

Ambulatory CDI
Christiana Care Health System
Wilmington Delaware

Background: Hierarchical Condition Category (HCC) is a payment model mandated by the Centers for Medicare and Medicaid Services (CMS) in 1997, implemented in 2003 that identifies individuals with serious or chronic illness and captures the risk adjustment factor (RAF) of a person based upon a combination of the individual's health conditions and demographic details. This score reflects the chronic diseases of a given population and is used for payment as well as the projection of healthcare needs and the cost of care. The higher the RAF, the more resources allotted for care. A pilot was designed from October 2016- January 2017 to improve CCHS's RAF. The team included: Director Ambulatory and Network Quality, Performance Improvement Project Manager, and a Clinical Documentation Specialist. Our goal was to ensure continuity of care, improve physician and hospital profiles, increase patient risk scores in primary care practices and ensure appropriate reimbursement from Medicare Advantage Organizations (DE) and Medicare (NJ).

Intervention(s): An Ambulatory Clinical Documentation Improvement team was instituted to conduct: pre-visit review of the record of a scheduled patient encounter identifying potential gaps in Hierarchical Condition Category (HCC)/RAF diagnoses for the Medicare Advantage payer population for all Primary Care Practices, followed by the development and communication of a query to the provider through the EMR. Identified gaps were addresses prior to the scheduled visit; post-encounter review of the patient record completed for query response, appropriate documentation and correct code selection and capture; education was given to providers on compliant documentation and associated diagnosis codes via on-site visits to the primary care practices every 2 months, creation of documentation tip tools for the providers, and inclusion in a monthly newsletter. If appointment canceled or provider failed to address query, feedback given to provider and query re-attached to record for future visit. If incorrect coded or if documentation is lacking, coded correction completed with billing department.

Results/outcomes: Risk Scores (RAF) is retrospective, annual calculations from CMS. The RAF for 2017 will not be reported until July 2018*.

- **% of pre-visit charts (Medicare Advantage all practices, and Medicare in NJ practices) reviewed:** 6600
- **% of charts reviewed needing queries:** 57% (Majority in first quarter)
- **Query response rate:** 69%
- **Risk diagnosis capture opportunity:** 4493
- **Projected Risk captured:** 1220 points*
- **Top queries:** Depression, BMI, DM with manifestations, COPD, CHF

Conclusion: By the implementation of an Ambulatory CDI program adding 2 FTE (2nd CDS 9/2017), 100% of Medicare Advantage scheduled visits and 100% of NJ Medicare scheduled visits were targeted with continued awareness maintained at the provider level. When expansion with additional CDI, the program will allow the incorporation into specialty practices and support a greater population of scheduled Medicare Visits for all primary care locations, including homecare. Additional future goals include a live HCC dashboard within the EMR, an electronic CDI worksheet, and support of the ACO.

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