

Communication Event Management System Improves Case Management Effectiveness and Efficiency

A Case Study of West Jefferson Medical Center



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HOSPITAL OVERVIEW

West Jefferson Medical Center is a 451-bed not-for-profit hospital and health system located in Marrero, Louisiana, just outside of New Orleans. The center has provided more than four decades of service to the West Bank of Jefferson Parish and the surrounding area. West Jefferson is one of only three area hospitals that kept its doors open in the onset and aftermath of Hurricane Katrina's arrival on the shore of New Orleans in August 2005. The hospital has been recognized as one of the nation's best hospitals by *US News and World Report* and received five-star ratings for clinical excellence by independent groups such as Healthgrades.

SITUATION ANALYSIS

West Jefferson Medical Center evaluated and implemented the TRACE communication event management system by The White Stone Group, Inc. to improve workflow and profitability in its case management department. TRACE is designed to capture, index and archive routine communication for retrieval through a central web-based tracking system. TRACE is comprised of a series of applications including DCR Tracker, PixCert, FaxCert, and VoiCert. Results include improved reimbursement, increased productivity and enhanced quality across the revenue cycle. This study evaluates the implementation and impact of TRACE at West Jefferson.

DENIALS MANAGEMENT

The case management department at West Jefferson received a large number of medical necessity denials as a result of an inability to document routine communication for denial management efforts. In 2000, the hospital's medical necessity denials totaled more than \$700,000.

While staff spent significant time working to secure payment for services through communication with payers, they were left without proof of their efforts when needed in payment disputes. These disputes were often related to the following:

- Discrepancies regarding number of days approved at the appropriate level of care
- Disputes over payment when clinical information was provided by a case manager but the payer had no record of communication

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The hospital experienced the following inefficiencies as a result:

- Constant rework in collections (back and forth between business office, case management and payer)
- Payment delayed an additional 30 to 60 days
- Increased medical necessity denials
- Underpayment for services rendered
- One FTE dedicated solely to managing appeals

In 2002, West Jefferson implemented TRACE to document routine communication across the revenue cycle. To improve denial management efforts, case management began using TRACE to capture phone calls with payers. West Jefferson now uses phone records to prevent and overturn denied claims through the following process:

- VoiCert is used to record clinical information left on payer's voicemail and the payer's response when call is returned
- Calls are indexed by patient and notes are added through DCR Tracker
- Voice files are played back through DCR Tracker as proof of information exchanged
- Claims are paid and collected in business office

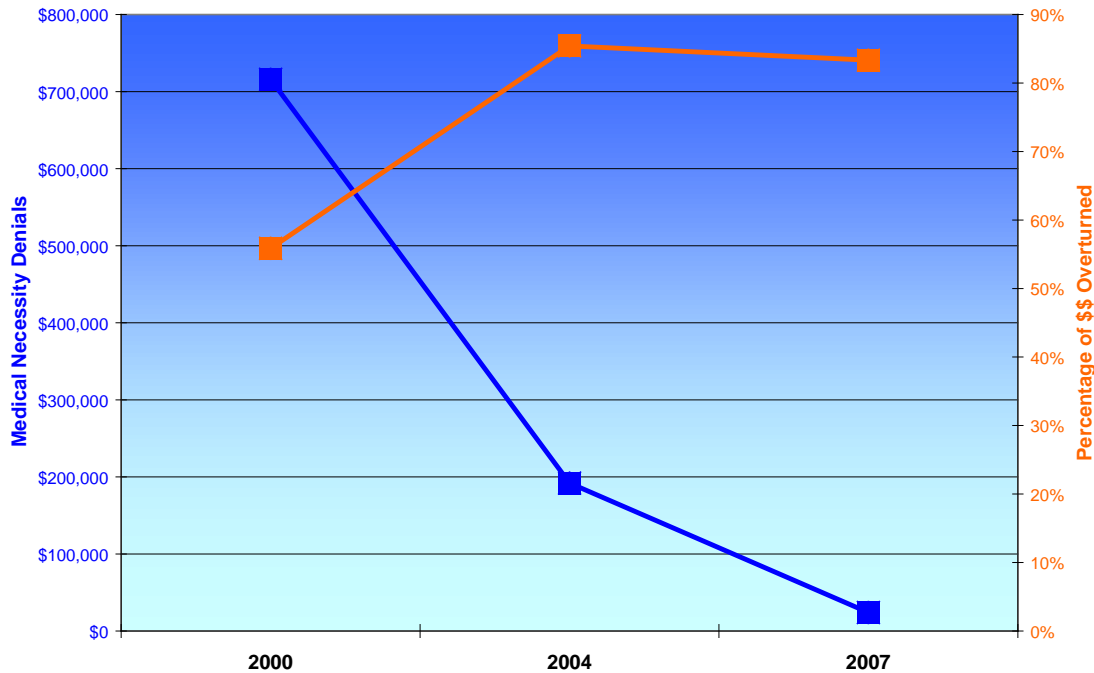
With TRACE, West Jefferson has established proof to support case management's daily efforts in denials management. This has resulted in the following:

