Health Care Compliance Association

Clinical Documentation Improvement (CDI) Programs: What Role Should Compliance Play?

June 17, 2016

Agenda

- Clinical Documentation Improvement (CDI) – Perspective
- An Effective CDI Program
  - Core Focus: Compliance
  - Benefits
  - Elements
  - Mitigation of Compliance Risks
- Compliance Department Role with Respect to the CDI Program
- Auditing and Monitoring the CDI Program
- Collaboration Opportunities for Compliance Department and CDI Team

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Clinical Documentation Improvement (CDI) – Perspective

- HIM professionals have been querying physicians for more complete patient information for decades
- Office of the Inspector General (OIG) investigation in the late 1990s – alleged practices performed to "maximize reimbursement"
- The result of potential or received "upcoding" changed how CDI Programs were implemented and maintained
- Transitionary period for CDI Programs - Clinical Documentation Specialists (CDSs) and Coders educated to avoid querying physicians in a "leading manner"
- With more recent healthcare initiatives and the tightening of budgets, Hospitals must remain focused on a compliant query process

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Clinical Documentation Improvement (CDI) – Perspective

- Medicare Severity Diagnostic Related Group (MS-DRG) Coding System
  - Effective October 1, 2007
  - Intent : to reflect more accurately the severity of patient illness – the more severe the patient's condition, the longer the patient stay and the greater the consumption of resources
- Raised the bar to document with more specificity the principal diagnosis and comorbidities (other conditions increasing severity)
- Documenting Major Comorbid Conditions (MCCs) – a method to identify diagnoses that significantly increase expected resource consumption
- Accurate, complete and timely clinical documentation is critical to hospital performance to improve quality measures (expected length of stay (LOS), expected mortality rate) and Case Mix Index (CMI) which impacts reimbursement
- Quality-based hospital incentives and penalties such as value-based purchasing (VBP), readmissions reduction program (RRP) and hospital acquired conditions (HAC) are also impacted by greater specificity of documentation

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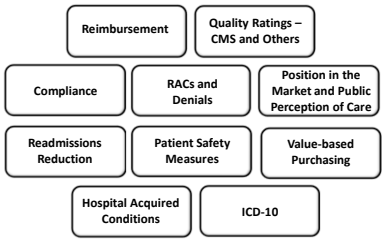
Importance of Documentation

- All settings of care depend upon documentation to properly categorize the patient
- Documentation is the foundation of medical record coding
- The coded record drives the majority of measurements, evaluations, and perceptions regarding care provided



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An Effective CDI Program – Objective and Benefits

CDI Program Objective

- To obtain **accurate and complete** medical record documentation through a concurrent review process that reflects a patient's true severity of illness

CDI Program Benefits

- **Stronger Compliance**. Complete and accurate documentation process in accordance with CMS rules and regulations; provide a defense for regulatory compliance reviews.
- **Accurate quality ratings**. More accurately reflect the true clinical picture of patients showing improved quality ratings.
- **Accurate Expected Length of Stay.** More accurately reflect expected length of stay and improve observed v. expected length of stay ratios.
- **VBP, P4P, Bundled Payments, ACO Preparation.** More accurately reflect the quality of care, outcomes, and costs of treating your patients.
- **Appropriate reimbursement.** Appropriate MS-DRG and other DRG systems assignment reflective of the resources consumed.
- **ICD-10.** Complete and accurate documentation is critical under ICD-10

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Elements of an Effective CDI Program

People and Process	Physician Engagement	Systems/ Technology	Monitoring and Management

- **Focus is Quality and Compliance:** The approach and process must be based on the rules and regulations. Accurate and appropriate reflection of the severity of illness.
- **Teamwork and Integration:** Leverage clinical expertise and coding expertise through a process and approach that is based on teamwork and collaboration.
- **Organizational Support and Participation:** Organizational support and participation throughout beginning with the Executive Team.
- **Medical Staff Buy-in, Education and Support:** Clear understanding of benefits to the physicians and a process that is a resource to the medical staff with ongoing feedback and education.
- **Knowledge and Education:** The complexity is high and compliance is required, the staff must have the appropriate education and knowledge to be successful.
- **Technology, Tools and Resources:** Effective technology, tools and resources that support an efficient and effective concurrent review process.
- **Process Measurement and Feedback:** Real-time feedback on the day to day process with actionable data.
- **Outcome Measurement and Feedback**: Regular feedback on the outcomes: Compliance, Quality, Financial.

