

Fee Basis Claims System (FBCS) Optimization Metrics Dashboard

The Chief Business Office – Purchased Care (CBOPC) partnered with VA-CASE in 2010 to optimize the processes associated with the use of the Fee Basis Claims System (FBCS). FBCS is the software currently used to process claims within Non-VA Medical Care Units (NVMCU) across the country. Optimized processes were developed with the help of subject matter experts and grouped into five focus areas:

- 1) Scanning
- 2) Verification
- 3) Distribution & Processing
- 4) Clinical Review
- 5) Customer Service Calls

The processes were alpha and beta tested and refined based on feedback from the field and lessons learned. National deployment of FBCS Optimization began in June 2012 and was completed across 20 VISNs as of December 2013.

VA-CASE developed an Excel-based standardized dashboard to track the effectiveness of the FBCS Optimization process changes. The FBCS Optimization Metrics Dashboard was utilized to monitor the performance of NVMCUs throughout the initiative's national deployment and sustainment phases. The dashboard uses data obtained from FBCS to score performance metrics in multiple categories that were expected to be positively impacted by the optimized processes and compares the data against established targets. Performance is visually represented through stop lights with green representing performance equal to or better than the target, yellow for performance within 10% of the target, and red for performance outside the 10% threshold.

The FBCS Optimization Metrics Dashboard compliments other measurement tools that are available to NVMCU management such as the FBCS End of Day Report and National Non-VA Medical Care Program Office (NNPO) Stoplight Report. The differentiator between the dashboard and the other reporting tools is the enhanced scope of information contained in the dashboard and level of detail. The dashboard was designed taking into consideration feedback from the field to ensure the information was in-line with what the field required to identify their bottlenecks and trends. Many NVMCU managers currently use the dashboard to communicate performance to their front-line staff and leadership in their respective facilities.

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Leadership Corner

Transactional Systems Program (TSP)



The Transactional Systems Program (TSP) specializes in the development and delivery of systems redesign/operational systems engineering tools to increase the efficiency, effectiveness, accountability, accuracy and standardization of workflow and decision making within transactional systems. The overarching goal of TSP projects is the optimization of processes associated with the business/administrative aspects of the delivery of VA health care. TSP's primary partnership is with the Chief Business Office Purchased Care (CBOPC), which is responsible for the management and delivery of health care services external to VA facilities to which Veterans and their dependents are eligible. In FY13, TSP experienced a 50% increase in staffing and had an operational budget of \$1.8M of which 18% was allocated from VA-CASE core funds. TSP's FY13

project portfolio included: NVCC Clinical Applications Coordinator Support, Health Benefits Appeals – Phase 2, FBCS Optimization, Non-VA Medical Care National Standardization, Clinical Consulting, Project ARCH, and Network 11 Contracting Systems Redesign – Phase 1.

As of March 17, 2014, I will serve as Acting Associate Director of Operations. The scope of my job responsibilities include our corporate administrative and businesses processes. Within my new role, I will be working to insure standardization and automation of the VA-CASE administrative/business processes.

It has been a pleasure to serve as the Associate Director for TSP.

In this issue of the VA-CASE Quarterly Newsletter, we are proud to present a sample of the many projects that TSP is currently working on.

TSP Leadership

Eric Lammers, BSIE, is, as of March 17, 2014, the Associate Director for the Transactional Systems Program (TSP). In his current role, Eric serves in both a technical and supervisory capacity by functioning as a technical consultant for all TSP projects and supervising engineering staff within TSP. Prior to his current role, Eric was the VA-CASE Program Manager and Lead Engineer for the FBCS Optimization national deployment project. Since joining Prior to joining VA-CASE, Eric spent 4 years at Production Modeling Corporation (PMC), a Dearborn, Michigan based Industrial Engineering consulting company, where he acquired diverse consulting experience by supporting and managing various Industrial Engineering projects across multiple industries in the private sector. Eric received a Bachelor of Science degree in Industrial & Systems Engineering from the University of Michigan in 2006 and obtained Lean Healthcare Black Belt certification from Purdue University in 2011. Eric is currently pursuing a Master of Science in Engineering Management at the University of Michigan.



Eric was hired by VA-CASE in 2010 as a GS09 Industrial Engineer. He is the first staff member to go from an entry level position to Associate Director. Congratulations Eric!

Welcome New Employees

Stacie Bergman, BS is a transfer employee from the Department of Defense with 14 years of cumulative service, both as an active duty Army soldier and Army civilian. Stacie has a bachelor's degree in Public Administration from the University of Hawaii. Prior to joining VA-CASE in November, 2013, she worked for the US Army Financial Management Command performing office management, financial, and administrative support for the US Army E-Commerce Directorate and Army Banking Programs. She is currently the Administrative Officer for the Transactional Systems Program (TSP).



Christopher Carmichael, BS graduated from Virginia State University with a bachelor's degree in manufacturing engineering and a minor in mathematics in December 2013. Prior to working for VA-CASE, he interned for both the Commonwealth Center for Advanced Manufacturing (CCAM) and the Department of Homeland Security. While at the Department of Homeland Security he worked on analyzing and improving various system databases. Currently he is working with the Transactional Systems Program (TSP) as an Industrial Engineer.



