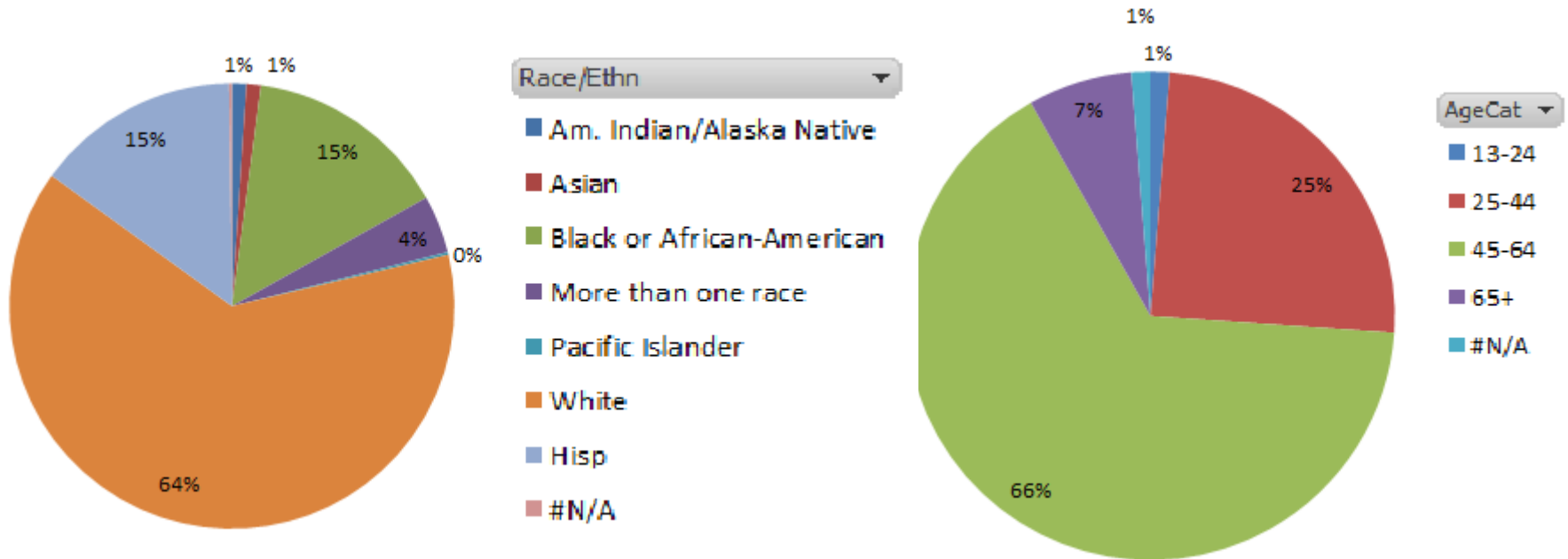
Program Staff: Manager, Data Analyst, Enrollment Coordinator, Contract Monitor, two Compliance Specialists, Program Secretary

Bureau of Infectious Disease Control (BIDC) Programs:

HIV surveillance, HIV Care, STD Prevention, TB, Hepatitis Prevention, Provider Relations, Disease Investigation, Immunization, other Surveillance, Emergency Preparedness.



NH Ryan White CARE Program





NH Ryan White CARE Program

- Magellan PBM for paying prescription Rx
- Full Pay: All prescription medications and outpatient care, dental, mental health, substance abuse, home healthcare
- Insured clients (non-Medicaid): insurance premiums, drug copays, ***medical copays***





The Problem

- **In-house payment process for medical copays. As of January 2015:**
 - **Bills arriving with errors**
 - **Heavy administrative burden**
 - **Providers not paid in a timely fashion**
 - **Clients receiving collection notices**

Problem #1

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Problem #2

MEDICAL CENTER DRIVE CONCORD, NH 03301 J-368-4783										16 MED. REC. # 50784414-0 0131 17 FED. TAX NO. 020222140 18 STATEMENT COVERS PERIOD FROM 062314 THROUGH 062314 19 LSPD P									
PATIENT NAME [redacted] C101										PATIENT ADDRESS [redacted] NH									
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46 REV. CD 300 47 DESCRIPTION LABORATORY medicaid w/DT# client has Medicaid										48 HPOS / DATE / HPOS CODE 82274 51158203857									
49 SER. DATE 062314 50 SER. UNITS 1 51 TOTAL CHARGE 11.99 11.99										52 NON-COVERED CHARGE 0000									
0001 PAGE 1 OF 1										CREATION DATE 063014 TOTALS 9000									

