

Green Belt Lean Six Sigma Project Report Out

Thomas Papacostas

Ohio Department of Medicaid

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Department of
Medicaid

Hospital Policy Inbox

Hospital Policy Team



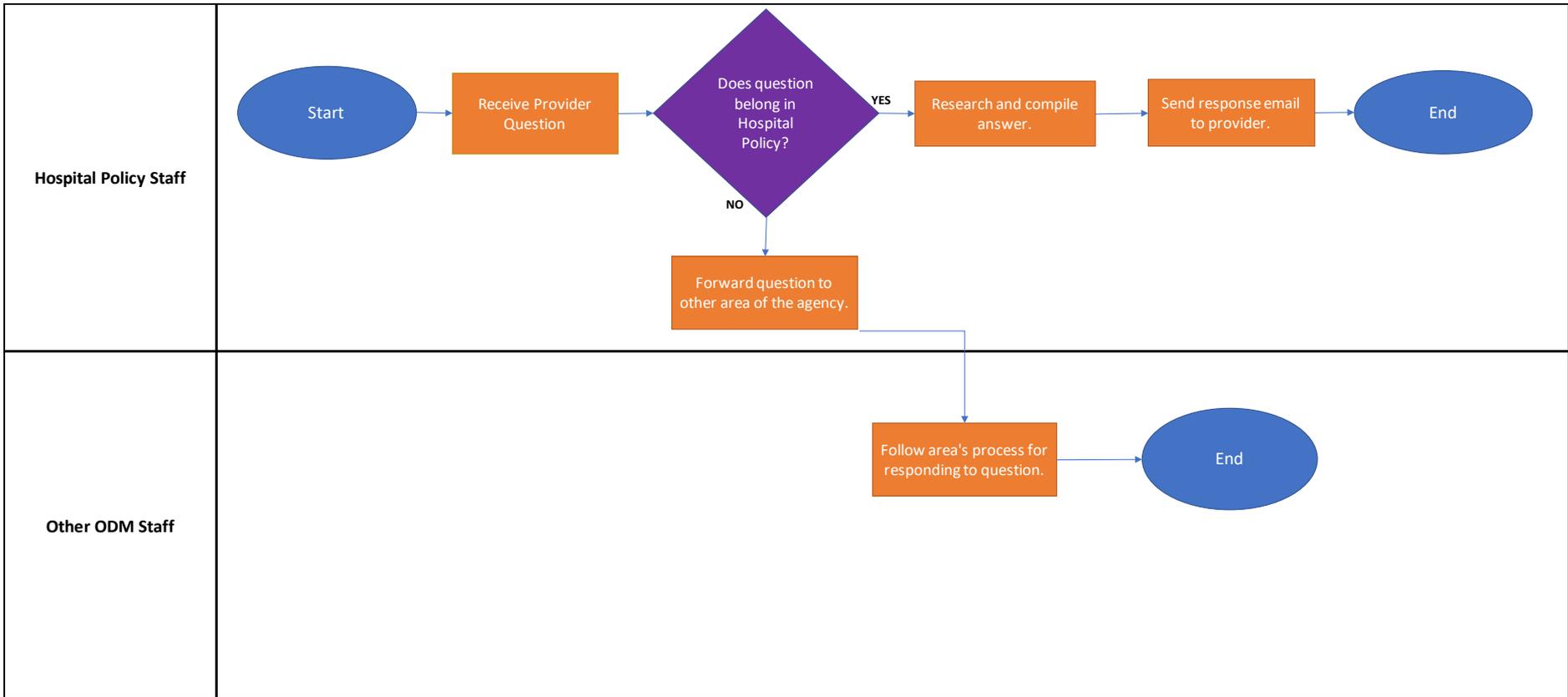
Hospital Policy Section

- Doug Henkel, Section Chief
- Tracy Jenkins
- Jody Swisher
- Kathy Taylert
- Joseph Foster
- Vivian Alsop
- Thomas Papacostas

Background / Scope

- The Hospital Policy section at ODM maintains an email account (Hospital_policy@medicaid.ohio.gov) for provider questions.
- Hospital Policy staff have complained of multiple issues with the current system for answering providers' questions:
 - Providers are frequently sending questions that are applicable to other areas of the agency;
 - Providers who are denied a claim will ask Hospital Policy to review the claim when this task should actually be handled in the Operations area of the agency;
 - Providers are reaching out multiple times to get the same question answered;
 - Receiving more provider emails than originally envisioned (~225-250 emails per month);
 - Taking up too much of Hospital Policy staff time from other work;
 - Taking too long to respond to provider questions.