- Avoided initial denials from payers by showing documented proof of calls
- Improved turnaround time on claims payments by 30 - 60 days
- Increased percentage of medical necessity denials overturned from 56 percent in 2001 to nearly 83 percent in 2007
- Reduced number of medical necessity denials from \$716,000 in 2000 to less than \$25,000 per year in 2007
- Allowed case manager previously handling appeals to take on full case load of 40 patients

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Denials Management Leads to Denials Prevention



Quotes:

- “I was able to use this system easily and quickly after my initial training. It’s user friendly, so new trainees have an easy transition into the system.”
- Susan Lewis, Case Manager
- “Our medical necessity denials have decreased dramatically since implementing TRACE. We rarely have to appeal denials, which saves significant time for the case management staff.” - Darlene Gondrella, RN, BSN, CCM, Director of Case Management
- “We only had to play a call for each payer one time; after that, they didn’t need any more proof. We never needed to submit written appeals for those claims.” -Darlene Gondrella, Director of Case Management

MEDICAID COMMUNICATION

Medicaid Notification

Medicaid patients represent 26 percent of West Jefferson’s inpatient population. Timely notification was critical to the hospital’s reimbursement, as failure to notify Louisiana Medicaid within 24 hours of a patient’s admission resulted in denial of the patient’s claim.

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Prior to implementing TRACE, West Jefferson used the following process for Medicaid notification:

- Clerical staff checked daily for admittance of new Medicaid patients
- Clerical staff completed demographic section of Medicaid form by hand with the following information: name, DOB, Medicaid ID number, facility name, provider number, age of recipient, admit date and time; and then hand-delivered paper form to case manager
- Case manager hand-completed form with diagnosis codes and clinical information; then returned to clerical staff
- Clerical staff attempted to fax form to LA Medicaid until the fax went through successfully
- Clerical staff scanned form and fax transmission sheet into health information system
- Staff referred back to confirmation sheets for proof of transaction when needed

The department sent up to 35 forms on a daily basis. Depending on the number of admissions, the process took 45 to 90 minutes a day. The following problems resulted from this manual process:

- Hard copies of forms easily misplaced
- Hand-written forms often illegible; required clarification or resending
- Duplicate information completed by clerical and case management staff
- Overtime generated by clerical staff who stayed after-hours to re-fax forms that were undeliverable due to a busy fax line
- Staff time redirected from patient care

In January 2007, West Jefferson expanded its TRACE system to include FaxCert and PixCert for management of fax and electronic communications. The department now uses the following electronic process for Medicaid notification:

- Clerical staff enters patient account number in DCR Tracker
- TRACE auto-populates demographic section of Medicaid form
- TRACE notifies case manager that form is available
- Case manager retrieves original form in DCR Tracker and completes clinical section by copying and pasting clinical data from electronic records; uses PixCert to attach supporting electronic documentation such as history and physical, PT notes, physician progress, etc.
- Case manager faxes form to LA Medicaid directly from DCR Tracker through FaxCert
- FaxCert notifies clerical staff if form is undeliverable and continues attempts to send

