

**Franklin County  
Health Department**  
100 Glenn's Creek Road  
Frankfort, KY 40601

Public Health  
Prevent. Promote. Protect.  
Franklin County Health Department

### PA or Bust: Quality Improvement Story Board

Team Members:  
 Paula Alexander, Public Health Director  
 Margie Bucklew, Administrative Services Manager  
 Amy Carrico, Local Health Nurse  
 Karen Denney, Support Services  
 Anita Napier, Nurse Supervisor II  
 Tonya Ruble, Account Clerk II  
 Kim Smither, Support Services  
 Jennifer Thurman, Nurse Consultant  
 David L. Wallace, Account Clerk II  
 Karen Weller, Nurse Administrator  
 Facilitator:  
 Judy Mattingly, Accreditation Coordinator



## PLAN

### Opportunity Statement

The Plan-Do-Check-Act cycle is being implemented to identify and correct the root causes for not obtaining preauthorizations for home health services and supplies, which result in a loss of revenue.

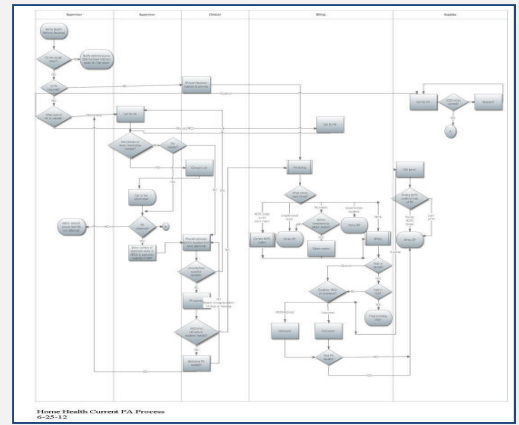
### Aim Statement

By September 30, 2012 we will decrease money lost due to a lack of preauthorizations from \$4247.01 to \$424.70.

### Process Outline & Relevant Data

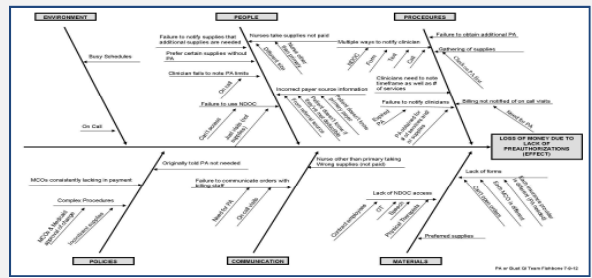
Financial data from the first quarter of the previous fiscal year revealed that \$4247.01 was lost due to a lack of preauthorizations. In all cases the payer source was Medicaid, with \$3043.17 lost for services and \$1203.84 lost for supplies. A flowchart examining the current process used to obtain preauthorizations showed numerous responsible parties and critical decision points where a failure to communicate preauthorized limits would result in a loss of revenue.

### Process Outline & Relevant Data



### Identify Potential Causes

A fishbone diagram identified several root causes for not obtaining preauthorizations, the most notable being difficulties accessing NDOC, the computer system where preauthorization limits are listed. Failure to utilize NDOC has also caused varying communication procedures to be followed, including the use of several different forms.



### Identify Potential Solutions

Correctly utilizing NDOC is a priority that has also been identified by other quality improvement efforts. When fully used NDOC can notify clinicians of services that were authorized, track those services and provide alerts when expirations and/or limits are met. However, a need for improved communication about preauthorized supplies is also evident along with internal policies requiring proof of preauthorization to obtain any supplies.

### Improvement Theory

If we improve the usage of NDOC and create a uniform document to communicate all preauthorized limits then lost revenue should decrease.

## DO

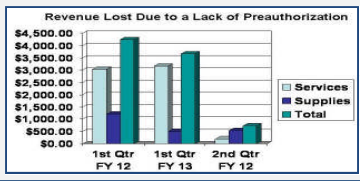
### Test the Theory

NDOC training was provided and computer upgrades were made to resolve access issues and ensure that all required orders for services and supplies could be easily opened. A billing staff member was identified as the primary party responsible for obtaining preauthorizations and a form was created to notify clinicians of preauthorized services as well as the exact codes for preauthorized supplies and the approval period for each.

## CHECK

### Study the Results

Although the number of instances where preauthorizations were not obtained decreased from 25 to 6, the amount of revenue lost only decreased by \$579.35.



## ACT

### Standardize or Develop New Theory

Since the improvement theories were only recently instituted in September of Fiscal Year 13 we will not completely abandon the changes. Rather we will continue to adapt the process for obtaining preauthorizations, train staff to fully utilize NDOC and monitor for improvements.

### Future Plans

Improvement efforts will continue and we have already begun to track the reasons for not obtaining preauthorizations with more detail, such as an expired authorization, wrong size supply and type of skilled service. The Plan-Do-Check-Act quality improvement cycle will be repeated.