

Overcoming MACRA obstacles

Positive patient identification

Presented by:



rockingstone
group



Today's Speakers



Jordanna Davis, President, Rockingstone Group

Jordanna Davis is the President of Rockingstone Group, a health care consulting firm in New York serving large health care providers, technology companies, and advocacy and member organizations. Ms. Davis launched Rockingstone after seven years at the Sachs Policy Group, where she managed the firm's operations and worked with New York's largest providers and payers. Before consulting, Ms. Davis worked in the U.S. Senate for Senator Russ Feingold (D-WI) and Senator Sheldon Whitehouse (D-RI). Ms. Davis staffed Senator Whitehouse as his senior health policy aide on the Senate HELP Committee during the drafting of the Affordable Care Act.



Christy Murfitt, Vice President of product Marketing, Imprivata

Christy Murfitt is Vice President of Product Marketing at Imprivata, responsible to develop and drive the execution of the go to market strategy for Imprivata's solutions globally. Specializing in the healthcare IT market, she moved into the high tech speech recognition software industry in its early years, spanning solutions for customer service, mobile lifestyles and healthcare IT. Ms. Murfitt has an MSc in Marketing from the University of Leicester, a B.A. in International Relations and Anthropology from Tufts University and is a member of the Phi Beta Kappa Society.

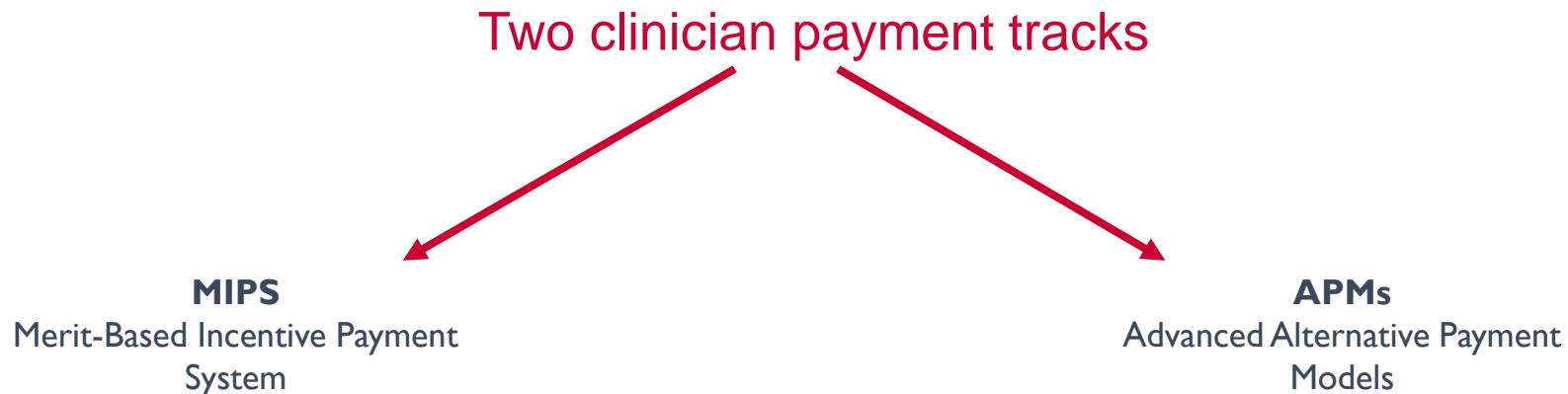
Agenda

- MACRA's impact on patient identification
- Repercussions of misidentification
- Creating a 1:1 link for patients and their records
- Ensuring continuous data integrity

Understanding MACRA

MACRA: A major shift

- Bipartisan legislation passed in 2015
- Volume-based reimbursement => value-based reimbursement
- 600,000 + clinicians affected



MIPS vs APM

MIPS: Merit-based Incentive Payment System

- Traditional, fee-for-service payments adjusted for:
 - quality, resource use, clinical practice improvement, EHR meaningful use
- Total adjustments must be revenue neutral (winners and losers)
- 43-47% of clinicians will qualify for this payment pathway in first year

