










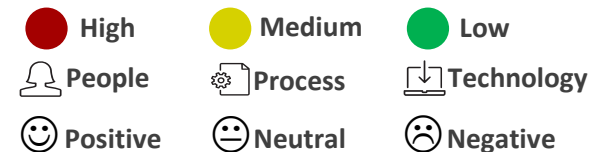











Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception			
Barcode Scanning in the Hospice Residence	Current state, Hospice Residence has no barcode scanning or wristbands. In the future, nurses in the residence will scan medications and patient wristbands to administer medication.	• Hospice Residence Clinicians				✓	✓
Case Management	Currently, the hospital sends all referrals to Alliance. They have their own CM dept that accepts or declines referrals and outsources. Moving forward the hospital CM team will take this back over.	• HH and Hospice Intake Users				✓	
RTE Verification	Today, MLH checks mostly weekly for RTE, not pay-per-use. RTE frequency is set at the payer level. In the future, MLH will be checking monthly for RTE and ad-hoc as needed.	• HH/HSPC Insurance Verification Users				✓	
EVV	Currently, EVV is not yet implemented. In the future state, Home health users will use Rover to track location and duration of visit/travel time for EVV purposes.	• Home Health Clinicians • Billing Office				✓	



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AR Reporting	In the current state, IP and OP Hospice AR reporting is separate. In the future, AR tracking will not be split between OP and IP hospice. A custom report was created to track contractual adjustments.	<ul style="list-style-type: none"> • Jon Rector • Accounting 					✓
Month-End reporting	In the current state, Month-end is not a hard close and AR thresholds 0-60, 60-120, etc. are utilized. In the future, Month-end is a hard close and custom reports were built to allow them to use the desired AR buckets.	<ul style="list-style-type: none"> • Jon Rector • HH/HSPC Billing Team 				✓	
Orders Review	The agency currently reviews all orders (meds, interventions, etc.) before sending them to the attending physician. With Epic, only plans of care and Face-to-Face orders will be reviewed.	<ul style="list-style-type: none"> • Michelle Luther 				✓	

● High

● Medium

● Low

👤 People

⚙️ Process

💻 Technology

😊 Positive

😐 Neutral

😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Home Health Quality Review	The current process for Home Health Quality review starts with marking the review in MatrixCare, then it is sending it for review by the clinician, then to the in-house reviewer. In the future, the review will go to both in-house reviewers before the clinician.	• HH Quality Reviewers/Coders	●	😞		✓	
Plans of Care for Resumption of Care	Currently, MLH does not create a separate ROC plan of care. With Epic, the system will generate a new plan of care automatically when the patient resumes care.	• Home Health Clinicians	●	😊		✓	
Plan of Care Generation	Today, the plan of care needs to be generated by the office manually. In the future, the plan of care will get generated automatically by the system.	• HH Clinicians and Schedulers	●	😊		✓	
Orders on the Plan of Care	In today's system, orders created within 5 days of the SOC get included on the plan of care, and everything else goes to the physician separately. With Epic, orders will be included on the home health plan of care until the plan of care gets marked as finalized, after which the system will start generating separate orders.	• HH Clinicians • Quality Review	●	😞		✓	

● High

● Medium

● Low

👤 People

⚙️ Process

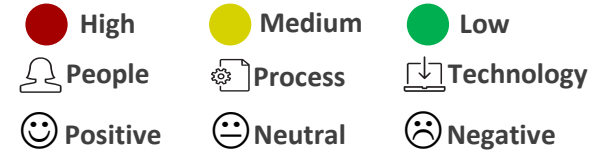
💻 Technology










😊 Positive

😐 Neutral

😞 Negative

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SHP as OASIS Scrubber	Currently, an OASIS scrubber is available natively within MatrixCare. In the future, clinicians will click a button to send an OASIS assessment to SHP for review and make corrections based on feedback. Third party and in-house reviewers will also get SHP feedback and make updates/ask clinicians to make further updates as needed.	• HH Quality Reviewers	●	😞			✓
Revisions for OASIS assessments	Today, clinicians can accept or reject changes proposed by quality review. In the future, either quality reviewers will make changes directly or clinicians will receive messages with changes and addend their visits to update their documentation accordingly.	• HH Clinicians • Quality Review	●	😞		✓	



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Hospice F2F Scheduling	Today, NPs schedule their own visits based on an external excel sheet. In the future, F2F visits will be tracked and scheduled based on the HSPC F2F Scheduling Needed deficiency work queue. NPs can schedule themselves, or a scheduler/supervisor can schedule for them.	• Hospice Nurse Practitioners				✓	
Plan of Care for Hospice Residence versus Home Hospice	Today, the same plan of care setup is used for the residence and home hospice patients. In the future, users will select from Hospice Admission POC, Hospice Update POC, Residence Admission POC, and Residence Update POC.	• Hospice Care Teams				✓	
Hospice Visit Sets	In the current state, visit sets can be overlapped. Support service initial evaluations must be done within 5 days. In the future, clinicians will be able to schedule visit sets for themselves and other clinicians for a remote client. Visit sets cannot overlap. Epic uses Medicare weeks which limits how visit sets can be scheduled. To account for support service visit timelines, visit sets should be ordered as 1 visit per 1 month with an end date manually entered as 5 days from the start date.	• Hospice Clinicians				✓	

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
😐 Neutral
😞 Negative

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Intake Workflow	Our changes should reflect their current process. In the future, there will be a FS workflow with altered handoffs/Work Queues and hard stops.	<ul style="list-style-type: none"> • HH and Hospice Intake Users • Intake Leader 	●	😐			✓
Weekly billing	Previously sent weekly claims for all commercial payers, but moving forward will only send for Medicaid.	<ul style="list-style-type: none"> • HH and Hospice Billers 	●	😐			✓
Multiple Platforms for NPs	Currently, NPs use one platform for documentation. In the future, NPs will use Rover for admin info for home visits/wound care, Remote Client for home visits, and Hyperdrive for F2F visits.	<ul style="list-style-type: none"> • Hospice Nurse Practitioners 	●	😞		✓	

● High
● Medium
● Low

👤 People
⚙️ Process
💻 Technology

😊 Positive
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😞 Negative

Change Name	Change Impact Description	Impacted Stakeholder Groups	Degree	Perception	👤	⚙️	💻
Home Health Face-to-Face (F2F) Encounters in Releases	Today, intake users search for the F2F encounter based on the referral then change the name of visits in Cerner to mark them as HH F2F encounters. With Epic, intake users will add the HH Face-to-Face Encounter flag directly to visits identified as F2F encounters.	<ul style="list-style-type: none"> • Jon Rector • HH Intake Users 	●	😐		✓	
SBO Statements	Today, HH/HSPC have separate statements. In the future state, HH/HSPC statements will be combined with the hospital. The HB team will monitor HH self-pay patients.	<ul style="list-style-type: none"> • HB Finance Team • Jon Rector 	●	😐	✓		