Naomi Conn, MPA received her undergraduate degree in Aerospace Engineering from the University of Colorado in Boulder and has a master's degree in Public Administration from San Francisco State University. She served in the active duty Air Force for six years as a C-17 pilot and continues to serve in the Air Force Reserve as an executive officer and program assistant. She has held various public and nonprofit positions including program auditor at the Government Accountability Office and Program Associate at Northern California Grantmakers. She is currently working as an Industrial Engineer in VE-TAP.



Don Lindbergh, BS, AS recently joined VA-CASE on contract. Don is providing technical consultative services that support infrastructure development of the IVN system and human-computer interaction related projects at VA. Formerly with Regenstrief Institute Center for Biomedical Informatics, Don was a core member of the group that designed, developed, tested and implemented the computerized physician order entry system (CPOE) that is internationally recognized in the medical informatics community. Don graduated from Indiana University with a BA in Literature and Modern Music, an individualized major in the College of Arts and Sciences and an AS in Audio Technology from the School of Music.



Marissa A. Vallette, Ph.D., is an Industrial Engineer for VA-CASE working in the CPHT program. Dr. Vallette recently received her Ph.D. from Purdue University in Industrial Engineering, specializing in human factors in healthcare. Her dissertation examined interface and information flow within and between two of the most widely deployed electronic health record (EHR) systems. Other research interests include expertise, team and task coordination, and healthcare public policy. Her research has been published and presented at conferences including the Winter Simulation Conference, the Industrial and Systems Engineering Research Conference, and the International Symposium on Human Factors and Ergonomics in Health Care.



Dr. Vallette has worked for Fortune 500 companies including Caterpillar and United Parcel Service (UPS) and worked in both inpatient and outpatient healthcare settings. She has experience in human factors, lean manufacturing, project management, logistics, data analytics, and healthcare consulting. Dr. Vallette has a Master of Science in Industrial and Systems Engineering

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from Northern Illinois University and a Bachelor of Arts in Mathematics and Spanish from Lawrence University.

Kimberly E. Johnson, PsyD, MA, received her Doctor of Psychology, PsyD – Clinical Psychology at John F. Kennedy University, Pleasant Hill, CA in 2006 and a Master's degree in Clinical Psychology, from John F. Kennedy University in 2005. She also has a bachelor's degree in Computer Science from the University of Idaho and a master's certificate Executive Program for Scientists and Engineers from the University of California, San Diego.



As an engineer, she worked as an R&D Firmware Engineer and a Senior Marketing Manager and Director of Consumer Imaging at Hewlett Packard. She also worked at Adobe, Inc. As a Senior Business Development Manager. After obtaining her doctorate in Clinical Psychology, she worked in several clinical inpatient and outpatient settings, had her own private practice and worked as a Primary Care Psychologist within VA. She is now responsible for the Certification of Lean Yellow and Green Belt applicants, helped to revise the Yellow and Green Belt Lean training course and is working with the Sierra Nevada VAMC to provide Lean training and project facilitation.

Jamie M. Ringer, Psy.D. HSPP, is a project analyst on the SPDER team, currently working on the Health Informatics Initiative (Hi2). Dr. Ringer received her Masters and Doctorate degrees in Clinical Psychology from the University of Indianapolis. She has been a Clinical Research Psychologist within the Research and Development Service since 2009, and is an Assistant Professor of Clinical Psychology at the Indiana University School of Medicine. She has served as the study coordinator and co-investigator for federally funded studies on the use of Cognitive Behavioral Therapy for persons with schizophrenia. Dr. Ringer was awarded the VA Young Investigator Award for her research on overcoming adversity related to chronic medical illness. Dr. Ringer has been with



VA-CASE since November 2013 and brings her experience in data collection, manuscript preparation, and quantitative and qualitative data analysis to Hi2.

Glenn Woodson is an Industrial Engineer with over 18 years in engineering and program management. Most recently Glenn worked as the Senior Operations Manager (PMO) for a Regional HMO in Central California. He has also worked as a consultant and project manager in heavy construction, utilities and IT. Glenn is an Army Reservist who spent extensive time on active duty after 9/11. In this role he served in multiple positions from mobilization to strategic plans and operations. Glenn has a master's of science degree in Defense Analysis from the Naval Postgraduate School and spent three years on faculty. He is working with SPDER and supporting the Emergency Services Women's (ESW) Health Toolkit project.

Daoping Xu (Diane), PhD, is working is on contract from Regenstrief Institute and is working in VE -TAP designing the HCI Lab website, the eDischarge project and on Interactive Visual Navigator (IVN). She has a master's degree and a PhD from Indiana University in Mathematics and a master's degree in Computer Science also from IU. At Regenstrief she was responsible for the migration of data from Regenstrief's legacy system which includes all Medical Orders, Lab Results, Text Reports and Master Encounters to Oracle database for more than 15 Hospitals/institutions in Indiana and developed an interface for the Radiology Department and hospital to transfer doctor's orders and patient ADT data in real time and update the patient medical and billing information in a central repository.