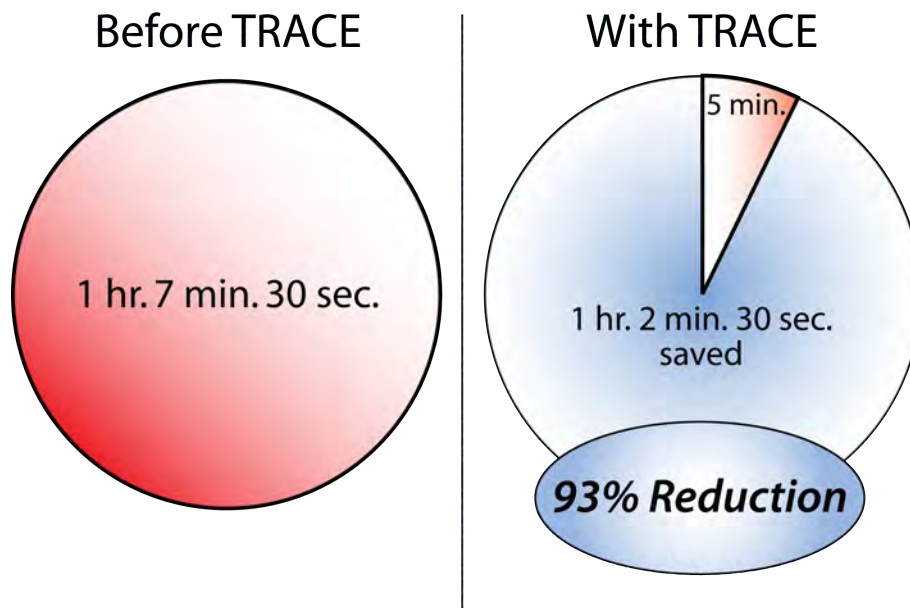
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- TRACE archives forms and transmission data after delivery
- Case manager retrieves archived fax record and sends with Medicaid form required to request a continuation of stay as needed; sends through DCR Tracker

Using TRACE, the department reduced the time required for the notification of admission process to just five minutes, a reduction of more than 93 percent.

Average Department Time for Medicaid Notification Decreases 93%



Quotes:

- "Being able to copy and paste into the form is great...it gives me the opportunity to provide very specific data directly from patient records without having to re-write or type the information." - Susan Lewis, Case Manager
- "Using it with PixCert is great...it makes it easy to send additional documents to Medicaid." - Susan Lewis, Case Manager

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Medicaid Responses

Prior to implementing TRACE, West Jefferson often waited 24 to 72 hours for Medicaid's response after sending notification of admission. Case managers often had to make a follow-up call to the payer if a response had not been provided. If the hospital was informed that the patient did not meet criteria after three days had already passed, the hospital was left responsible for the care provided during these days.

To make retrospective appeals, case managers had to go back to get clinical information from previous days. In cases where the patient was already discharged, it was difficult to gather data from the attending physician necessary to support the claim. Retrospective appeals could also take weeks based on Medicaid's schedule.

With TRACE, Medicaid nurse reviewers are able to easily read the information in the auto-populated form, and all criteria are clearly presented. As a result, the response time from Medicaid has decreased dramatically. West Jefferson typically receives a response within an hour of faxing the form, a 98 percent reduction over the time it took before TRACE. As a result, case managers can work concurrently with the patient's physician to assess the approved level of care and make adjustments to facilitate a safe and timely discharge.