RECEIVED
JUL 14 2014

Problem #3

HARVARD PILGRIM				ATTACHMENT			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request consent of government benefits either to myself or to the party who accepts assignment hereof.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or service provider.			
SIGNATURE ON FILE				ASSIGNMENT ON FILE			
SIGNED _____ DATE _____				SIGNED _____			
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY				15. OTHER DATE MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to provide the ICD-9 (24B)				22. RESUBMISSION CODE			
A. 042. B. C. D. E. F. G. H. I. J. K. L.				23. PRIOR AUTHORIZATION NUMBER			
14. DATE OF SERVICE For To		B. PLACE OF SERVICE EMG		C. PROCEDURE, SERVICE, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	
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Problem #4

b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PLACE (State) _____		b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				c. INSURANCE PLAN NAME OR PROGRAM NAME DHHS NH CARE PROGRAM	
d. INSURANCE PLAN NAME OR PROGRAM NAME Anthem BC/BS		10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>	
<p align="center">READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> <p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p> <p>SIGNED _____ DATE 05 12 2014</p>							
<p>13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.</p> <p>SIGNED _____ SIGNATURE ON FILE</p>							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY		15. OTHER DATE QUAL		MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR PAUL FRIEND MD		17a. _____		17b. NPI 1740250265		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. 530 81 B. 042 C. 401 9 D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____				22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	
F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM Family Plan		I. L. ID. QUAL	
J. RENDERING PROVIDER ID. #							
1 05122014 05122014 11 99203 ABC 192 00 1 NPI 1740250265							
2 DID NOT							
3 BILL CLIENTS							
4 PRIMARY INS							
5 (BCBS)							
6							
7							
25. FEDERAL TAX I.D. NUMBER 020222150		26. PATIENT'S ACCOUNT NO. 149020		27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 192 00	
29. AMOUNT PAID \$ 0 00		30. Rsd for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) PAUL FRIEND MD			
32. SERVICE FACILITY LOCATION INFORMATION WESTSIDE HEALTHCARE 15 AIKEN AVENUE FRANKLIN NH 03235-1259		33. BILLING PROVIDER INFO & PH # 603 3243211 LRGH PROFESSIONAL BILLING PO BOX 1327 LACONIA NH 03247-1327					

Problem #5

Stat Date: 06/18/2014

CLIENT NAME

For Billing questions, please call 603 537-3329. Please have your card ready to pay online at www.derrymedicalcenter.com/payonline

DERRY MEDICAL CENTER PA
6 BUTTRICK RD SUITE 102
LONDONDERRY, NH 03053-3417

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

TO INSURE PROPER CREDIT, DETACH AND RETURN TOP PORTION IN THE ENCLOSED ENVELOPE.

6550869 (F)

Page	Statement Date	Due Date	Office Phone Number	Account #	Patient Balance
1 of 1	06/18/2014	07/03/2014	(603) 537-1300	21391	\$50.00

Date	Visit Detail	Explanation of Activity	Charges & Debits	Insurance Pending	Payments & Credits	Patient Balance
Provider: KILROY, JONATHAN D						
Patient: JANE Voucher: 16086480						
04/17/2014	99214	OFFICE CALL, DETAILED	\$195.00			
04/17/2014	J1885	INJ, TORADOL PER 15MG	\$40.00			
04/17/2014	96372	INJECTION, THERAPUTIC	\$45.00			
05/16/2014	HARVARD CK#	HARVARD PILGRIM PAYMENT			-\$173.69	
05/16/2014	HARVARD CK#	HARVARD PILGRIM ADJUSTM			-\$81.31	
05/16/2014	HARVARD CK#	HARVARD PILGRIM TRANSFE				
		COPAY REQUIRED				
		Visit Total				\$25.00
Patient: JANE Voucher: 16086250						
04/23/2014	99213	OFFICE CALL, STANDARD	\$135.00			
05/21/2014	009201499	HARVARD PILGRIM PAYMENT			-\$83.41	
05/21/2014	009201499	HARVARD PILGRIM ADJUSTM			-\$26.59	
05/21/2014	009201499	HARVARD PILGRIM TRANSFE				
		COPAY IS REQUIRED				
		Visit Total				\$25.00