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Some Compliance Risks

- CDI Specialists querying providers in a "leading manner"
- Overly enthusiastic providers may agree to every CDI Specialist query, which could result in incorrect diagnoses which could possibly trigger an audit or investigation
- Providers may take guidance to the extreme and document a certain condition as likely probable or possible whether clinically relevant or not to the specific patient
- Changing coding guidance, medical science, or CDI practice standards may not be incorporated into daily practice or query templates in a timely manner which may lead to non-compliance
- Influence from outside entities, resources or other factors, may lead to increasingly noncompliant practices

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How an Effective CDI Program Helps Mitigate Compliance Risk

- At the end of the day, the government is concerned about quality – how well the provider is treating the patient condition
  - If you are providing quality care, and you have quality documentation, less likely to face risk
- A complete and accurate medical record reflective of the services rendered and the true acuity of the patient is the right approach and will withstand an audit
- CDI Program can:
  - Play a role in helping document medical necessity for inpatient stays
  - Create a reliable, complete and accurate health information record
  - Help identify accounts to be reviewed as part of the OIG Workplan topics

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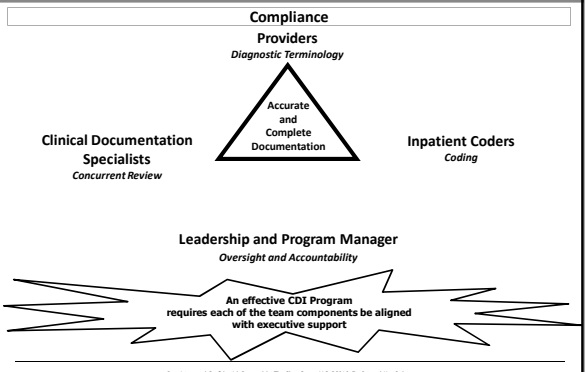
Compliance Department Role with the CDI Program Team



Compliance Department Role – Auditing and Monitoring the CDI Program

- Why audit and monitor the CDI Program?
  - Identify strengths and opportunities of improvement
  - Illustrate successes
  - Provide insight into educational opportunities for CDS Staff, Coders and Providers
- Keys to auditing and monitoring the CDI Program
  - Understand the CDI Program Goals
  - Become familiar with internal data gathering, processing and analyses
  - Understand the tools and resources available to help audit and monitor
  - Track CDI program outcomes and measures to evaluate whether goals are being achieved

Compliance Department Role – Auditing and Monitoring

- Areas for Compliance to consider monitoring:
  - Ensure written policies and procedures are:
    - established and accurately reflect current process
    - reviewed and updated for process and regulatory changes periodically
  - Query Compliance – who reviews and how often
  - PEPPER Reports – Top 20 Diagnoses, CMS target areas
  - Contract Coders Accuracy / Chart Audit Results
  - CDI Program performance reports/dashboards:
    - CDI Team Performance (operational/process): coverage, query rate, physician response rate, Number of reviews, average days between reviews, touchpoints, etc.
    - Quality Ratings/Metrics: expected mortality rate and O/E Mortality Ratio
    - Compliance/Financial Impact: MCC/CC capture rates, most appropriate principal diagnosis, CMI
  - Ongoing education program for all key stakeholders, including CDS Team, Coders and Providers

CDI Policies and Procedures

- Query process and practices – consider legal, regulatory and ethical perspectives
  - Written and verbal queries
  - Who should be queried – attending physician, consulting physician surgeon?
  - Query placement in the medical record and methods of provider notification of query
  - Query escalation process
  - Query resolution policy
    - Non-responsive physician action plan
    - Pending queries at discharge
  - Retrospective queries
  - Query retention – part of permanent health record or a separate business document
  - Query QC Process
- Second level review process for CDSs and Coders
- DRG mismatch resolution
- CDI Program orientation, training and ongoing education (CDSs, Coders, Providers)