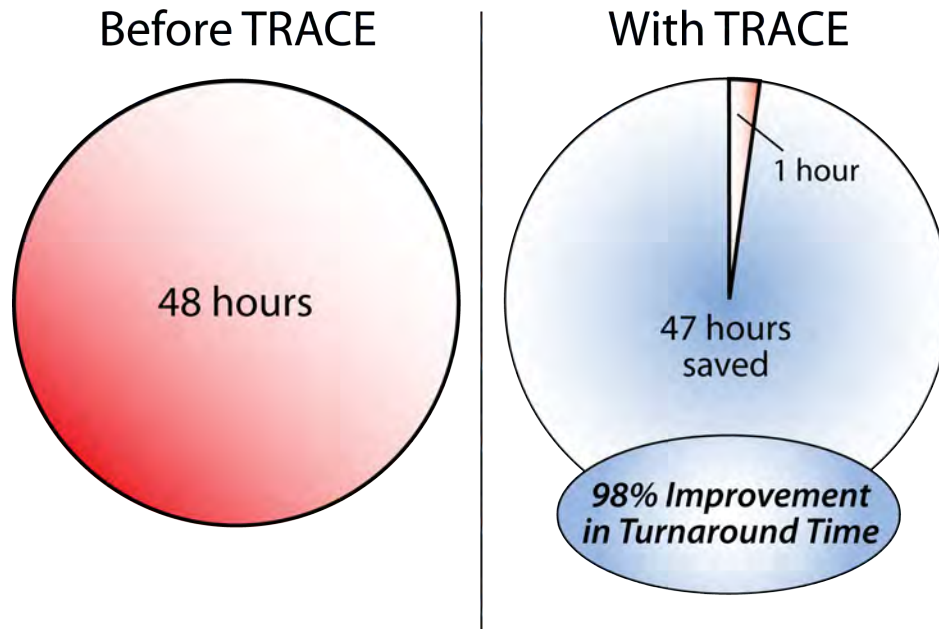
West Jefferson now uses TRACE to manage responses from Medicaid. Case management uses the following process to manage inbound faxes with FaxCert:

- Clerical staff notifies case manager of new faxes received through DCR Tracker
- New faxes appear when case manager logs in to DCR Tracker
- Case manager views payer's information, hospital criteria and patient needs
- Case manager works concurrently with physician to review and adjust plan of care accordingly

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Average Time for Medicaid Response



Quotes:

- "It's like working in real time." - Darlene Gondrella, Director of Case Management
- "I find that I get my responses from Medicaid faster, especially after my initial reviews." - Susan Lewis, Case Manager

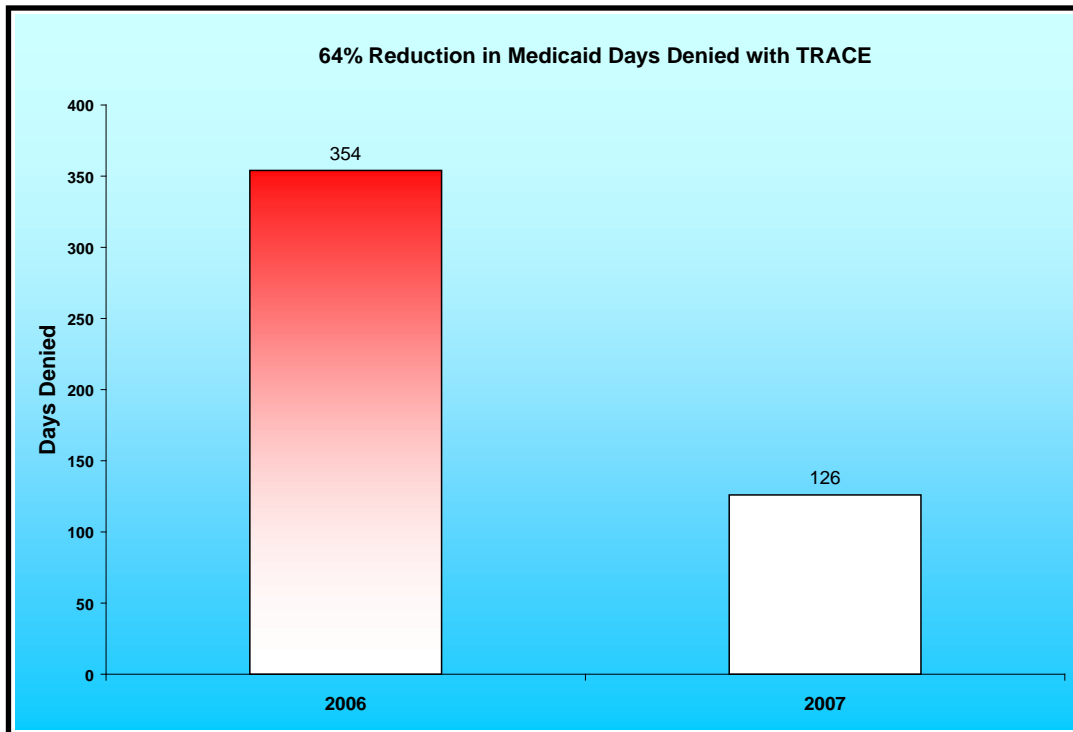
Case management has experienced the following benefits as a result of using TRACE to manage faxes with Medicaid:

- Documentation is available as part of patient's record in DCR Tracker
- Ability to provide more thorough reviews by cutting and pasting documentation from electronic records instead of speaking or re-typing data
- Lack of paraphrasing or abbreviating clinical data leads to fewer denials
- Paperwork eliminated, decreasing supply and shredding costs by nearly \$100 per month
- Greater productivity achieved without hiring additional staff
- 64 percent reduction in number of Medicaid days denied
- Workflow streamlined with ability to fax information into DCR Tracker from floor while checking on patients, reviewing charts, etc.

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- Time saved for clerical staff and re-allocated to other duties such as discharge planning
- Time saved for case managers and made available for patient care



Quotes:

- "I used to shuffle paper all day long. Now I don't have to do that." Susan Lewis, Case Manager
- "I can work from my desk in my office, from a satellite computer in the hospital or from home if I forget to take care of something at work. This allows me to continue the flow of my work throughout the day." - Susan Lewis, Case Manager
- "If it's clear that the data came directly from the patient's record, there is nothing for the payer to dispute." - Susan Lewis, Case Manager

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DISCHARGE PLANNING

Discharge Placement

At West Jefferson, social workers are responsible for securing placement for patients in need of additional care upon discharge. Prior to TRACE, social workers used the following process for discharge planning:

- Compiled hard copies of documents such as patient's medical record, history and physical, x-rays, medication list and progress notes
- Manually faxed the 30-page document to nursing homes and long-term care facilities
- Continued sending faxes until placement was secured
- Spent minimum of 5 hours per week on discharge planning as a department

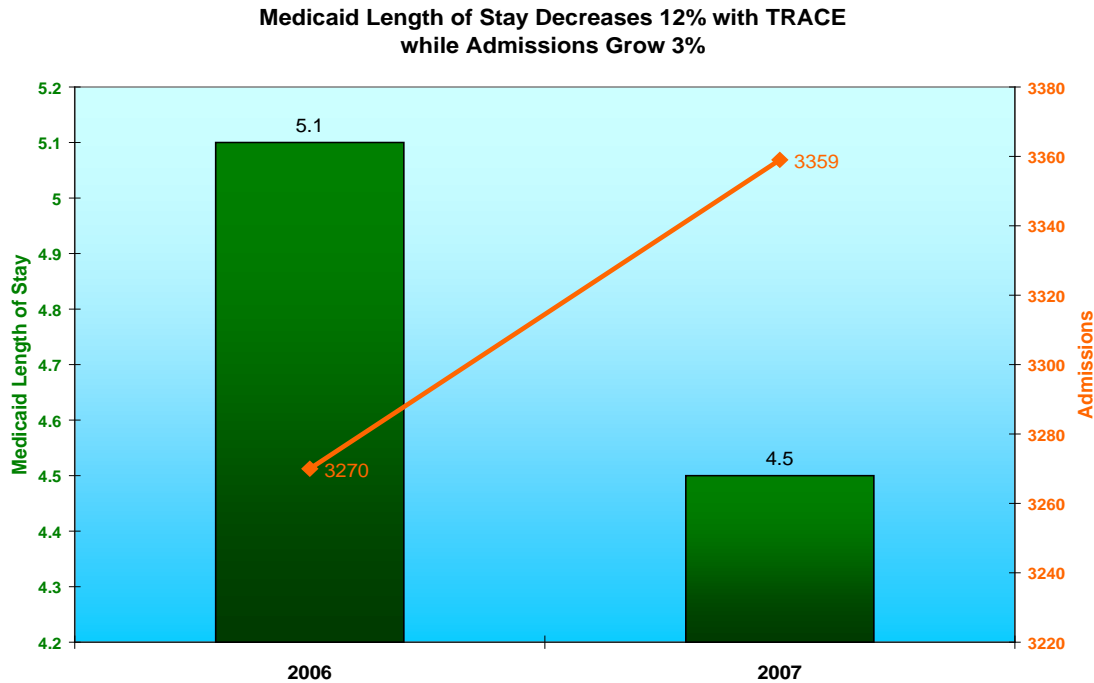
With TRACE, clerical staff can use time saved from notification procedures to assist in discharge planning. Clerical staff use FaxCert to send discharge forms to multiple facilities at one time. The blast faxing function allows staff to fax the forms to pre-determined distribution lists through DCR Tracker. If placement is not secured after the first distribution, the fax can be resent to a new distribution list with an expanded search area. If the patient's status changes, staff can add an addendum to the fax with new progress notes instead of re-doing the paperwork.