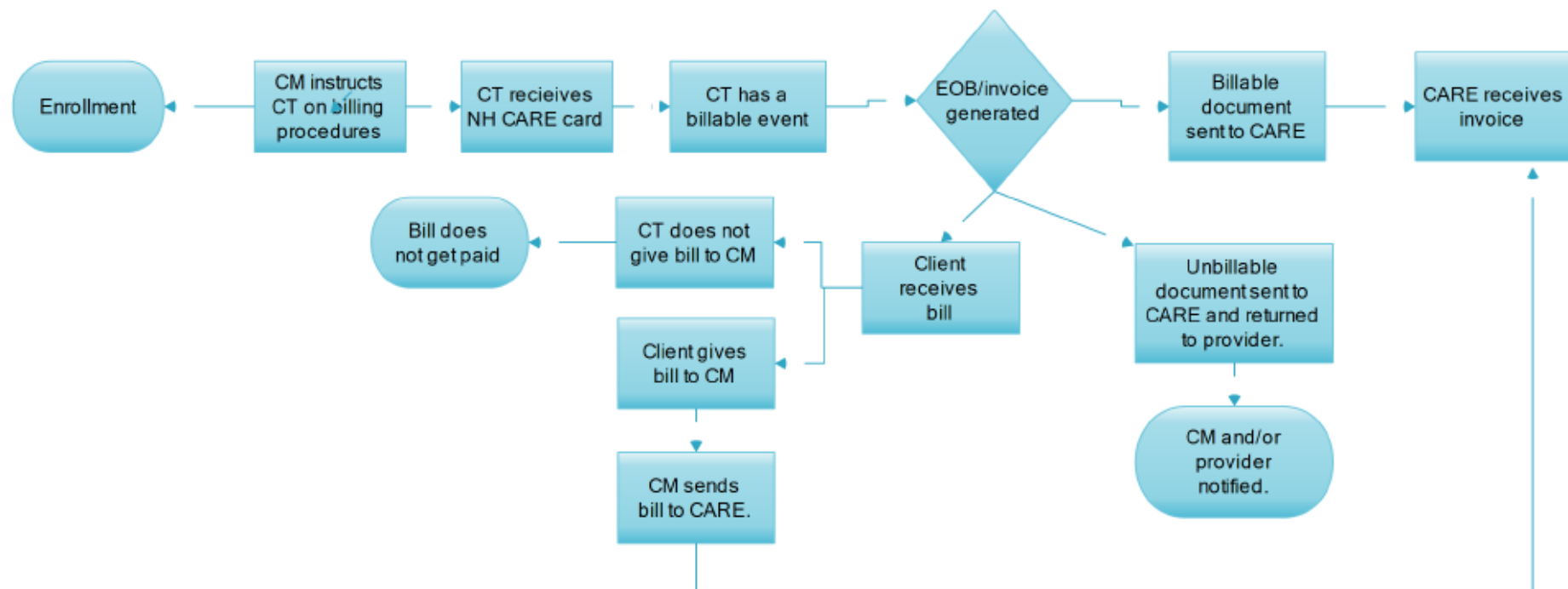
00008648-A

this is not a UB/1500 form

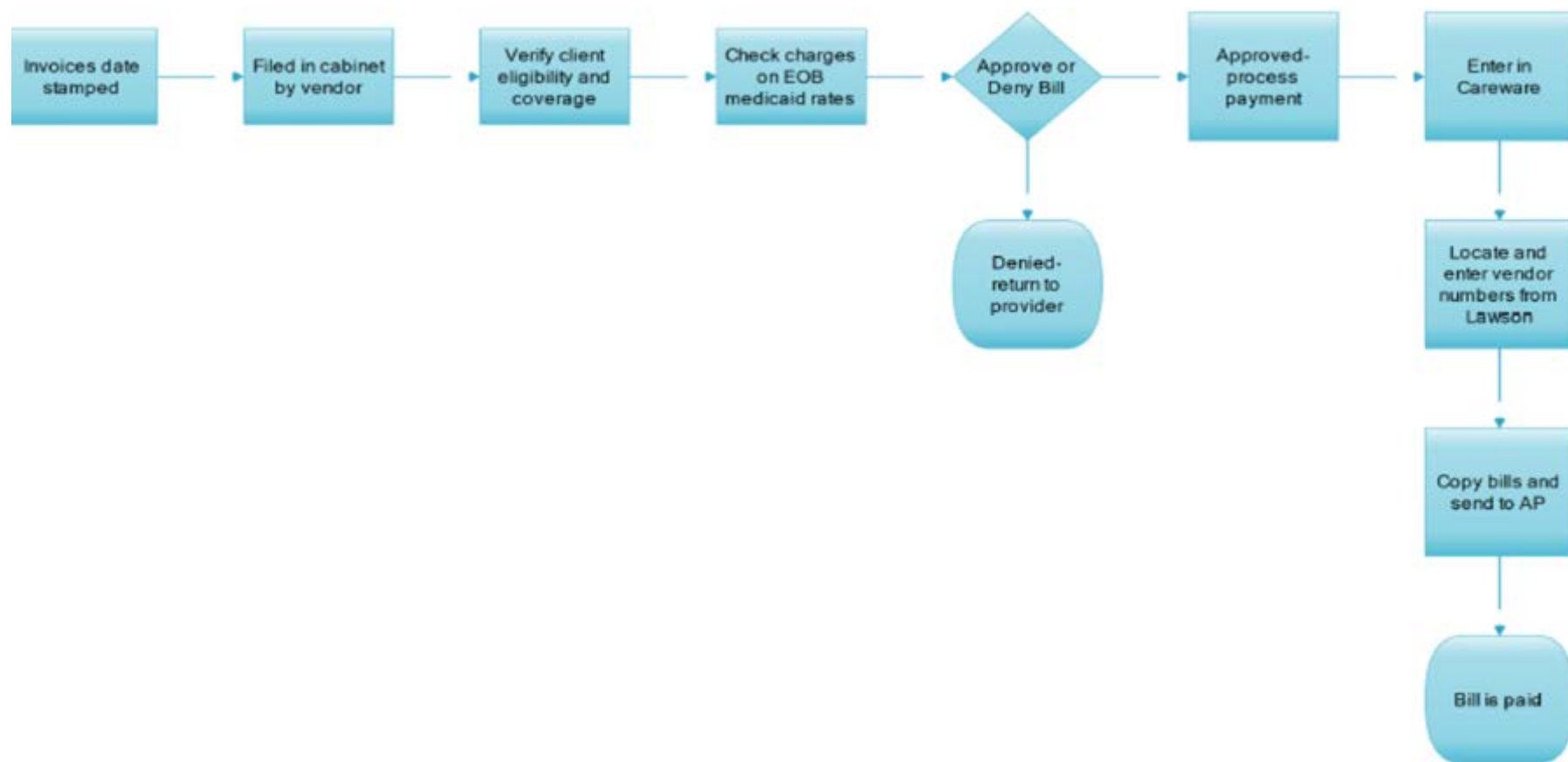
Problem #6

(someone lost the invoice)

Medical Copay Event Process



Medical Copay Invoice Process





Client Story – “Ryan”

- Male, mid-fifties, diagnosed in 2009, multiple health issues.
- Working full-time, also full-time care giver for elderly mother.
- Received collection notices on unpaid medical copay bills because the provider* would not submit invoices to the program.
- Very stressed and concerned about health and financial well-being, including credit history.