APM: Advanced Alternative Payment Model

- Clinicians participating in *Advanced Alternative Payment Models* (as defined by Centers for Medicare & Medicaid Services [CMS]) receive a 5% bonus payment
- Just 1-2% of clinicians will qualify for this payment pathway in first year
- More than half of clinicians (53-57%) will be exempt from both pathways in first year due to low Medicare volume

Revenue cycle considerations

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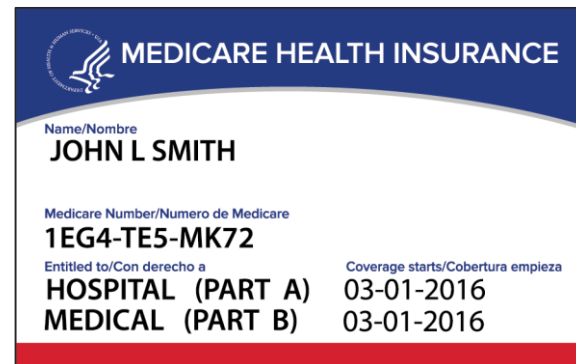
Excluded clinicians: 53-57% of clinicians

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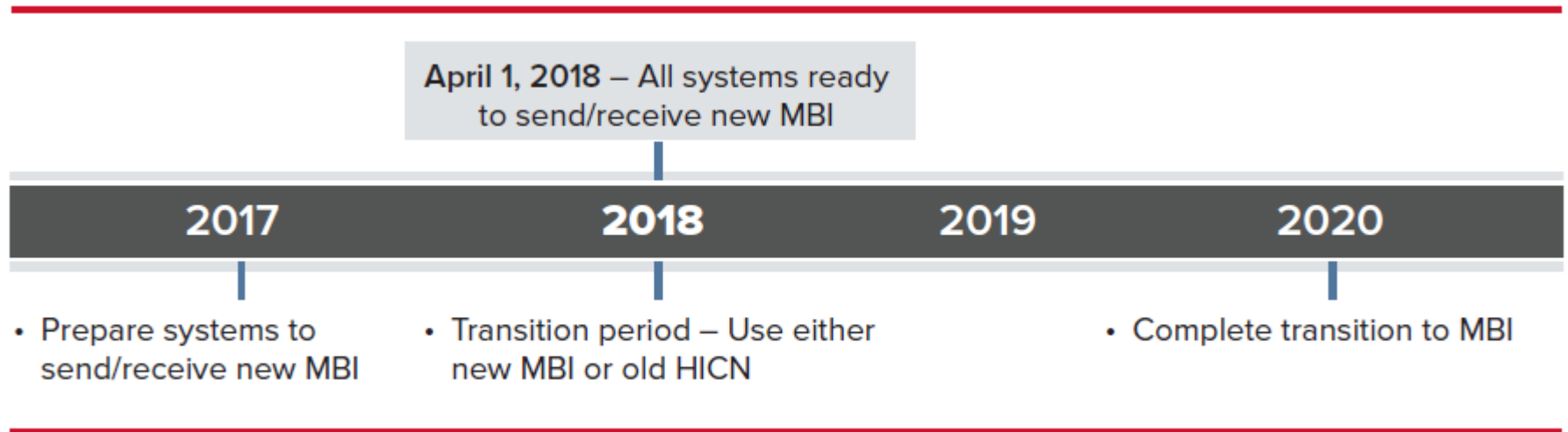
New Medicare card initiative

- Social Security-based Health Insurance Claim Numbers will be replaced by Medicare Beneficiary Identifiers (MBI)
- Massive logistical undertaking – replace 150 million Medicare cards and numbers
 - 60 million living beneficiaries, 90 million deceased

Key	Example
Health Insurance Claim Number (old)	123-45-6789-AI
Medicare Beneficiary Identifier (new)	IEG4-TE5-MK73



