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Harmony Whitepaper

A Pragmatic Approach to Care Transitions



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For Mary Adams, executive director of an Area Agency on Aging (AAA), maintaining the growth of her agency during and after the recession is a primary concern. The Community-based Care Transitions Program (CCTP), introduced with the Affordable Care Act, seemed like a great opportunity. Designed to reduce high readmission rates for targeted Medicare-eligible consumers, CCTP partners hospitals with community-based organizations (CBOs) to provide transitional support as consumers move from the acute care setting back to their homes and communities. It had the potential to leverage her agency's long history of working in the aging community, played to her staff's skills, enhanced the quality of life for those the agency served, and offered a new source of revenue.

For several months, she worked tirelessly, cajoling, convincing, and persuading local hospitals and sister agencies to form a coalition. Together they crafted and submitted an application to CMS. All the hard work paid off – they were accepted! Congratulations were exchanged and everyone wore a smile for the rest of the day. The next morning, Mary awoke with the realization that as the lead agency in the coalition, now she had to actually get the program started!

Mary is not alone. As more CCTP partners are named, executive and program directors across the country are realizing that in addition to the details associated with operationalizing any new program, the strong emphasis CCTP places on coaching, as opposed to traditional case management or service delivery, will necessitate a fundamental shift in the way they interact with consumers. Organizations are looking for ways to minimize the “routine” details of implementing a new program so they can focus on preparing their staff for their new roles. Success for each organization will rest squarely on its CCTP program director's ability to identify and quickly act on key operational needs.

Collaboration and Communication

Mary and her counterparts at several local hospitals had formed a partnership and had successfully worked together throughout the application process. She now realized that although they'd agreed that the hospital staff would notify her organization of potential program candidates, they had not worked out the “who, how, and when” details.

Seamless collaboration and communication between an organization and affiliated hospitals are very important to the program director. Identifying and enrolling qualified consumers are critical and are the required first steps toward reducing readmission rates. Hospital staff need a way to easily and efficiently alert collaborating organizations of CCTP candidates, or the CBO staff needs access to hospital records. If final eligibility and enrollment are to be managed by the CBO, program staff need a way to assign a worker to do those tasks.

Mary worked with several neighboring AAAs and an ADRC to create a multi-organization network of care that maximizes the number of consumers who can be served. Although this coalition adds strength and increases the reach of the program, it also adds complexity. In addition to coordinating with the hospitals to identify candidates, Mary also must be able to match each consumer to the most appropriate CBO and to see the CCTP data associated with those cases for both reporting and billing purposes.

The need to collaborate and communicate across CBOs is also of critical concern to a program director when multiple CBOs form a coalition to increase demographic coverage. There is a need for the ability to quickly and easily assign a consumer to the most appropriate CBO as well as a mechanism that allows the lead or billing CBO to access the details of all care transition episodes in order to generate invoices. The program director will also need access to all data in order to meet program-reporting requirements. If CBOs are using separate systems to track their care transition episodes, redundant data entry may be an issue and checks and balances must be instituted to ensure that the data in each system remains in sync. If CBOs are using a single system, redundant data entry becomes less of an issue since data can be pushed from one CBO's view to another. However, since CBOs may not routinely see each other's data, granting only the lead/billing CBO access to care transition data associated with collaborating CBOs may be problematic, especially if multiple coalitions exist in a single system.

Coaching

Adam Richardson is responsible for managing the Care Transition coaches. With over 20 years of experience in health care, Adam continually reminds Mary that the coaches are the most important part of the program. Mary knows that, to a large extent, this is true as it is the coaches who are in direct contact with the consumers. Together, Adam and Mary need to construct a business process that fully integrates administering assessments and collecting required data into the coaching process.

While other program components are needed from an operational perspective, the ultimate success or failure to reduce readmission rates relies on the coaches' successes in helping consumers become advocates for their own health. CBOs have traditionally been focused on case or care management and service delivery – a model predicated on “doing” for or on behalf of the consumer; CCTP is focused on coaching and providing tools for the consumer to do things for themselves. This subtle but important difference requires not only staff training, but also a cultural shift in perspective. Therefore, when implementing CCTP (unlike when implementing possible past programs) organizations will want to be able to maximize the time they spend on business issues and to minimize the time they spend on technical or operational details.

From a program director's perspective, the program must be optimized so that capturing the data necessary to fulfill reporting requirements, to proactively monitor risk points, to measure efficacy, and to bill is a natural, intuitive extension of collaboration, communication, and coaching activities. Data collection should not be intrusive or feel like “extra work” – coaches excel at helping consumers but are far less interested in filling out forms!

Billing

Gloria Gonzalez, Mary's CFO, is concerned about CCTP billing. As is the case with many CBOs, the current billing is exclusively fee-for-service. She understands that she will be required to bill for the CCTP on a per-transition basis and that she'll need to submit a primary and a secondary list bill for each transition. She is eager to work through the details and to prepare her staff to accurately invoice CMS in a timely manner.