Process Map



Project Goals

Goal Statement: Decrease number of **non-hospital policy questions** that are **answered** by the Hospital Policy staff.

Intended Benefits:

- Proper referring of provider questions to appropriate areas at ODM.
- Less time taken away from Hospital Policy staff's normal work schedule.
- Faster responses to provider questions.
- More consistent answers to provider questions.

Operational Definitions

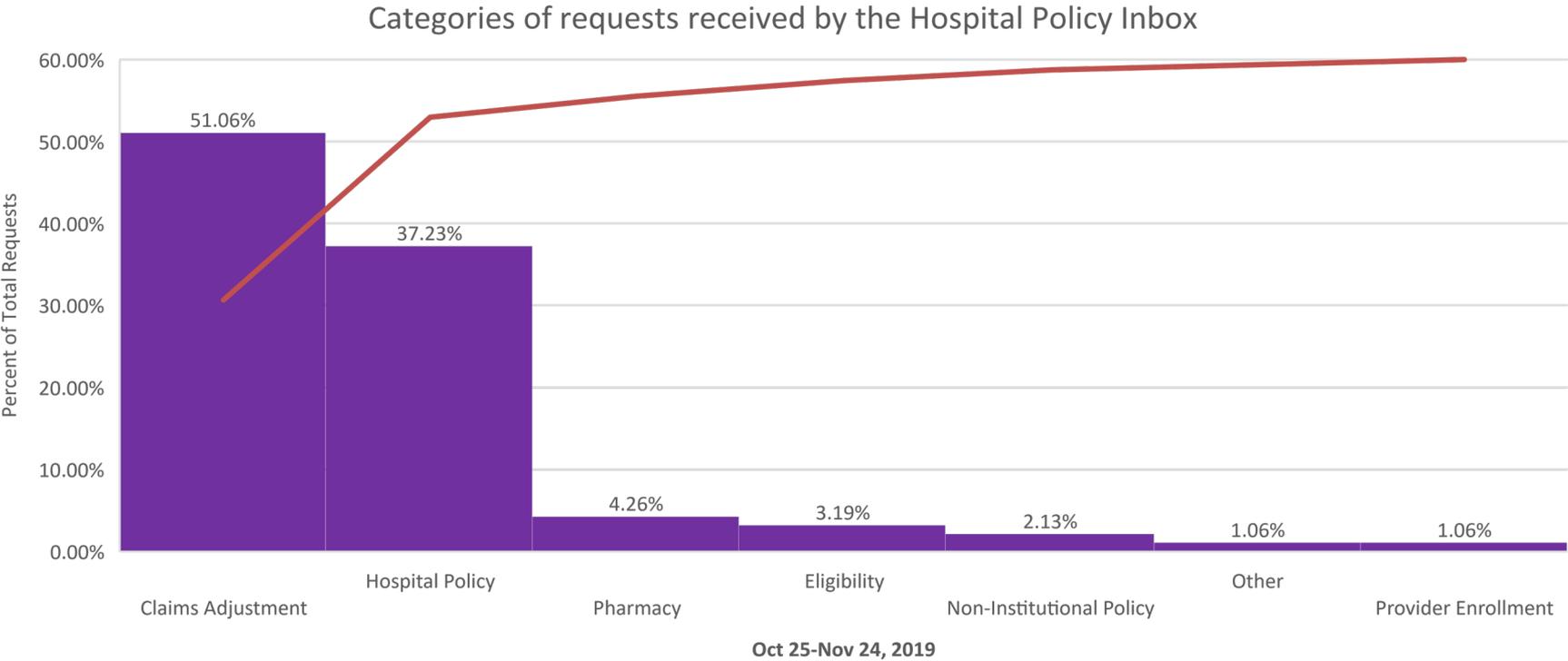
- **Hospital Policy Question:**
 - Submitted to Hospital Policy Inbox.
 - Asks for information primarily involving guidance/interpretation of Hospital Policy rules or Ambulatory Surgery Center rules.
- **Non-Hospital Policy Question:**
 - Submitted to Hospital Policy Inbox.
 - Asks for information that does not primarily involve guidance/interpretation of Hospital Policy rules or Ambulatory Surgery Center rules.
- **Answer:**
 - A response to a question that includes substantive information.
- **Referral:**
 - A response to a question that directs the inquirer to someone else for an answer, and which does not otherwise include substantive information.