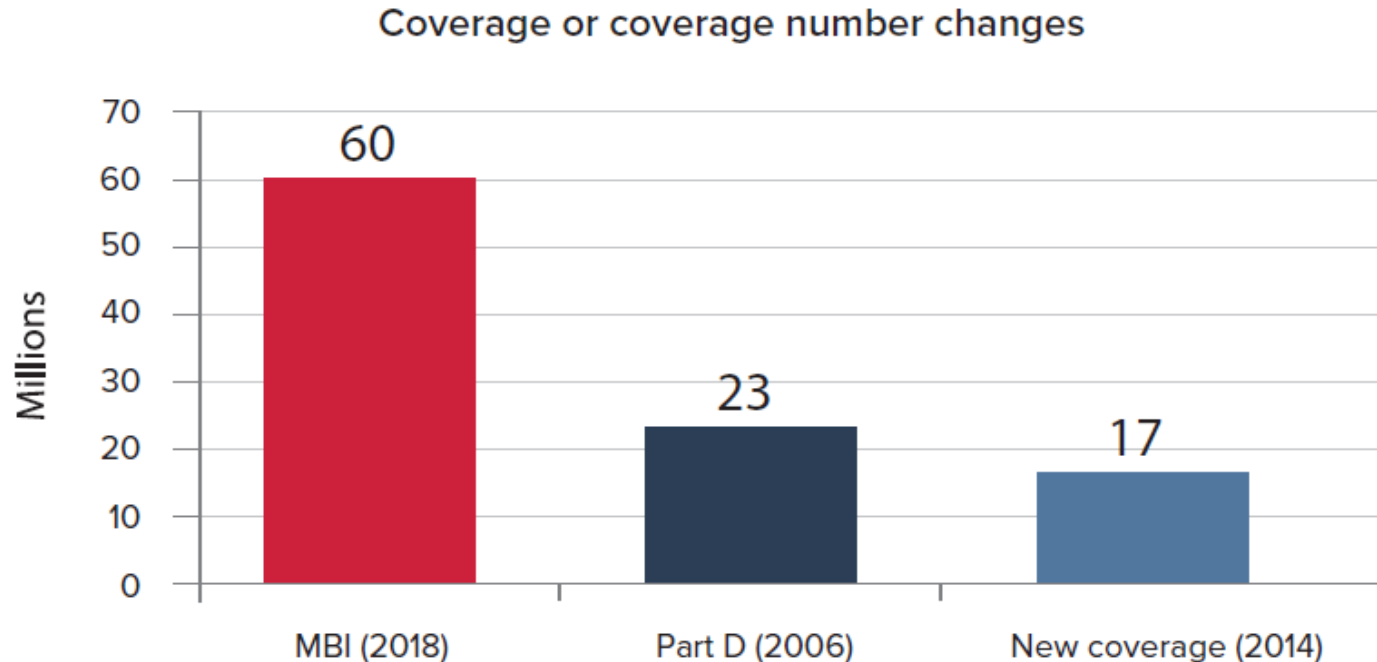
New Medicare card timeline



Impact on patient identification

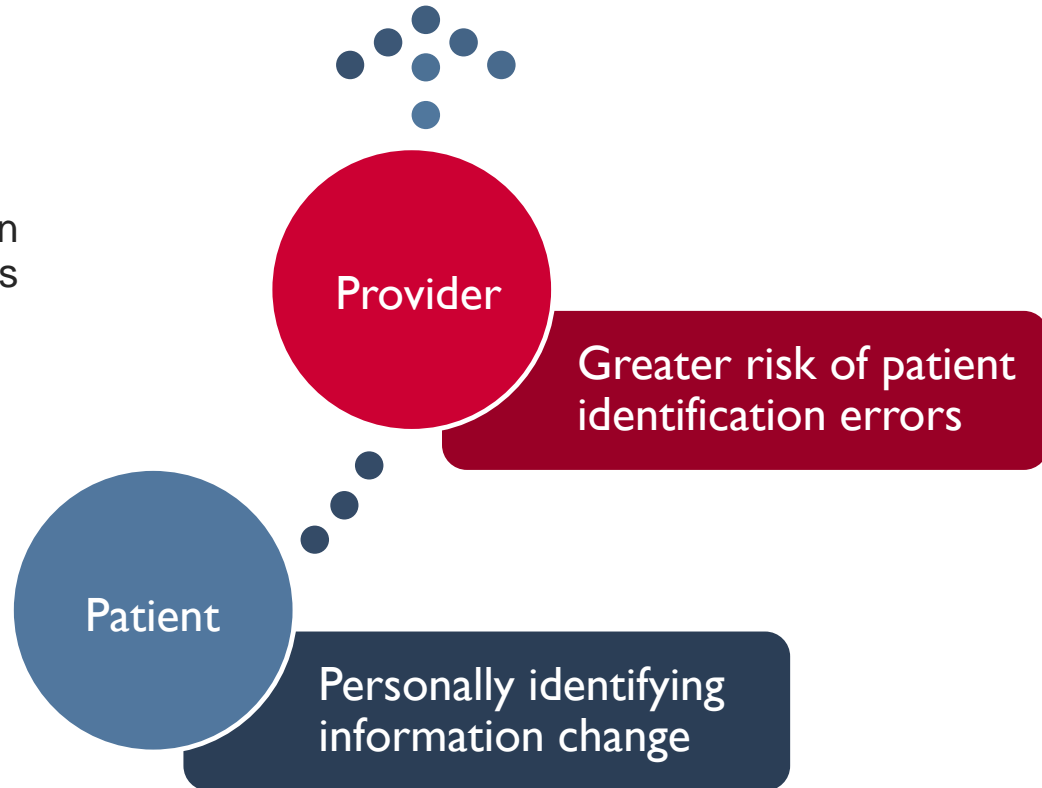
New Medicare card and patient identification