Ming Hsu, BS is an Industrial Engineer for the Transactional Systems/VISN 11 Project Team. He received a Bachelor of Science degree in Civil Engineering from Georgia Tech and started his career with the Federal Aviation Administration. He worked on several fast paced airspace facility construction projects before joining the VA-CASE TSP team. Where he serves as an industrial



engineer in improving the transactional systems of the VA Medical Centers.

Pearl Howard, BS, is the Administrative Officer for the SPDER Program. In that position she supports the analytical infrastructure and the data needs of internal and external customers, develops and maintains departmental line-of-business databases; provides technical support to customers; develops ad hoc and standardized reports, dashboards, and data visualizations; and identifies and implements continuous improvement in the efficient use of SPDER's data assets. Prior joining VA-CASE she was the Program Support Assistant for the Stroke QUERI Program at Roudebush VA Medical Center. Prior to that she was a document Control Specialist for Eli Lilly. She received her bachelor of arts degree in Business Administrations from Marian College in 2009.



Welcome New Pathways Students and Interns

Ryan Dendinger, BA received his Bachelor of Arts in Criminal Justice from Indiana University in 2012. He is currently working on his Master's Degree in Criminal Justice and Public Safety at IUPUI, with an anticipated graduation date of May 2014. Ryan is a Program Analyst/Industrial Engineer for the Clinical Partnership for Healthcare Transformation Program (CPHT). Before accepting this position, Ryan was a Systems Redesign Coordinator Trainee at the Richard L. Roudebush VA Medical Center in Indianapolis. During his time at VA, he coordinated and facilitated Rapid Process Improvement Workshops (RPIW) using LEAN six sigma techniques to improve access, satisfaction, and workflow in numerous departments within the facility. In his current position, Ryan is providing support as a back-up Industrial Engineer for the San Francisco/Northern California



Specialty Care Transformation project. Ryan is also responsible for collecting tools and working cohesively with the Toolkit Committee for the Specialty and Surgical Care Collaborative. He provides additional support for the Mental Health Collaborative and Access Academy.

Kristen Tingley, BS is pursuing her Masters of Health Administration at Indiana University Fairbanks School of Public Health, Indianapolis and is expected to graduate in May 2014. She works for the Clinical Partnership for Healthcare Transformation Program (CPHT). Her role is to serve as industrial engineering support and project management for Surgical Flow Improvement, National Activations Office and Specialty Care projects. She would like to continue to pursue projects and positions that optimize care for patients within the VHA.



Geoff Black, MBA, is a recent graduate of the Moore School of Business at the University of South Carolina. He joined the VA-CASE in December 2013 as an Industrial Engineer, and is assigned to the Transactional Systems Program (TSP). He holds bachelors' degrees in Civil Engineering and Environmental Engineering, and is a licensed Professional Engineer in the State of California. He spent his early career working on highway improvement projects in downtown Los Angeles. He has also spent significant time in Asia working as a corporate language trainer. As part of his graduate studies, he spent a semester at Waseda University in Tokyo, and is certified as a level N2 in Japanese Language Proficiency. In 2011, he interned at Michelin Tire Corporation in Tokyo, focusing on process improvement for their Asia Supply Chain. In 2012 he earned his six-sigma greenbelt while working on a student consulting project with Eaton Corporation in Greenwood, SC.



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Thea James, BS is pursuing her Masters in Business Administration with a concentration in Healthcare Administration at Franklin University in Columbus Ohio and expects to graduate in December, 2014. She currently works for the Clinical Partnerships in Healthcare Transformation Program (CPHT) as the Lead Industrial Engineer for the Specialty Care Transformation's palliative care project in San Francisco. She also works as a Program Analyst for Access Academy (a program that demonstrates understanding of Access and office efficiency principles, measurement, and when/how to apply it and demonstrates understanding of the VA TAMMCS Framework) and with the mental health collaborative and specialty care collaborative.



the Specialty Care Transformation. Laura has gained invaluable experience at the VA facilitating projects and working with data, so she hopes to continue learning and contributing as much as she can to improve processes and operations to ultimately deliver the best care possible.

Steven Ishida, BS graduated with a Bachelor of Science in Mechanical Engineering from Embry-Riddle Aeronautical University (Prescott) in May. While pursuing his degree, Steven worked as a laboratory assistant for the Digital Circuit Design course. He currently works for the Systems Redesign service.



Celeste Wallace, BS is an Industrial Engineer in the Recent College Graduates Program. She graduated from the University of Illinois at Chicago in May 2103 with a Bachelor of Science degree in Computer Science. Celeste joined the VA-CASE team in November 2013, and she is currently working in the Transactional Systems Program on the CPAC Assessment Project.