CCTP is invoiced on a per-transition basis, regardless of the number of encounters or services provided to the consumer. Until recently, this type of capitated billing was used primarily by HMOs, but it is becoming more widespread as states and CMS look to managed care as a means of controlling costs. CCTP has the added complexity of requiring that CBOs submit two invoices, one of which results in payment and the other of which fulfills program-reporting requirements.

CBOs, particularly in the aging arena, have historically relied on fee-for-service billing, so billing staff may need some guidance or training as they begin to bill for CCTP.

Reporting/Outcomes

Having worked through the rest of the program, Mary was finally able to look at her reporting requirements. Their CCTP partnership application specified a number of required reporting elements, but Mary also must be able to evaluate program efficiency, efficacy, and profitability against her own business goals.

Though the specific reporting elements for each CCTP partner may vary based on their applications, there is a universal need for executives and program directors to be able to see the success or failure of care transition episodes at both the aggregated and individual levels. When episodes are not successful, visibility of the reason why (e.g., readmission, deceased, left program) is needed both for program reporting and for developing mitigation strategies to close those doors. Outcome measures, surveys, and assessment tools must be available at the executive, program, and coach levels.

In addition to fulfilling CMS requirements, organizations have their own internal benchmarks to be evaluated. These can overlap with CMS needs, especially in terms of outcomes and efficacy, but diverge in other areas, such as efficiency and profitability. A flexible reporting solution that allows organizations to easily see and export CCTP data to fulfill external reporting/outcomes requirements and to answer internal business question is imperative.

Converting Words to Actions

Not one to be bogged down with “analysis paralysis,” Mary identified her four main objectives: collaboration and communication, coaching, billing, and reporting/outcomes. Knowing that Richard and Gloria would handle training once business processes and operational details were in place, she compared her CCTP needs to the features available in her current case and financial management system.

Identifying core functional needs is only the first step on that path to success. In this day and age, paper-based records are inadequate. They block an organization’s ability to easily track consumers, trends, and outcomes; lead to siloed, inaccessible data; make reporting and billing cumbersome and prone to errors; and increase the risk of a HIPAA breach. Electronic case and financial management systems can protect data; make reporting and billing easy; and allow for efficient, coordinated, transparent care of consumers, even when multiple workers or organizations are involved. Harmony offers robust case management fully integrated with a comprehensive financial management system, specifically designed to meet the needs of community-based health and human service organizations.

- **Collaboration and communication are effortless.** Information flows easily from hospital to CBO to coach to ancillary staff from the moment a consumer is identified as a CCTP candidate until the transition is complete. Users are automatically notified as consumers are assigned to them, and they see only data appropriate to their roles.
- **Coaches focus on consumers, not paperwork.** A personalized dashboard lets coaches quickly see their caseloads, easily hyperlinking to individual consumers. CCTP data is summarized in a single location, giving coaches an “at-a-glance” summary of each consumer’s current status.

Assessments and other tools are fully automated; coaches can compare current and past responses “on the fly,” allowing them to monitor a consumer’s progress and identify potential red flags in real time. Coaches and other staff are automatically prompted to perform actions based on their current activity and/or consumer response to assessment questions; triggers and actions are easily adjusted to match each organization’s business processes.

- **Billing is seamless.** Billing staff can be automatically notified that a CCTP episode is ready for primary or secondary list bill generation. Invoices can be created in a matter of minutes, and automatic program specific data validation ensures accurate, clean invoices. Invoices can be printed or output to a CMS compliant file. Remittance advice can be posted, and post-remittance activities such as identifying, correcting, and resubmitting denied claims are quick and easy.
- **Reporting and program analysis are simple.** A full suite of standard and CCTP-specific reports is available to users in all roles and covers the entire CCTP lifecycle from initial identification of the consumer through billing and the end of the transition. Since all required CCTP data is captured and stored in a single database, program reporting requirements are easily met. Program directors can combine CCTP-specific data with other data in the system to answer internal business questions related to program efficiency and profitability.

Partners for Success

Mary’s organization uses Harmony case management. She contacted Harmony and was pleased to find that a CCTP-specific solution was available and included automated workflows, standard assessments and tools, personalized dashboards, capitated billing, and reports.

Working with Harmony, her organization quickly implemented the program. Coaches, billing, and program staff are all happy, and most important, consumers are already successfully transitioning back to their homes and community!

With over 15 years of experience, more than 10,000 users, and a renewal rate of over 95 percent, Harmony has a proven track record of success. Contact Harmony today – we’re ready to partner with your organization to ensure a successful Community-based Care Transitions Program!

Harmony Information Systems, Inc. (Harmony), the industry’s leading provider of cloud-based long-term care software, helps state and local agencies collaborate with caregivers and service delivery organizations to empower consumers to thrive in their homes and communities. Harmony’s smart applications for managing Medicaid, Medicare, and Older American Act-funded programs are continually updated to comply with policy changes and industry best practices to provide high-quality long-term services and supports to the disabled and the aging. The result is a breakthrough in care coordination that reduces operational costs, ensures rapid reimbursements, and optimizes outcomes. Harmony is recognized as the most scalable, robust, and dependable platform provider in the industry and is in use at 40 state-level agencies by more than 25,000 users. For more information visit www.harmonyis.com.

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