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Compliant Queries

- Purpose of a query:
  - Update the record to better reflect the provider's intent and clinical thought processes to support accurate code assignment
- Query elements:
  - Accurate – should the query be asked
  - Effective – is the amount of information included appropriate? Does the provider understand the query?
  - Compliant – is the query in compliance with AHIMA Guidelines
- AHIMA Guidelines: a query should be generated when health record documentation:
  - Is conflicting, imprecise, incomplete, illegible, ambiguous, or inconsistent
  - Describes or is associated with clinical indicators without a definitive relationship to an underlying diagnosis
  - Includes clinical indicators, diagnostic evaluation, and/or treatment not related to a specific condition or procedure
  - Provides a diagnosis without underlying clinical validation
  - Is unclear for present on admission indicator assignment

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Monitor and Measure the CDI Program

It is critical to closely monitor and manage the CDI Program along three primary drivers of success: Operational, Quality and Compliance/Financial

Operational

Process Tool

Metrics Measured:

- Avg Days between Reviews
- Avg Number of Reviews
- Days Before First Review
- Physician Response Rates
- Query Rate
- Query Types/Focus
- Reason Codes
- MCC/CC Capture Rates
- Coverage Ratio
- Top DRGs Reviewed

Report Types:

- Exec Level Mgmt Reports
- Reports by Reviewer
- Reports by Physicians
- Patient Level Detail Reports
- Reports by DRG
- Many more criteria available

Mortality/ Quality

Mortality/Quality Reports

Metrics Measured:

- Expected number of deaths
- Observed Deaths
- Observed vs Expected Mortality Ratios
  - By Specialty and Physician
  - Comparison against historical performance and state or national MedPAR data
- Length of Stay/GMLOS
  - By Service Line
  - Comparison against historical performance

Compliance/ Financial

Performance Reports

Metrics Measured:

- Net Revenue Impact
- Case Mix Index
  - Medical
  - Surgical
- Capture Rate Trends
- Capture Rates by Specialty
- Distribution for APR DRG subclass
- Compliance Ratios
- Benchmark & Peer Comparisons
- Volume Shifts by DRG & Specialty
- Alternate PDx Ratios
- Sign & Symptom DRG volume and Ratios
- Executive & Operational Highlights

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Opportunities for Compliance to Collaborate with the CDI Team

- Get involved in CDI Program development
- Be aware of and understand AHIMA and ACDIS Guidelines & Code of Ethics
  - Knowledge of AHIMA Guidelines for Achieving a Compliant Query Practice
- Provide compliance education to key CDI stakeholders – target compliance training for specific CDI needs
- Champion guidance and reviews on all queries (including verbal query guidelines)
- Bridge CDI, HIM, and Quality Collaboration

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Opportunities for Compliance to Collaborate with the CDI Team

- Together the Compliance and CDI Teams should:
  - Ensure ethics and compliance are an underlying benefit to the program
  - Develop a query policy to help manage query process data integrity and compliance
  - Establish an audit and monitoring process to ensure the CDI team follows the query policy and that queries do not incorrectly or unduly influence medical record documentation
  - Avoid gaming the system, or developing apathy for the law or non-compliance
  - Ensure CDI Program is moving to "all payors" and full continuum of care (ED, observation, ancillary areas, SNF, Rehab LTC, , physician practice, etc.)
  - Address RAC denial process

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Opportunities for Collaboration – Data Mining

- Data Mining and Data Analytics for risk mitigation
  - Assess claims by risk prioritization
    - Issues posted by RAC auditors, CMS, or Medicaid audited items
      - Review for Same Day Readmissions
      - Review for 3-day SNF qualifying admissions
      - Review for Acute Care Transfer to Hospice
    - Annual OIG Workplan
      - Kwashiorkor-Severe protein malnutrition / Mechanical ventilation
    - Industry research and experience with clients
    - Customized focus on specific risk areas
      - Observation patients with LOS > 2
      - Inpatient stays of 1 day
      - Compare actual LOS of claim against GMLOS/Single MCC's or CC's
      - Extensive OR procedure unrelated to principle diagnosis with MCC