Magnitude of change unlike anything in recent history



Implementation challenges: Patient identification

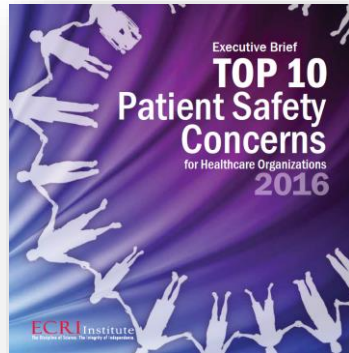
- Focused moment of significant potential chaos due to patient misidentification at the point of care
- Personally identifying information will change for 60 million patients in span of 21 months



Patient Safety Concerns

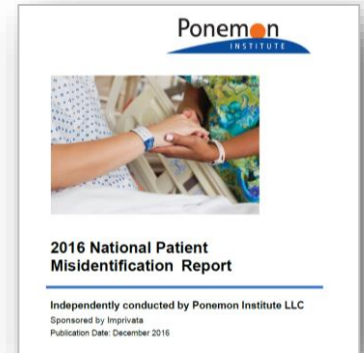
2016 ECRI Institute Summary

- Patient identification #2 largest patient safety concern for hospitals in 2016
- % of patients who are misidentified suffer an adverse event



2016 Ponemon Misidentification Report

- Registration errors #1 cause of misidentification
- 86% of clinicians have witnessed medical error from misidentification
- 31% of denied claims result from misidentification