Laura Wright, BS received her Bachelor of Science in Neuroscience from Indiana University and will graduate with a Master of Health Administration degree from Indiana University in Indianapolis in May, 2014. Prior to joining VA-CASE, Laura worked in the Indianapolis Roudebush VA Systems Redesign Department,. She is working on the Clinical Partnerships in Healthcare Transformation (CPHT) as a project manager for the Mental Health and Chaplain Service Integration and as a project manager and lead on projects in



Our Pathways Students and Recent Graduates meet bi-weekly to discuss their challenges and accomplishments. During this call they have been able to support each other and share skills and knowledge. The majority of our students and recent college graduates have completed the Lean Yellow Belt training and have been offered other training to further their skills and prepare them for transition to a position in VA-CASE.

Staff News

Federal Section 508 Compliance

Everyone has a responsibility to create information that meets the federal Section 508 standards. Section 508 ensures that federal employees and members of the public with disabilities have access to and use of information and data, comparable to that of employees and members of the public without disabilities unless an undue burden would be imposed on the agency.

Section 508 was originally added to the Rehabilitation Act of 1986, which established guidelines for technology accessibility. In 1998 the US Congress amended the Rehabilitation Act to require Federal agencies to make their electronic and information technology accessible to people with disabilities. Section 508 was enacted to eliminate barriers in information technology, to make available new opportunities for people with disabilities, and to encourage development of technologies that will help achieve these goals. The law applies to all Federal agencies when they develop, procure, maintain, or use electronic and information technology. Under Section 508 (29 U.S.C. § 794d), agencies must give disabled employees and members of the public access to information that is comparable to the access available to others.

This includes meeting the needs of the blind, color blind or otherwise sight impaired, needs of the hearing impaired, and the needs of the physically incapacitated or impaired.

Examples of ways to meet the section 508 standards include:

Intranet and Internet Information and Applications -- there has to be access to web content, through text descriptions for any visuals so that users with a disability or users that need assistive technology such as screen readers and refreshable Braille displays, can access the content.

Telecommunications Products — telecommunications products such as cell phones or voice mail systems must be accessible and there must be technology compatibility with hearing aids, assistive listening devices, and telecommunications devices for the deaf (TTYs).

Videos or Multimedia Products— multimedia products such as training or informational multimedia productions. Must be captioned and an audio description must be provided.

Self Contained, Closed Products — access features must be built into systems such as information kiosks, copiers, and fax machines.

Desktop and Portable Computers — desktops and portable computers must be accessible though standardized ports and mechanically operated controls such as keyboards and touch screens.

Through the HCI Lab, directed by Nancy Lightner, PhD, a member of VA-CASE, VE-TAP employees can perform Section 508 compliance checks on toolkits available online. They can also make revisions to the sites so that the associated documents are compliant.

For more information about the HCI Lab Section 508 compliance review, contact Nancy at Nancy.Lightner@va.gov

Non-VA Medical Care National Standardization (NVNS)

The NVNS project is a collaborative effort between Chief Business Office Purchased Care (CBOPC) and VA-CASE to standardize business processes associated with the execution, management, and oversight of all Non-VA Medical Care programs and functional areas. The NVNS team will leverage work being conducted in other Non-VA Medical Care efforts; e.g., Non-VA Care Coordination (NVCC) and Fee Basis Claims System (FBCS) Optimization, and align standardized business processes, whenever possible, with the future state Non-VA Medical Care software, Health Claims Processing (HCP), currently under development. The outcomes achieved through NVNS will also serve as the foundation of future Non-VA Medical Care improvement efforts.

The scope for the NVNS project encompasses the entire process from the time a consult for

Non-VA Medical Care is entered into CPRS until the claim is received and paid and includes the seven program/functional areas of: Hospital Notification, Referral Requests/Authorizations, Customer Service, FBCS Claims Processing, VistA Claims Processing, Appeals, and Financial Management (see Figure A).



From left to right: Lindsay Hall, Charlie Harris, Anthony Pak, Satish Tyagi, Shruthi Musunuri, Derrick Markel, Amy Vannatter-Dorr
CBO team not pictured: Maureen Wallace, Jennifer DaSilva, Nadia Afifi

Phase 1 of the project was completed in FY13. The purpose of the first phase was to capture current state Non-VA Medical Care business processes at sites that included both consolidated and individual medical center units and then assess these processes for possible incorporation into the standardized future state processes. The team developed their action