**Provider practice is owned by a large for profit hospital system.*

Quality Improvement

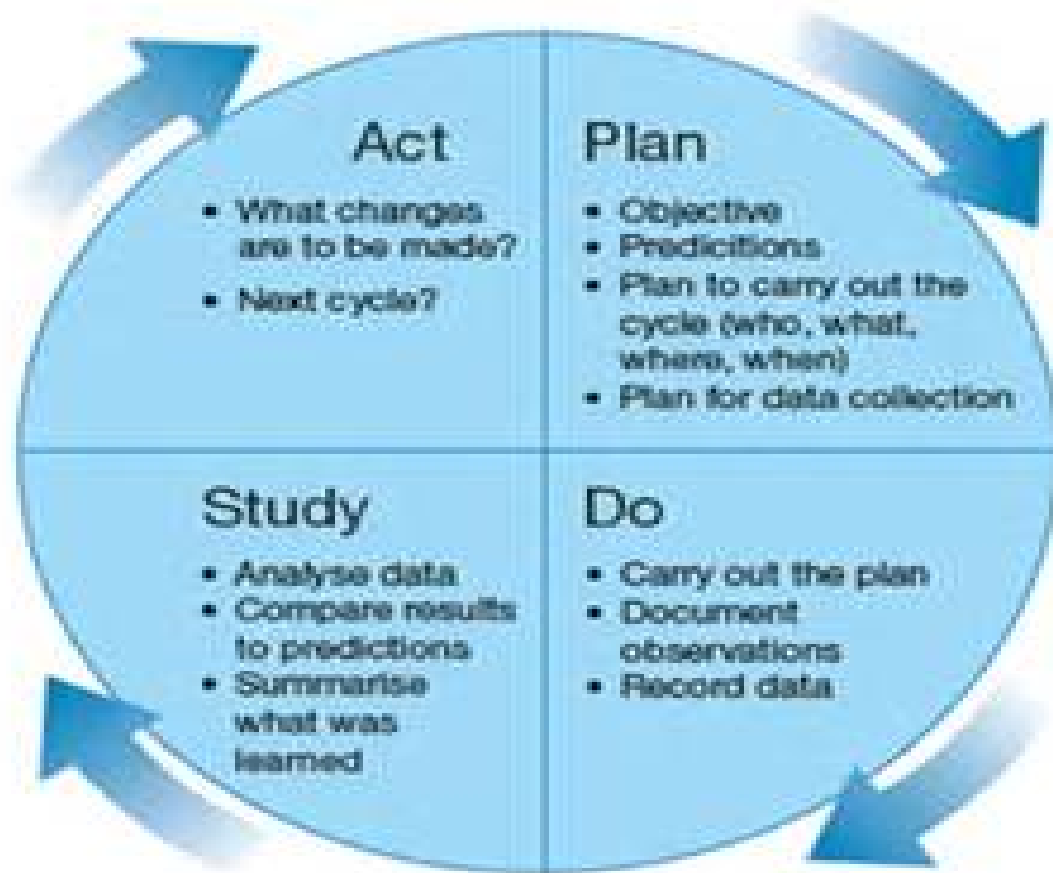
“Every system is perfectly designed to get the results it gets”

- Paul Batalden, M.D.

- What is Quality Improvement?
- How is it different from Quality Management/Assurance ?
- New Hampshire DPHS “Culture of Quality”



The PDSA Cycle





Quality Management Committee

Mission:

Improve service delivery, scope and impact of all Ryan White funded services to PLWHA in NH.

Vision:

A statewide coordinated system of care that seamlessly links all clients to services, keeps them in care, ensuring their overall positive health status.





QI Project

“NH HIV CARE Billing - Secondary Payment Challenges”

Team Members:

DPHS

Kirsten Durzy

Jane Gronbeck

Sarah McPhee

Patricia Chandler

Outside Agency

Tamara Leibowitz



QI Project

PROJECT AIM STATEMENT

Global Aim:

We aim to improve efficiency in the billing process for the payment of medical copays and deductibles, in the NH CARE Program office. The process begins with client enrollment in the NH CARE Program and the process ends with bills being paid.

Specific Aims:

By 10/1/2015, we aim to decrease the number of invoices/claims that have to be returned due to incorrect billing from 26% to 10%.

By 6/24/2015, we aim to achieve an 80% rating of providers surveyed who say that their knowledge increased on how to submit medical copay and deductible claims to the NH CARE Program.

QI Project

QI Data Collection

						Client was									
						Not Active with	PRIMARY INS	Provider disputes	Resubmit to NH	rec'd statement	ER/Urgent care	Duplicate	CARE rejects	CARE Not listed	
Date:	Bills Rec'd	Total usable	Returned	Reasons Returned	wrong code	CARE Prog. Enrol	NOT BILLED	Medicare	Medicaid Prog	wrong format	not covered	claims	Medicare bal	as Secondary	
3/9/2015	47	35	12			4	3	1	1	1		2			
3/10/2015	2	2													
3/11/2015	8	4	4	4 claims/DHC for Medicare copay									4		
3/12/2015	6	4	2	ER visit, non CARE client		1					1				
3/13/2015	7	7													
	Bills Rec'd	Total usable	Returned	Reasons Returned											
3/16/2015	14	5		3 dup claims shred							1	3			
3/17/2015	1	1													
3/18/2015	6	5	1	claim s/b billed to Medicaid											
3/19/2015	7	4	2	duplicate claims (2), 1 statement returned						1		2			
3/20/2015	10	10													