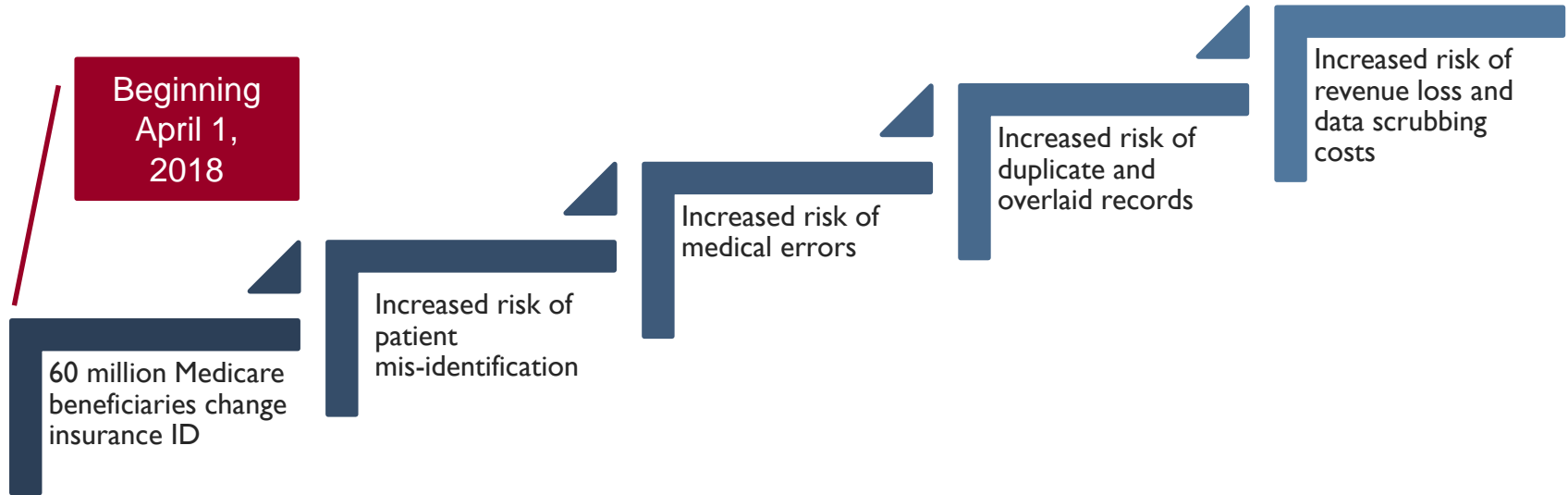


New Medicare card risks and consequences

Risk	Consequences
New record	<ul style="list-style-type: none">• Registrar creates duplicate, incomplete record• Patient health and safety risks• \$1,000 per claim to fix
Right record, wrong MBI	<ul style="list-style-type: none">• Claims processing disruption• \$25 per claim to reprocess
Wrong record	<ul style="list-style-type: none">• Patient health and safety risks• Overlaid record, \$5,000 per record to fix• Wrong insurance billed, \$25 per claim to reprocess

Downstream affects of patient
misidentification

New Medicare Card and Manual Patient Identification



Positive patient identification

Creating a 1:1 link



7-10%

Patients are misidentified when their medical record is accessed

Revenue cycle considerations

Revenue cycle impact

- Billing errors
- Insurance information
- Billing address
- Possible HIPPA breach
- A/R impact (72 hour rule)
- 11% of duplicates associated with bad debt
- Inaccurate billing process creates payment confusion and impacts customer satisfaction

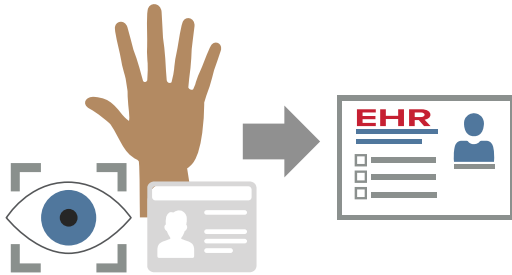
Duplicates / overlaps - \$50 to \$100 with clinically impacted cases costing over \$1,100

- Time & materials wasted by researching
- Missing clinical information
- Duplicate testing
- Delays in billing & A/R (72-hour rule)
- 20% of duplicates involved in bad debt

Overlays - catastrophic

- Risk of clinical error
- Potential confidentiality breaches
- Cost of litigation

Positive identification at registration



- 1.** Biometric enrollment creates a 1:1 link to patient's medical record



- 2.** Securely and accurately identifies patients at any point of care directly from the registration screen



- 3.** Retrieves the correct record from appropriate clinical systems

Positive patient identification embedded in hospital information system's workflow

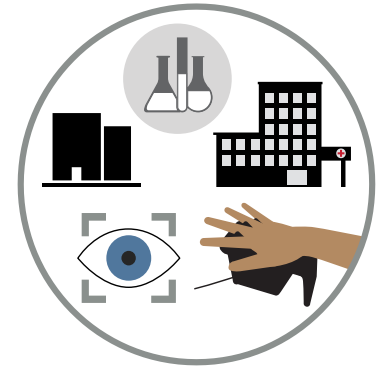
Why biometric patient identification?