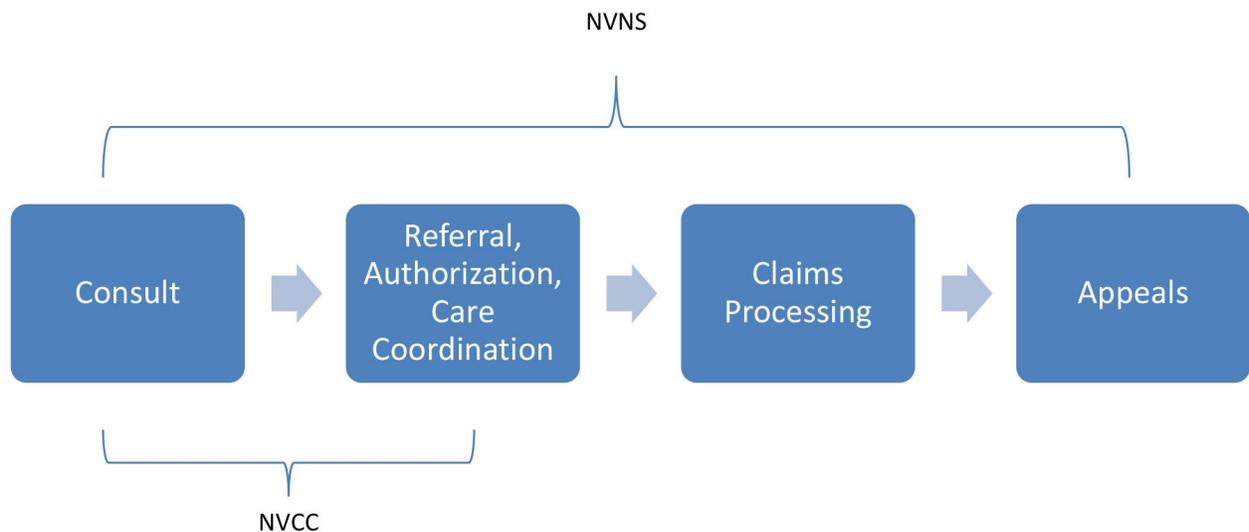


Figure A: NVNS Scope

plan to capture the current state processes which included various engineering tools and an extensive survey/questionnaire completed by the Non-VA Medical Care sites prior to the team's site visit. The team conducted one week site visits in five VISNs at multiple locations. VA-CASE developed and validated current state process maps for all the processes observed at the Non-VA Medical Care units and performed an analysis of each to assess for efficiency and effectiveness.

Phase 2 of the project began in late September 2013 with a face-to-face team meeting in Denver. The team reviewed the as-is process maps and documented the observed strong practices for each program/functional area. The team then began drafting future state standardized business processes and performance metrics, which will serve as the foundation of the team's recommendations to CBO leadership in FY14 2nd quarter.

A two-tiered vetting process (see *Figure B*) will be conducted in February and March at which subject matter experts and CBO Leadership will review the future state recommendations. Once

feedback from the vetting sessions is incorporated and final approval from CBO is obtained, the team will proceed with finalizing desk procedures, training materials, and the plan for testing the future state standardized business processes and recommendations.

Full implementation and deployment will occur in Phase 3, which is scheduled to begin in FY15

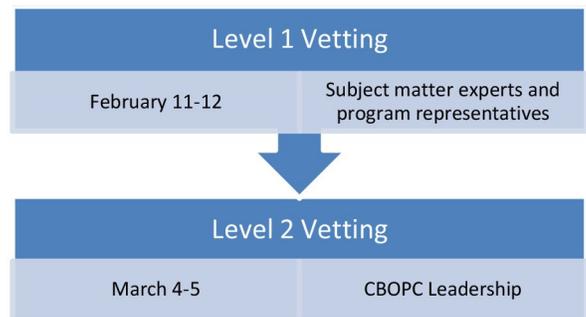


Figure B: Two-Tiered NVNS Vetting Process

Other TSP Staff

Shruthi Musunuri, MS, is currently working with the Transactional Systems Program of the VA-CASE as a lead engineer for the Non-VA Medical Care National Standardization project. She has a Bachelor of Science in Computer Engineering from Purdue University and a Master of Science in Biomedical Engineering from Purdue University, Indianapolis. She obtained Lean Healthcare Black Belt certification from Purdue University. Since joining VA-CASE in August 2010, Shruthi's major projects included IE Coach



for the National Cancer Care Collaborative Generations II & III, National PACT collaborative, and National Surgical Flow Improvement Initiative. Shruthi was the lead in redesigning the Head and Neck Cancer Care data tool. She was also a project co-leader in building the Head and Neck Cancer Toolkit series for VA and the IE representative for the PACT toolkit series. Shruthi's work skills range from engineering design, process analysis, systems redesign, and biomedical research and development. Her career included opportunities and work

experiences from various Health Care Organizations and Universities in Denmark and USA.

Satish Tyagi is currently pursuing a PhD in the Department of Industrial and Systems Engineering at Wayne State University, MI. He is working on Non-VA Care National Standardization (NVNS) project as an Industrial Engineer with the Transnational Systems Program/VISN 11-VERC team. Before joining VA, Satish completed the internship at Siemens Energy Inc. where he was mainly involved in process standardization, quality management, and value stream mapping sessions, development of lean games, and conceptual development of visual management tools like scrum, obeya. Satish received his Masters of Science (2010) degree in Mechanical Engineering from University of Louisiana at Lafayette.