QI Project

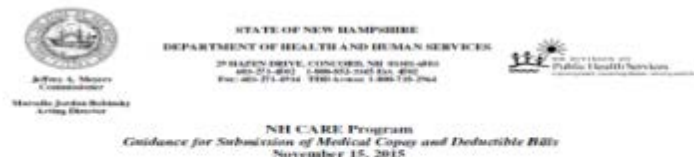
PDSA Cycles:

- Provider Billing Office Visits – Three in-person visits to high-volume billing hospitals. Distributed *Provider Billing Guidance*.
- Provider Mailing – Laminated copies of *Provider Billing Guidance* mailed to 85 medical offices.
- Client Insurance Info Templates – Information Standardization by Case Managers at enrollment. *AIDS Response Seacoast ‘Test Clients’ – Two clients with previously unbillable claims received Templates; Providers received Provider Billing Guidance; subsequent claims were submitted correctly.*

QI Project

Provider Billing Guidance

- Invoice submission instructions
- Distributed during hospital visits & mailings
- Posted on website
- Public Health Detailing



WHAT IS THE NH CARE PROGRAM?
The NH CARE Program is a federally-funded government program administered by the NH Department of Health and Human Services. The NH CARE Program assists individuals living with HIV with their outpatient medical and pharmaceutical expenses. To be eligible, a client's annual income must be equal to or below 400% of the Federal Poverty Level. Enrollment periods last for six months.

COVERED SERVICES:
Outpatient medical copies and deductibles for clients with private health insurance (employer-sponsored, co-ins, individual plans) or Medicare copies and deductibles.

NON-COVERED SERVICES:
Charges associated with inpatient hospitalizations, ER visits, or urgent care visits; NH Medicaid (including Case Management plans) copies and deductibles.

WHAT IS THE PROCESS FOR MEDICAL PROVIDERS TO BILL THE NH CARE PROGRAM?
The client's primary insurance is billed as secondary. NH CARE will cover copays and deductibles. All claims must be submitted on a standard 1500 or UB claim form and an explanation of benefits (EOB) must be attached. Claims without the attached EOB may be denied.

WHAT IS THE FILING DEADLINE FOR CLAIMS SUBMITTED TO NH CARE PROGRAM?
Claims are filed within one year of the date of service. For dates of service older than one year, please contact the program.

IS THE NH CARE PROGRAM SET UP FOR ELECTRONIC BILLING?
Not at this time. Claims must be submitted directly to the NH CARE Program and mailed to the above address. All claims must be original documents.

CORRESPONDENCE WITH THE NH CARE PROGRAM:
Phone: The NH CARE Program can be reached at 603.271.4502 Monday thru Friday between the hours of 9am and 4:30pm. Outside of those hours messages may be left in our confidential message center and will be returned within two business days.
Email: The NH CARE Program adheres to NH Division of Public Health Services, Bureau of Infectious Disease Control Security and Confidentiality Policy, which prohibits the exchange of personally identifiable information (PII) and protected health information (PHI) via email. If you choose to email a member of the NH CARE Program, it is appreciated if you would refrain from emailing client names, other PHI or PII.

For additional information please visit our website at: <http://www.dhhs.nh.gov/communications/nhcare.htm>

NH CARE Program ID _____ Expiration Date _____

You are enrolled in the NH CARE Program. Your coverage includes payment of your insurance premiums, payment for co-pays and deductibles for your medications and co-pays and deductibles for your doctor and lab visits.

Co-pays and deductibles NOT covered by NH CARE Program

- ER Visits
- Urgent Care appointments
- Inpatient charges

Q. What do I need to give to my doctor's office?

A. You must give your doctors your primary insurance card and a copy of your NH CARE copy/deductible card.

*Explain to your provider that they must bill your primary insurance first, and then bill any deductible and/or co-pays to the NH CARE program.

*Bills should always be submitted as original documents on standard medical claim forms (i.e.: 1500 Health Insurance Claim Form or universal billing form). Explanation of Benefits (EOB) should be included.)
Please provide your cards and explain this to ALL providers and labs.

