1. **Background:**
   - An inter-disciplinary improvement team at Laguna Honda was formed in February 2016 to review the revenue cycle for patient accounts. After conducting a value stream analysis, a deep dive into the triple check process was identified.
   - Triple check is a multistep process for patient accounts covered by SNF Medicare Part A that undergo an additional review per federal requirements. The review is to ensure compliance and timely billing for maximum allowable reimbursement. Triple check process has been extended to the review of accounts covered by other payers. The triple check group meets the first Tuesday of the month to review the pending accounts and the bill is dropped on the 10th of the month.
   - The improvement team applied lean concepts to understand the current state, conduct root cause analysis and develop and implement countermeasures.

2. **Problem:**
   - There is administrative waste with multiple word documents and emails resulting in over processing.
   - At the time of the monthly triple check meeting, some accounts do not have all the required components and cannot be billed. Staff have to spend time tracking down the components.

3. **Aim:**
   - To eliminate administrative waste in triple check process.
   - To increase the percentage of dictated History and Physical assessments (H&P) that have a completed physician signature at the time of the monthly triple check meeting to 90%.
   - To increase the percentage of Rehabilitation Assessments (PT, OT, ST) forms that are in the medical chart and have a completed physician signature to 90%.

4. **Interventions:**
   - Most of the following countermeasure were implemented by Sept 2016.

   **Administrative workflow**
   - Interdepartmental protected network drive that reduces emails.
   - Six well-designed excel spreadsheets (for each payer) that track patient accounts were developed to replace different Word documents.
   - Clear workflow with patient accounts entered primarily by UM Nurse in the spreadsheets and updated as necessary by the responsible staff (UM, RAI, Billing, HIS).
   - Smart boards used during meetings that reduces paper waste.

   **Missing H&P signatures**
   - Medical leadership enforcement of physician’s signing the H&P.
   - HIS improved process for missing signatures, including reminders sent to physicians to sign the H&P.

   **Missing physician signature on the rehab assessment forms**
   - Improved workflow for the paper forms to obtain the physician signature.
   - Electronic system (SF-GetCare) for charting and physician signatures implementation scheduled for July 1, 2017.
5. Measures/Indicators:
   - At the time of the monthly triple check meeting, the patient accounts that are complete and ready to bill.
   - If they are not ready to bill, what is missing:
     - H&P signature
     - Rehabilitation Evaluation form not in chart or not signed

6. Results:
   - In January 2016 before the improvements, the percentage of H&P signed (44%) and Rehab evaluations completed (67%) were far below the 90% target.
   - From October 2016 through February 2017 after the improvements, the three indicators have been hovering around the 90% target, sometimes exceeding it.
   - Data obtained from the “Triple Check Bill Holding Tracking” report that the Billing Manager submits to the bimonthly Compliance Committee. For every month, 10 to 20 files are reviewed.
7. **Lessons Learned:**
   - It is important to continue to monitor the data and make adjustments to the improvement process. For example, the spreadsheet was pilot tested and edited. Once it was implemented, a new internal UM workflow was developed for inputting data into the spreadsheet.
   - Improve the process as well as addressing performance concerns with individual staff.
   - Ensure that the Process Owners (Department Directors) are part of the improvements and continue to make adjustments once implemented.

8. **Next Steps:**
   - Continue to track triple check compliance through the “Triple Check Bill Holding Tracking” report at the bimonthly Compliance Committee.
   - Conduct a PDSA cycle for the Rehab department’s transition to electronic charting, including obtaining physician signature on the Rehab Assessment form.

9. **Contact Information:**
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   - Process Owners:
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