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Fee Basis Claims System (FBCS) Optimization Metrics Dashboard (continued from page 1)

FBCS Optimization Performance		Select Begin Date	Select End Date	Score	Month		
		Oct-2013	Nov-2013		Oct-13	Nov-13	Average
Performance	Weighted Score ¹				83%	81%	82%
	Baseline Average	68.8%					
	Implementation Average	77.5%					
	Post Average	84.9%					
	Post Improvement Over Baseline	23.4%					

Volume, Throughput, Inventory		Target	Month		
			Oct-13	Nov-13	Average
Volume	Total Claims Received ²		52265	46430	49348
	% HCFA Claims		77%	76%	77%
	% UB Claims		23%	24%	23%
Throughput	Total Claims Processed ³		57105	48200	52653
	Ratio of Processed Claims to Received Claims ⁴	100%	109%	104%	107%
Inventory	Total Claims Pending EOM ⁵		42577	41745	42161
	% of Claims Aged 30 Days or Less EOM ⁶	90%	79%	76%	77%

Timeliness Metrics^{7, 13}

Equal to or better than target

		Target	Month		
			Oct-13	Nov-13	Average
1. Verification	1.1. % of Claims Verified within 4 Days of Scanning ⁸	90%	97% 28206 of 28979	76% 18142 of 23873	88% 23174 of 26426
2. Distribution	2.1. % of Claims Distributed within 4 Day of Verification ¹⁴	90%	98% 51876 of 53125	98% 44260 of 45352	98% 48068 of 49239
3. Adjudication ⁹	3.1. % of Claims Adjudicated within 15 Days of Distribution	90%	48% 27441 of 56609	48% 24099 of 49834	48% 25770 of 53222
4. Processed	4.1. % of Claims Processed within 30 Days of Scanning	90%	62% 35188 of 57105	65% 31236 of 48200	63% 33212 of 52653
	4.2. % of Claims Processed within 7 Days of Adjudication	90%	93% 53209 of 57105	94% 45213 of 48200	93% 49211 of 52653
Monthly Metrics Reports Analysis Tool Version Date ¹³			9/18/2013	9/18/2013	

The FBCS Optimization Metrics Dashboard provides Non-VA Medical Care Unit managers with the ability to identify trends and possible bottlenecks in their process.

Reports cannot be generated on a national level within FBCS due to the design of the software and housing of data on several dozen independent servers across the country. In order to overcome this hurdle, the CBO/VA-CASE project team requests each participating NVMCU to upload their dashboard monthly to the FBCS Optimization SharePoint. The data is then linked to a centralized Excel-based master workbook. Centralizing the data allows the project team to create consolidated reports at the VISN and national levels. FBCS Optimization VISN reports are currently created and distributed to NVMCU management on a monthly basis and reviewed on recurring calls with each participating VISN.

Other Non-VA Medical Care groups within CBO have utilized the information gathered by the FBCS Optimization project team. Data from the dashboard was incorporated into the Standing Inventory Elimination Tool recently developed by VA-CASE to assist CBO with their priority of the immediate reduction of claims backlog. Additionally, NNPO has made several requests of VA-CASE for FBCS Optimization data to identify sites that are struggling with claims processing to identify their constraints and need for on-site training. As the reputation of the usefulness of the FBCS Optimization Metrics Dashboard continues to spread, the CBO/VA-CASE team expects that additional uses for the data will be identified to improve the effectiveness of the oversight and management of NVMC claims processing.



Reports are currently created at the VISN level and distributed to Non-VA Medical Care Unit management on a monthly basis and reviewed on recurring calls with each participating VISN.

For more information on the Fee Basis Claims System, contact Chris Heathcote at Christopher.Heathcote@va.gov

TSP Staff

Chris Heathcote, BSIE, holds a Bachelor of Science degree in Industrial Engineering and a minor in Management from Purdue University. Graduating in 2004, Chris worked as an industrial/process engineering consultant for four years in the pharmaceutical and automotive industries. Typical projects included updating job designs and standard operating procedures to optimize labor and equipment utilization. After consulting, Chris worked as an inventory analyst in pharmaceuticals. He developed a database to optimize inventories of 180 pharmacies across the United States by generating automatic replenishment orders based on forecasting. Chris' work on the VA-CASE Transactional Systems Program focuses on the FBCS Optimization Project.

Edward Gensert, BSIE, is an Industrial Engineer for the Transactional Systems Program Project Team. In 2010, Edward received his Bachelor's in Industrial Engineering with a minor in Business Administration from Bradley University in Peoria, IL. While in school, Edward was an active member and president of Alpha Pi Mu (Industrial Engineering Honor Society). He worked as a student trainee for VA-CASE from June-December 2010. In January 2011, Edward joined VA-CASE in Indianapolis, IN to work on the FBCS Optimization Project. Edward's areas of focus are Discrete-Event Simulation, Process Improvement/Standardization, Time Studies, and Statistical Data Analysis.

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Standing Inventory Elimination Tool for Non-VA Medical Care Claims

In October 2013, the Chief Business Office - Purchased Care (CBOPC) established the priority of eliminating the current backlog of Non-VA medical care claims aged over 30 days. To assist in the accomplishment of this goal, the CBOPC Director of Business Systems Management requested VA-CASE develop, over an eight week period, an engineering tool that automated the determination of the number of days and FTEEs required for the elimination of these claims. In response, VA-CASE created the Excel-based Standing Inventory Elimination Tool (SIET).