Data Collection Plan

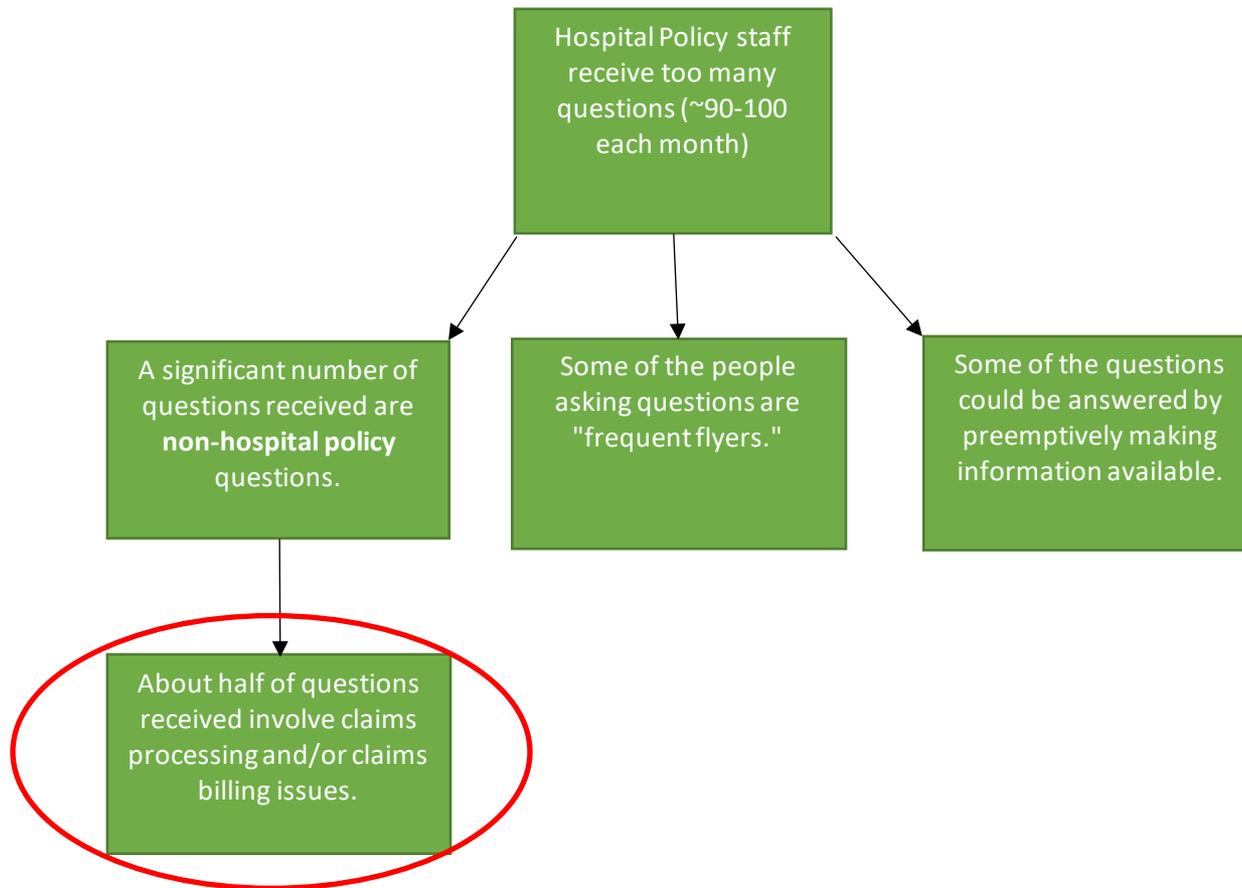
Tracking Number	Requester	Question	Topic/Area	Date Received	Referred to other area?
YY-#	Name, Organization	Can you explain this claim denial?	Hospital Policy, Claims Adjustment, Pharmacy, Eligibility, Non-Institutional Policy, Provider Enrollment, Other	MM/DD/YYYY	Yes/No

Inbox Question Tracker recorded data about questions received, referred, and answered.