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Opportunities for Collaboration – Data Mining

- Data Mining and Data Analytics for reward
  - Track and trend data
    - CMI Over Time
    - CC/MCC Capture Over Time
    - Unspecified code Utilization Over Time
  - Analysis of DRG Opportunities
    - Opportunity from CC/MCC and unspecified code variance
      - Single CC/MCC with > LOS
    - ICD-10 Unspecified diagnosis
      - Service Line/MD
    - Secondary diagnosis-unspecified
      - Especially: Pneumonia, Respiratory Failure, Heart Failure
    - Secondary diagnoses –MCCs/Compared to Cohorts
  - Complications (T81 Complications of Procedures/Hemorrhages

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Opportunities for Collaboration – ICD-10-CM

- Novelty of ICD-10 for risk and reward
  - SIRS Without Sepsis Due to Infectious Process
  - Atrial Fibrillation
  - Fracture Admitted to LTC From Acute Care (Subsequent vs. initial encounter)
  - Symptoms Followed by Comparative/Contrasting Diagnosis (TIA vs. CVA)
  - Major Depression (mild, moderate, severe)
  - Open Wound – Initial vs. Subsequent Encounter (Direct transfer from another acute care facility)
  - Unilaterial Weakness with CVA = Hemiplegia
  - Self Extubation with Mechanical Ventilation

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Opportunities for Collaboration – Evaluating Your CDI Program

- Measure Case Mix Index (CMI) Impact
  - Look at quarterly statistics
    - Number concurrent queries answered that increase CMI
    - Compare CMI to previous year; Evaluate percent changes
- Key Measures
  - Review Rate (concurrent CDI)
  - Query Rate (concurrent CDI)
    - Physician Response Rate
    - Physician Validation Rate
- Measuring the Query Process
  - Number of queries answered
  - Number of queries per medical service
  - Query response rate by physician and overall
  - Number of queries that increased DRG reimbursement
  - Timely query response rate

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Opportunities for Collaboration – Evaluating Your CDI Program

- Principle Diagnosis Change Metric
  - Diagnosis change to:
    - Sepsis, Complication, Acute Respiratory Failure, Congestive Heart Failure
- Secondary Diagnosis Change Metric
  - Diagnosis change to:
    - Anemia, Arrhythmias, Acute Renal Failure, Congestive Heart Failure, Malnutrition
- Audit/Reviews
  - Retrospective Coding Audits
    - Compare final coding to initial CDI review
  - Retrospective Query Audits
    - Check for compliant queries

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Opportunities for Collaboration – Other Tools and Resources

- Tools and Resources
  - Benchmark Criteria
    - Record review should occur 48 hours after admission
    - Physicians should answer queries within 24 hours
    - Track MCC/CC capture rate and report metric
    - Review coding denials in relationship to CDI improvement
    - Compare organizational CDI outcomes to Quality Improvement (QIO) outcomes
    - Set Accuracy Rate for CDI Compliance Measures using the Six Sigma Quality Measure (95%)
    - Use ICD-10 CDI Coding Tips
      - Make Your Own, Utilize AHIMA's, HCPro, etc.
  - Guidance
    - Use Regulations, Laws, Guidelines to Your Advantage
      - Official coding Guidelines
      - Four Cooperating Parties: AHIMA, AHA, CMS, national Center for Health Statistics
      - UHDDS Definition for Principal and other Diagnosis
      - Federal Regulation 45 CFR 162.1002 Medical Data Code Sets

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Keys to Success with Compliance and CDI

- Collaboration between CDI, compliance, quality, U/R, and care coordination initiatives
- Focus on quality and accuracy of the medical record
- Extensive use of data
- Highly engaged executive team
- Engaged physician leadership
- Auditing and monitoring of CDI Program performance, quality ratings and financial impact with feedback and ongoing education

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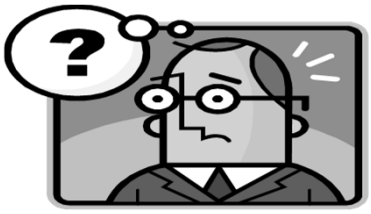
Questions and Contact Information



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