To ensure the SIET met CBO's format and functionality requirements in an efficient manner, VA-CASE created the tool through an iterative process with a frequent customer feedback loop. Over the course of the expedited development phase, several tool enhancements were made including a macro to simplify the import process of data from the Fee Basis Claims System (FBCS) and an interactive trend graph which displayed a target completion trajectory against actual inventory by VISN/facility. Data from a report VA-CASE previ-

ously developed for the FBCS Optimization national initiative was utilized as a primary source of information to populate the needed data fields. CBO, in collaboration with VA-CASE, conducted a weekly data collection effort that began in November 2013 and focused on six VISNs that had the largest backlog of aged claim inventories.

VA-CASE demonstrated the SIET at CBOPC's November 2013 leadership meeting which provided the Assistant Deputy Under Secretary, Philip Matkovsky, a status update on all the current Non-VA Medical Care Way Forward initiatives. Ownership of the tool was transitioned over to CBO Program Oversight & Informatics (POI) for deployment in December 2013. VA-CASE continues to provide support to CBO - POI as requested by their SIET project team.

For more information on the Standing Inventory Elimination Tool, feel free to contact Eric Lammers at Eric.Lammers@va.gov.

Would you like FTEE or End Date to drive the tool? FTEE

	Verify	Authorized	Unauthorized	Mill Bill	Clinical Review
Throughput Rate Per FTEE	176	85	65	65	25

Enter the number of claims an employee is expected to complete in a day. Defaults: (Verify=176, Authorized=85, Unauthorized/Mill Bill=65, Clinical Review=25)

	Verifiers	Effective
Total Number FTEE	50	45.0

Enter the total number of verifiers.
The adjusted on the right is based off the attendance rate and available hours/day.

	Processors	Effective
Total Number FTEE	100	90.0

Enter the total number of claims processors.
The adjusted on the right is based off the attendance rate and available hours/day.

	Clinical Reviewers	Effective
Total Number FTEE	10	9.0

Enter the total number of clinical reviewers.
The adjusted on the right is based off the attendance rate and available hours/day.

	Verifiers	Processors	Clinical Reviewers
Attendance Rate	90%	90%	90%

Enter the percentage of time an employee is at work. Consider AL, SL, holidays, etc. Default value is 90% 1880 / 2080

	Verifier Hours	Processor Hours	CR Hours
Hours Available/Day	8	8	8

Enter the number of hours an FTEE is available per day

The Standing Inventory Elimination Tool allows CBO to specify multiple variables such as throughput rates per FTEE, number of FTEEs by type of resource, and availability in order to predict the completion date for claim backlog inventory aged over 30 days

Health Administration Center (HAC) Optimization Project

The Health Administration Center (HAC) administers federal health benefit programs for Veterans and their family members and is part of the Purchased Care directorate of the VA's Chief Business Office (CBO). In October 2013, CBO partnered with VA-CASE to design, develop, and assist with the implementation of process improvements in the HAC Claims Processing & Eligibility (CP&E) division.

The goal of the HAC Optimization project is to improve the efficiency and effectiveness of claims processing at the HAC by identifying areas for process improvement, updating the current claims processing productivity standard, and developing staffing tools to assist management in determining task to resource allocation. The scope of HAC Optimization is within the Health Care Reimbursement (HCR) and Claim Review and Resolution (R&R) divisions which are the two sections within CP&E whose main focus is processing the claims.

A series of site visits were initiated in November 2013 at the HAC in Denver, CO, to assess for possible inefficiencies, waste, and vulnerabilities in CP&E's current state processes. While on-site, VA-CASE identified process areas/steps that were conducive to and would benefit from process improvement. The approach used by the VA-CASE team to gain a thorough knowledge of the current state was to:

- 1) review standard operating procedures and process guides
- 2) observe CP&E frontline staff perform assigned tasks within the process; and
- 3) collaborate with the staff in the development of process flow maps and identification of potential bottlenecks, constraints, and barriers

After potential barriers were identified, the VA-CASE/CBO team and CP&E staff members, brainstormed possible solutions to reduce or eliminate each barrier. Barriers were categorized by the claim type (optical character recognition (OCR), electronic data interchange (EDI), or paper) and technology based (IT and non-IT barriers). Barriers were also assigned a "potential impact" and "potential effort" to implement. The list of barriers along with the report of findings and recommendations is in the process of being developed. Upon its completion, the report will be submitted to HAC leadership for review and VA-CASE will begin implementation of the optimized processes based on the leadership's feedback and approval.



VA CASE TSP Project Team:
Shaiju Eapen, Ed Gensert, and Eric Lammers

Finally, VA-CASE is in the process of completing time studies in the HAC's CP&E division. The goal of

the time studies is to gather average processing/cycle times to use in the creation of an Excel-based CP&E staffing tool and to compare the collected data against the current productivity standards. All claim submission types (EDI, OCR, and paper) and all levels of staff are being studied in order to obtain an accurate representation of processing/cycle times. VA-CASE will use the time study data along with historical volume and product mix to develop the staffing tool. The tool will be piloted in a live production environment and revised based on management feedback.

For more information on the HAC Project contact Shaiju at Shaiju.Eapen@va.gov, Ed at Edward.Gensert@va.gov or Eric at Eric.Lammers@va.gov.