Pareto Chart



Critical to Quality (CTQ) Flowdown



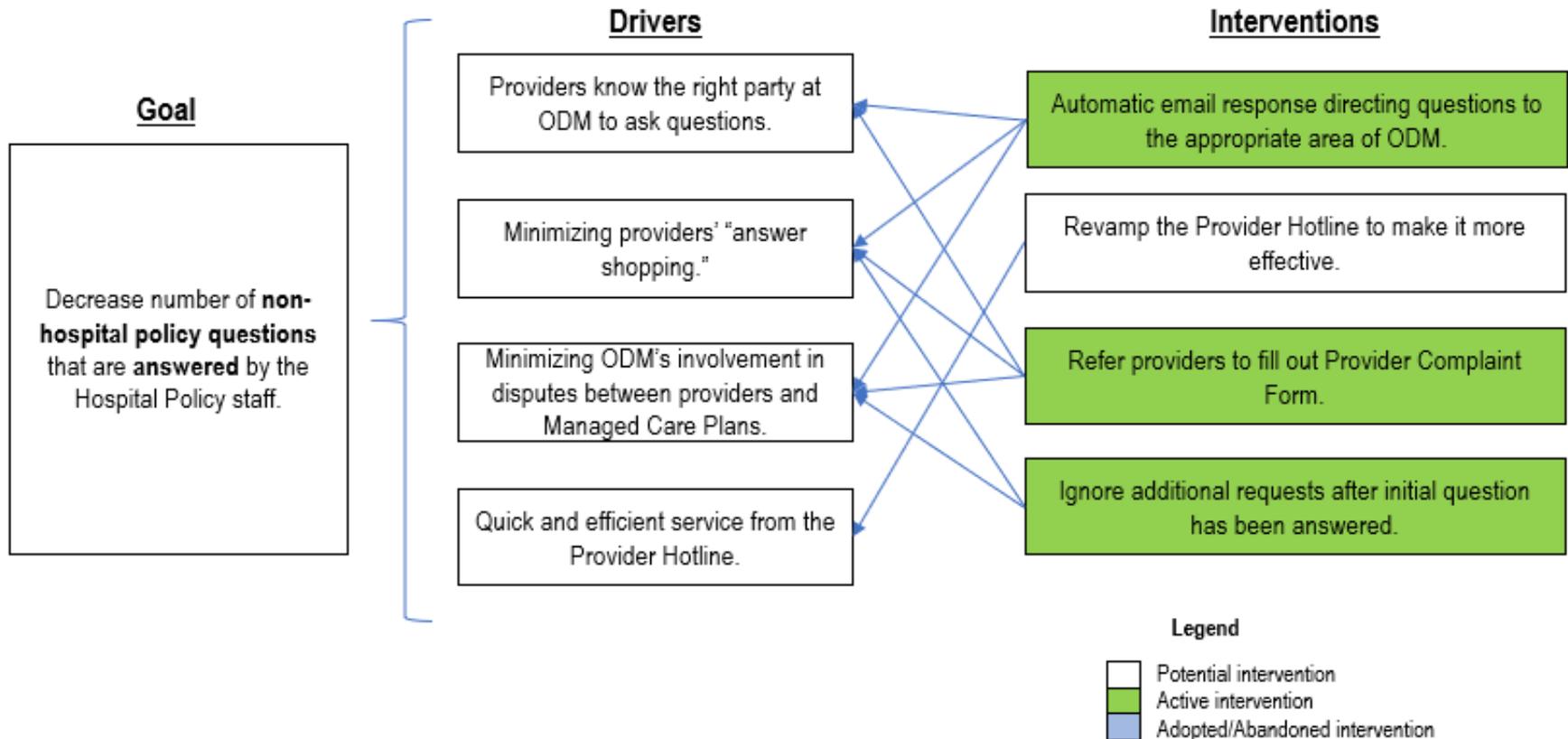
Stakeholder Engagement

- Met with stakeholders from Claims Reconciliation and Provider Relations to discuss situation.
- Worked towards joint solution that addresses current inefficiencies.

Results:

- Stakeholders welcomed use of an automated message from Hospital Policy Inbox referring questions to other areas:
 - Provider Hotline (claims reconciliation, billing questions)
 - Provider Complaint Form (provider complaints about MCPs)
- Stakeholders not willing to make structural changes to Provider Hotline at this time.

Hospital Policy Inbox Driver Diagram



Automated Message

Thank you for contacting the Ohio Department of Medicaid's Hospital Policy Section. Effective February 10, 2020, this mailbox will only respond to questions directly involving hospital policies contained within Ohio Administrative Code (OAC) 5160-2 or ambulatory surgery center policies, OAC 5160-22.