Q. What should I do if I receive a bill from my doctor?

A. Call the billing department to make sure they have all updated billing information in their system. Contact your Case Manager if you need assistance. Note that your case manager may need you to be with them to call billing.

*Please do not hold onto bills. If you have questions or need assistance, contact your case manager ASAP.

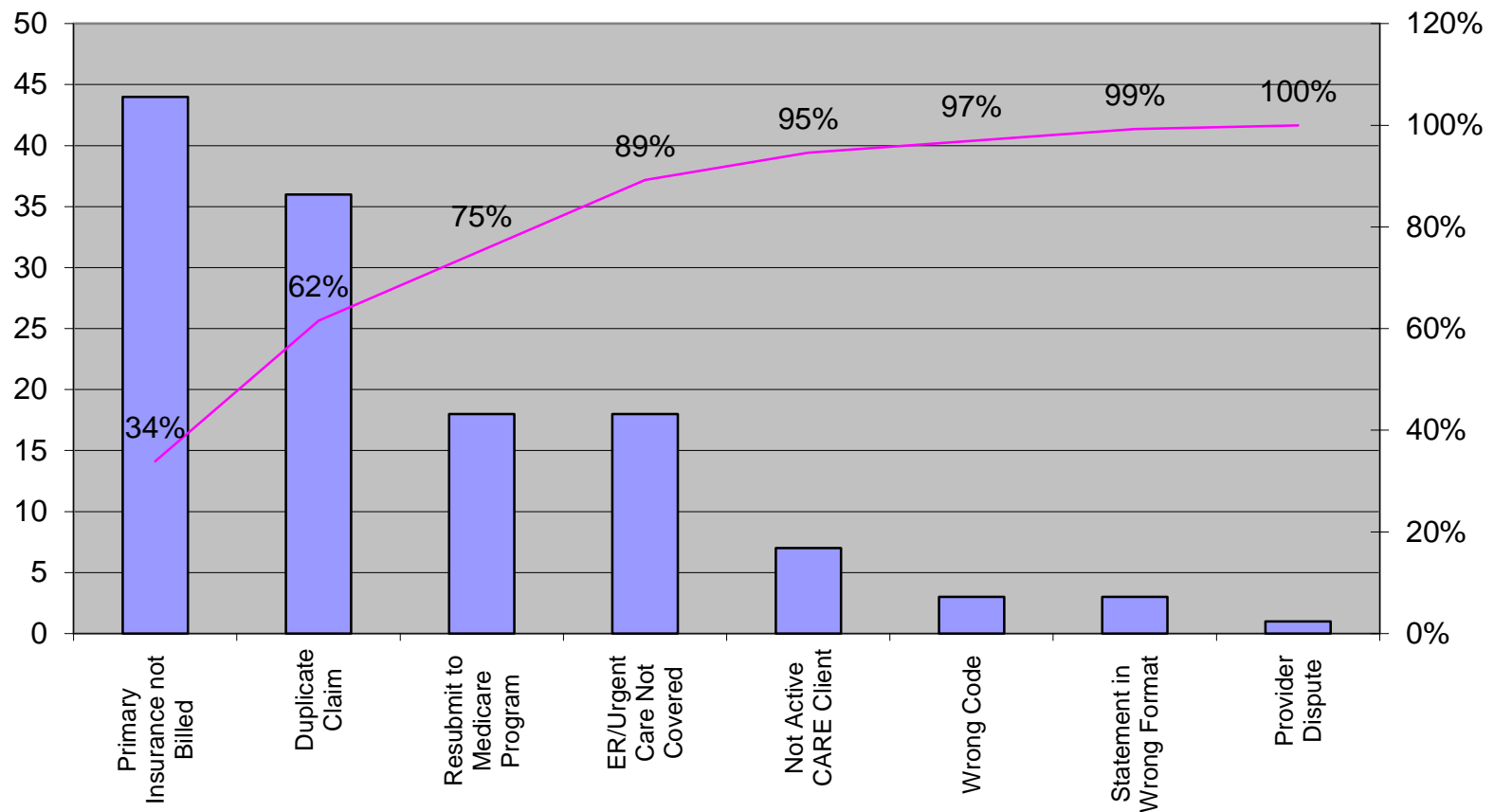
Reminders:

- You must renew your CARE benefits every 6 months. Your coverage expiration date is above and listed on your NH CARE card. The NH CARE Program cannot pay for claims incurred during a lapse in enrollment. You must be actively enrolled for coverage.
- Always update your medical provider with all current insurance and NH CARE Program information.