Highly accurate,
unique, and stable

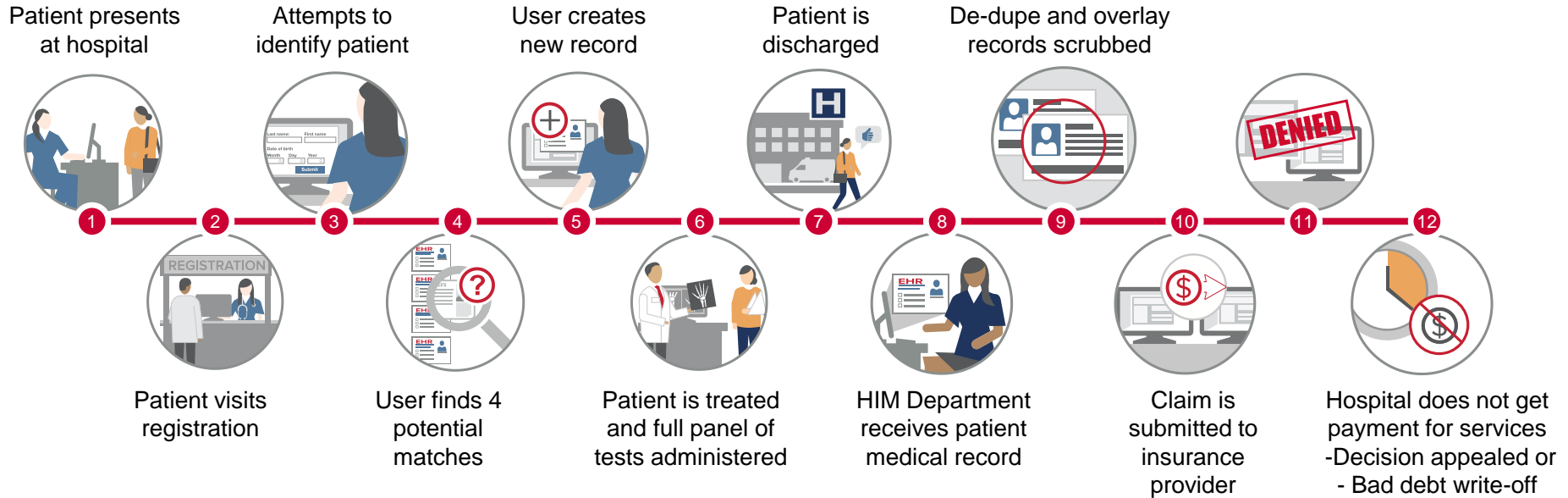


Virtually 100% of
the patient
population can use
the technology



High patient adoption;
non-intrusive, easy-to-
use, and stigma-free

Workflow without biometric identification



7-10% patient misidentification rate

Biometric identification process



1

Patient presents at hospital



2

Patient visits registration



3

Patient authenticates via biometric identification



4

Patient is positively identified



5

Patient is treated and discharged

Biometric identification improves patient safety, eliminates duplicates & overlays & prevents insurance fraud

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Continuous data integrity

Data integrity: the foundation of digital healthcare

Common threats data integrity

- Data conversions/new system implementations
- Downstream systems lack Integration
- Lack of standardization
- Data entry errors (name swaps, defaults, SSN errors, etc.)
- Incomplete data
- Lack of data quality maintenance/historical clean-ups

Best practices for patient matching

- Enterprise-wide governance policies and procedures including
 - Naming conventions
 - Patient searches
 - Consistent default data use
 - Data migration
 - Data correction – duplicates, overlays, key identifying data fields
- Centralized EMPI data integrity
- Continuous patient access training
- Patient identity metrics and reporting
- Front-end and back-end advanced patient matching algorithms – tuned
- Biometrics

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Summary Slide

MACRA and Patient Identification

A vertical diagram consisting of four white circles connected by a blue line, each pointing to a dark blue horizontal bar containing text.

Provider payment changes get most attention

But lesser-known New Medicare Card initiative will likely create logistical challenge of unprecedented magnitude

Accurate patient identification and information updates will help avoid clinical errors, overlaid and duplicate records, revenue loss, and data scrubbing costs

With 60 million Medicare beneficiaries receiving a new Medicare card, providers should consider biometric solutions to accurately identify patients

How can hospitals solve the problem today?

Manual record clean-ups with teams of HIM staff

- Costly and reactive

Medical record clean up via 3rd party

- Solves problem point in time w/improvements for future

Investment in EMPI system

- Solves problem moving forward, still has gaps with catching existing overlays or duplicates

Investment in biometrics

- Ensures positive ID moving forward

The Imprivata approach:
Positive patient ID through
biometric identification &
medical record clean up