For claims processing questions (fee-for-service), please contact the Provider Hotline at 1-800-686-1516. Please be prepared to share the 13-digit ICN(s) of the applicable claim(s) to be researched.

For questions involving state rules on non-institutional services, please email noninstitutional_policy@medicaid.ohio.gov.

For questions pertaining to Medicaid eligibility, patient liability, or recipient demographics (for example, inaccurate date-of-birth), please reach out to the assigned caseworker at the CDJFS.

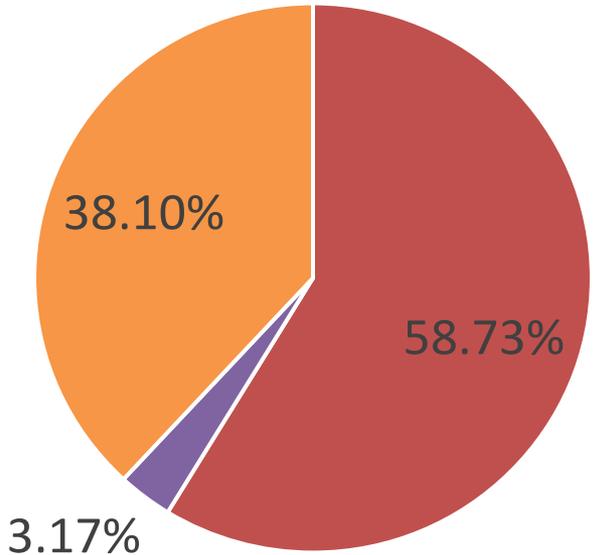
For issues with payment or enrollment from a Managed Care Plan, please work directly with the Managed Care Plan to resolve the issue(s). If you are unable to resolve the issue(s) with the Managed Care Plan, please complete the online provider complaint form via this link: <http://www.ohiomh.com/ProviderComplaintForm.aspx>. (After submitting the form, please allow three weeks for a response).

For all other questions, please contact the Provider Hotline at 1-800-686-1516.

Hospital Policy

Data Results

Requests Received, February 10 - March 9



■ Requests Assigned ■ Requests Referred ■ Requests Ignored

Checking the Outcome, Before vs. After

Total Requests Received	
Before	94
After	63
Percentage change from baseline	-32.98%

Total Requests Assigned to Hospital Policy Section	
Before	66
After	37
Percentage change from baseline	-43.94%

Checking the Outcome, Before vs. After

Of requests assigned to Hospital Policy Section, percent that involved a Hospital Policy topic	
Before	50%
After	91.89%
Percentage change from baseline	+41.89%

Conclusion: The interventions resulted in a **reduction** of overall requests received and requests assigned to the Hospital Policy team, and an **increase** in the percentage of requests assigned to the Hospital Policy team that involved their area of expertise.

Time saved by the Hospital Policy Section

Time required to answer an inbox question	30 minutes
Before	33 hours (66 Requests)
After	18.5 hours (37 Requests)
Time saved Before vs. After	14.5 hours

Improvement Summary

Current Key Issues



Inefficient use of staff time.



Inconsistent answers given to providers.



Provider abuse of agency customer service.

How We Improved



Saved ~14.5 hours of staff time per month.



Redirected claims reconciliation questions to the proper venue.



Removed Hospital Policy Inbox as a venue for "answer shopping."

Control Phase

Hospital Policy Inbox: Control Plan				
Process or Process Step	Measurement	Sample Size	Responsible	Reaction Plan
Audit of Hospital Policy Inbox	Percent of requests answered that are a non-hospital policy topic	Requests answered in a month	Hospital Policy Section	If the percentage of requests answered that are non-hospital policy goes above 15%, look at modifying automated message to fit new categories. Engage stakeholders as necessary.

Special *thanks* to...

Senior Leadership: Ogbe Aideyman, Deputy Director of the Bureau of Health Plan Policy and the Project Management Office

Sponsors: Debora Mayle and John Tyler, Ohio Medicaid's Project Management Office

Team Leader: Doug Henkel, Hospital Policy

Subject Matter Expert/s: Tracy Jenkins, Hospital Policy; Deonne Clark, Claims Reconciliation; Meagan Grove, Provider Relations.

Customer/s: Hospital Policy section

Questions/Comments

