POSITIONING YOUR PRIVATE DUTY AGENCY TO ALIGN WITH MEDICARE ADVANTAGE PROVIDERS
OBJECTIVES

- Identify the advantages of accreditation.
- Identity the requirement for a Performance Improvement Program.
- Identify the requirements for an effective Compliance Program.
- Identify how to choose the right AO for your organization.
NON-SKILLED COVERAGE

- The Centers for Medicare and Medicaid Services, CMS, is expanding the definition of “primarily health related”.
- This will allow supplemental benefits for Medicare Advantage (MA) beneficiaries to receive services previously not provided under the skilled home health benefit.
CONSUMER

- Historically
  - Patient or client
  - State Medicaid

- Present
  - Patient or client
  - State Medicaid
  - Medicare Advantage programs
CONSUMER GOALS

- Ensure patients and clients are receiving high quality care that improves or maintains a level of care in their current environment
  - Reduce hospitalizations and emergency room utilization
- Financially responsible agency
CONSUMER GOALS

- Accreditation with a nationally recognized organization is the first step in partnering with Medicare Advantage programs
  - Performance Improvement
  - Compliance Program
WHAT ACCREDITATION CAN DO FOR YOU

Building A Quality Program through Performance Improvement
PERFORMANCE IMPROVEMENT

- The agency develops, implements, and maintains an effective, ongoing, organization wide Performance Improvement (PI) program which measures, analyzes, and tracks quality indicators, including adverse client/patient events, and other aspects of performance that enable the agency to assess processes of care, services, and operations that leads to improvement efforts for improved quality of care/service and client/patient safety.
PERFORMANCE IMPROVEMENT

- Systematic collection of data related to patient/client care and services
  - Monitor and track data that reflect the scope of the agency
    - All disciplines
    - High-risk
    - High-volume
    - Problem-prone areas
- Results are data-driven
PERFORMANCE IMPROVEMENT

- Systematic collection of data related to patient/client care and services
  - Monitor and track data that reflect the scope of the agency
    - Chart audits
    - Customer feedback
    - Staff feedback
    - Referral source feedback
    - Adverse events
    - Incidents
PERFORMANCE IMPROVEMENT

- Systematic collection of data related to patient/client care and services
  - Monitor and track data that reflect the scope of the agency
    - Establish benchmarks or thresholds
      - External
      - Internal
        - Historical data
          - Patient falls which required emergency room utilization or hospitalization
          - Medication misuse which required emergency room utilization or hospitalization
The Centers for Disease Control and Prevention (CDC) (2017) and National Council on Aging (2017) report approximately one fourth of older adults over the age of 65 falls yearly.

In 2014, emergency departments treated almost 2.8 million older adults who had suffered non-fatal falls resulting in 800,000 hospitalizations.

Falls in elderly individuals are the leading cause of non-fatal and fatal injuries.

The CDC expects that the number of falls will increase due to the aging population.
Dr. Deming developed a very simple but effective model for performance improvement:

- P-Plan
- D-Do
- S-Study
- A-Act
PDSA MODEL

Plan

- Plan is to identify the potential for falls in your client/patient population and implement appropriate interventions to reduce client’s/patient’s potential for falls.
PDSA MODEL

Do

- Implement an intervention
  - What do you have in place to demonstrate your agency’s ability to reduce the potential falls of clients/patients?
  - Is a fall history part of the initial/comprehensive assessment?
  - Do you evaluate for durable medical equipment?
  - Do you refer to other post-acute providers?
PDSA MODEL

Study

- Study historical data
  - Chart reviews
  - Incident forms

- Evaluate for trends
  - Triggering events
    - Toileting
    - Medication
    - Unsteady gait
PDSA MODEL

Act

- Implement successful practices into policy
  - Fall history as part of the initial/comprehensive assessment
  - Proper use of durable medical equipment
  - Refer to skilled post-acute providers
FALL PREVENTION RESOURCES

- Centers for Disease Control
  - https://www.cdc.gov/homeandrecreationalsafety/falls
  - https://www.cdc.gov/steadi

- National Council on Aging
  - https://www.ncoa.org/healthy-aging/falls-prevention
WHAT ACCREDITATION CAN DO FOR YOU

Building A Quality Compliance Program
COMPLIANCE PROGRAM

- Benefits of a strong compliance program
  - Increase the likelihood of proper claim submissions
  - Reduction in billing mistakes
  - Avoid the potential for fraud, waste or abuse
  - Sets an expectation of ethical practice
COMPLIANCE PROGRAM