VA-CASE Quarterly Newsletter

VE-TAP UPDATES

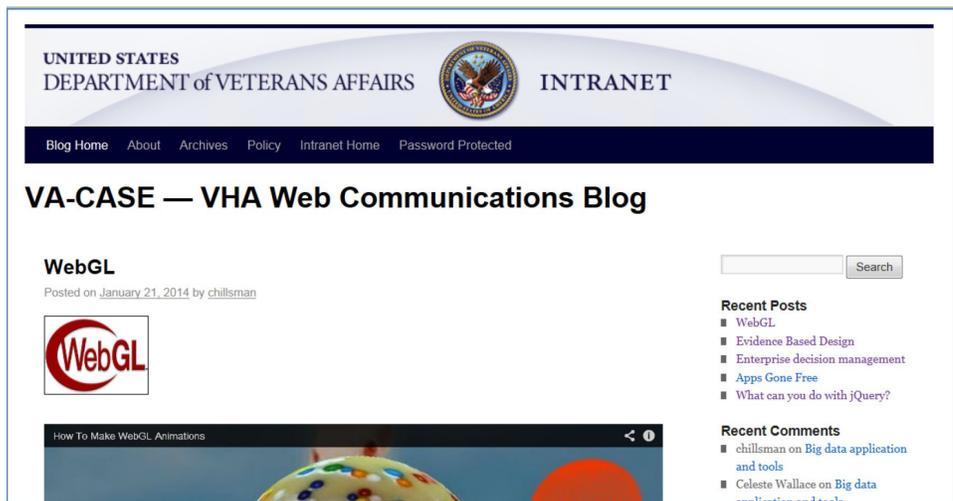
VA-CASE — VHA Web Communications Blog

Cyrus Hillsman, PhD

A technical blog was developed to introduce VA-CASE employees to technologies not normally in their specific domain. In September 2013, a Blog Project Plan was submitted to the OIT Media Office. The blog was released for development in December 2013 and to the members of the VA-CASE community in January 2014.

The VA-CASE blog has normal blog features, such as recent posts, comments, categories, and tags, along with several RSS feeds. The recent posts, comments, and categories appear in the sidebar of the blog.

These categories are accessed via a link. When users select a category, the blog will filter the results and only show those in a specific category. The RSS feeds in the footer have two sections. The first section of RSS feeds, which are external to the VA, are selected based upon the programs and mission of VA-CASE. The second section of RSS feeds is based on groups that have their own blogs at the VA.



Initial development posts on the blog have included the following topics: NoSQL, Agile Analytics, Hadoop Server, Twitter Bootstrap, ISO-9001, Healthcare IE, Quality Videos, Sorting Algorithms, Journal of Rehabilitation, HIMSS conference, Model View, Controller, Google Glass, RAMP learning, Informatics, Behavior Driven Development, Gartner Hype Cycle, Data Mining Competition, Single Page Applications, Big Data, The Wisdom of Crowds, jQuery, Apps Gone Free, Enterprise Decision Management, Evidence Based Design, and WebGL.

VA-CASE is always open to ideas that will improve the blog; user input is also needed with respect to blog post length, content, and delivery. Currently, the Blog has a log of about 40 topics, but the BlogMaster is always adapting to the needs of blog readers, and will work with bloggers on appropriate topics that benefit VA-CASE and advance Operational Systems Engineering.

For more information or to offer suggestions and insights, contact blogmaster, Cyrus Hillsman at cyrus.hillsman@va.com.



Collaborative (CPHT) Accomplishments

Aligning Transitions of Care for Post-Stroke Patients with Hypertension

The purpose of this study is to put patients' lived experience in the center of the care process and enhance face-to-face and other forms of communication in key transitions from hospital to home and home to follow-up primary care visits. This will improve patients' understanding and motivation to maintain blood pressure control. We hypothesize that encouraging clinicians to think of patient care as continuous and seamless rather than episodic will ultimately benefit post stroke veterans' with hypertension by lowering the risk of treatment complications, reducing re-hospitalization, and improving quality of life.

To date, Dr. Frankel's team has collected interviews from both in-patient and out-patient primary care clinicians. We have now begun analyzing the Provider Interview Transcripts in preparation of Coding them for data analysis purposes.

National Activations Office (NAO)

Before a new department opens to provide services, support or patient care, the Activation Checklist is the final checklist. This checklist is not all inclusive of

everything needed for operations, but is to be completed as part of a final department survey and inspection to ensure that all critical requirements are in place. CPHT is creating the checklist.

To date, the content and structure of checklists for ICU and SPS have been completed based on information from an original prototype, input from the customer, and some additional subject matter research. The content and structure was changed and updated from the original prototype based on customer feedback and clarification of purpose and intended use. And the ICU schematic has been created based on content and structure and has been forwarded to the programmers to design a prototype.

The next steps will be testing of the ICU prototype for usability will be completed in March. The checklist prototype will be modify as needed and presented to the customer and ICU subject matter experts for feedback and modify as needed. The final presentation of the ICU prototype is scheduled to be presented to the National Activations Office(NAO) in mid-March.

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