Results

Billing Error, by type





Results

Provider Visit Survey Results:

- 80% of respondents indicated their knowledge of how to submit medical co-pay and deductible claims to the NH CARE program increased.
- 60% of respondents indicated their knowledge about what types of bills are not covered by the NH CARE program increased.
- Providers identified: (1) What CARE is and How to Bill and (2) How to Better Collaborate with Program as top new things learned from visits.

Error Time

- Estimated 30 minutes to process an error and 6 minutes to process a clean claim = 24 minute difference
- 923 claims, 236 errors = 5664 minutes of additional time to correct errors or 94.4 hours
- Prior to the first PDSA cycle, the error rate was measured at 51%. Since implementing changes, the error rate has dropped to 24%. At this decrease, we estimate to save over 41 hours of work per year.

Results

How the CARE Program works with other Benefits

The NH CARE Program:

Coverage Type	Employer-sponsored Insurance	Individual Insurance	Medicaid or NHHPP	Medicare	No Coverage
Outpatient Services	Covers copays and deductibles for outpatient services.	Covers copays and deductibles for outpatient services.	Only covers outpatient services that Medicaid does not cover.	Covers copays and deductibles for outpatient services.	Covers outpatient services at Medicaid rates.
Meds	Covers medication copays.	Covers medication copays.	Covers <u>no</u> medication copays. Covers some meds at full cost that Medicaid does not cover.	Covers Medicare Part B and Part D medication copays.	Covers meds at full Medicaid rates.
Premiums	Does <u>not</u> cover premiums.	Covers premiums if plan coverage is cost effective (i.e. less than full cost of meds and services).	Not Applicable.	Covers Medicare Part D Premiums. Covers Medicare Supplement Insurance Plan premiums.	Not Applicable.
Exclusions	Does not cover ambulance transportation, Urgent Care, Emergency Room care or inpatient care.	Does not cover ambulance transportation, Urgent Care, Emergency Room care or inpatient care.	Does not cover ambulance transportation, Urgent Care, Emergency Room care or inpatient care.	Does not cover ambulance transportation, Urgent Care, Emergency Room care or inpatient care. Does not cover Part B Premiums	Does not cover ambulance transportation, Urgent Care, Emergency Room care or inpatient care.

2/3/2016



Lessons Learned

- Clients do not always report primary insurance information to their providers.
- Provider billing offices each have a unique system for submitting claims.
- Paper claims and secondary payment systems are unique.
- Health insurance literacy is an area for further education and development.





Next Steps

- Between 6.24.15 and 10.1.15 examine 7 wastes to determine if any wastes could be eliminated from our process.
- Survey case managers to determine usefulness of Client Insurance Info Templates.
- Periodic visits to provider billing offices will continue as needed.
- The Team will meet regularly (every 2-3 weeks) to review data until 10.1.15 to study impact of PDSAs on the billing error rate.



Next Steps

- Continue to distribute Secondary Billing Guidance. *Copies distributed to over 100 providers since October.*
- Medicare B copays and Supplementary plans.
- Unique opportunities for collaboration with Medicaid.



Next Steps

- Additional relationships with insurance carriers.
- Continue to foster relationship with insurance department.
- Transition to an Insurance Benefit Manager 10.1.16.





Client Story – Post

- Once the “Provider billing guidance” and “client insurance info sheet” were utilized by the medical providers, “Ryan” no longer receives invoices or collection notices.
- Case manager reports that the stress level has been greatly reduced.

Future QI Work

- Work with NH Medicaid and NH Department of Insurance to examine Medicaid and QHP claims data.
- Overlay health outcome data with coverage type to make comparisons and identify disparities.



Compare Health Costs & Quality of Care in New Hampshire

NH HealthCost was developed by the New Hampshire Insurance Department to improve the price transparency of health care services in New Hampshire.



Questions?





Thank You!

Acknowledgments:

Patricia Chandler & Jane Gronbeck, Compliance Specialists

Tamara Leibowitz, Medical Case Manager, AIDS Response
Seacoast





Thank You!

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