- Office of Inspector General
  - Implementing written policies, procedures and standards of conduct;
  - Designating a compliance officer and compliance committee;
  - Conducting effective training and education;
  - Developing effective lines of communication;
  - Enforcing standards through well-publicized disciplinary guidelines;
  - Conducting internal monitoring and auditing; and
  - Responding promptly to detected offenses and developing corrective action.
COMPLIANCE PROGRAM

- Development of written policies, procedures and standards of conduct
  - Leadership and governing body expectations
  - Conflict of interest
  - Guidelines for care provided under contract
  - Culturally competent care; communication barriers
  - Client/Patient rights and responsibilities
  - Addressing ethical issues
  - Reporting of client/patient complaints
  - Reporting of suspected abuse or mistreatment of patients
COMPLIANCE PROGRAM

- Development of written policies, procedures and standards of conduct
  - Development of a budget
  - Receipt and tracking of revenue
  - Billing of clients/patients and third-party payors
  - Notification to the client/patient of changes in reimbursement from third-party payors
  - Collection of accounts
  - Reconciliation of accounts
  - Consequences of non-payment, if applicable
  - Assignment of revenue to the appropriate program
  - Retention of financial records per applicable laws and regulations
  - Anti-kickback
COMPLIANCE PROGRAM

- Development of written policies, procedures and standards of conduct
  - Duties of staff
  - Orientation and annual education requirements
  - Maintenance of personnel records
  - Personnel rights and responsibilities
  - Personnel health and safety requirements
  - Background checks
  - Performance evaluations and disciplinary requirements
  - Competency testing
  - Supervision of staff, non-professionals
  - Professional boundaries
CREATING A CULTURE OF COMPLIANCE

- Development of written policies, procedures and standards of conduct
  - Provision of care
  - Assessment and reassessment of patients
  - Consistency in assessments and plan of care
  - Guidelines regarding communication with physician and patient
  - Eligibility criteria
  - Discharge criteria
  - Transfer criteria
COMPLIANCE PROGRAM

- Designating a compliance officer and compliance committee
  - Individual assigned to investigate potential fraud and/or abuse
  - Staff need the ability to report without fear of retaliation
COMPLIANCE PROGRAM

- Conducting effective training and education
  - Orientation and ongoing training of areas of risk
    - Proper documentation of care provided
    - Missed visits or change in the plan of care/plan of service
    - Professional boundaries
    - Maintaining licensure/certification
    - Potential areas of fraud and/or abuse
    - Reporting of fraud and/or abuse
COMPLIANCE PROGRAM

- Developing effective lines of communication
  - Anonymous reporting of potential issues
  - Whistleblowers
COMPLIANCE PROGRAM

- Enforcing standards through well-publicized disciplinary guidelines
  - Clear understanding of job responsibilities and consequences of failure to abide by the rule
COMPLIANCE PROGRAM

- Conducting internal monitoring and auditing
  - Auditing financial practices and claims should be routine
COMPLIANCE PROGRAM

- Responding promptly to detected offenses and developing corrective action
  - Pay back
  - Education to staff
  - Disciplinary action
  - Implement actions to prevent further issues
COMPLIANCE PROGRAM RESOURCES

- Office of Inspector General
  - https://oig.hhs.gov/compliance/compliance-resource-portal
CHOOSING THE ACCREDITATION ORGANIZATION THAT IS RIGHT FOR YOU
WHO IS RIGHT FOR YOU?

- Improves patient safety
- Prioritizes quality improvement activities
- Helps you meet or exceed licensing requirements
- Shows your commitment to a safe, patient-focused environment
- Differentiates your services from those of your competitors
- Measures the success of your quality and safety programs
- Promotes staff engagement and communication across the organization
- Creates a culture of quality and safety
- Decreases risks and associated liability costs
APPROACH TO SURVEY

- Consultative approach to survey; not a disciplinary approach
  - Goal is to assist and educate customers towards a successful survey outcome

- Consistency in interpretation of requirements
  - Continuous education is provided to surveyors to ensure consistency in the correct interpretation

- Qualified surveyors
  - Surveyors have industry specific experience and can offer best practice suggestions
  - Have the experience to identify “gaps” before they become “craters”
CUSTOMER SERVICE SATISFACTION

- Customer Satisfaction
  - Accrediting organization’s have a vested interest in maintaining it’s customer base
  - Availability of resources to assist customers in maintaining significant compliance throughout the 3 year cycle
  - Responsive to customer feedback to improve the survey process
  - Obtain references
QUESTIONS?