TRACE has produced the following benefits related to discharge planning:

- Clerical staff available to assist in discharge planning efforts
- Social workers save five hours per week on administrative tasks and spend more time in patient care
- Streamlined process results in quicker placement
- Medicaid length of stay decreased by nearly a full day in a year, while admissions remained consistent over time

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Discharge Notification

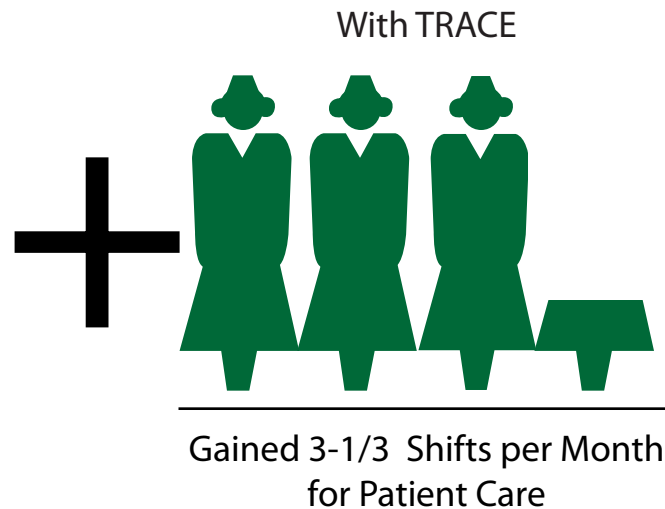
Prior to using TRACE, case management lacked a consistent process for notifying payers of a patient's discharge. If the hospital neglected to send a review, the payer called case management to check the patient's status. The resulting exchange interrupted workflow in case management:

- Payer left voicemail with request for patient status update
- Case manager looked up patient in system and informed payer of date of discharge
- Payer asked if patient had discharge needs
- Case manager conducted further research to inform payer of discharge needs
- Calls could last as long as 8 minutes, due to discharge data lookup; returning payer calls and experiencing lengthy hold time while waiting in queue; and case manager hand-off of information regarding patients

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With TRACE, clerical staff can provide automatic notification of each patient's discharge. A template of a discharge form is available through DCR Tracker that is completed electronically with the patient's name, date of birth and discharge date. Staff can select discharge needs from a pull-down menu and add applicable notes in a field. Staff then faxes the form to the payer, saving time by eliminating the payer's phone call. As a result, case management eliminated approximately 200 calls and saved 26 hours, or more than three shifts, per month.



CONCLUSION

TRACE has given West Jefferson the ability to capture and harness routine communication for use in efforts such as denials management, Medicaid notification and discharge planning. As a result, case management has achieved improved workflow, lower denials, greater productivity and more time for patient care. By using TRACE to streamline its case management processes, West Jefferson has improved efficiency, effectiveness and quality across the revenue cycle.