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CDI IN BLOOM | **acdis 2023**

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CDI P&Ps Drive Compliance and Build Success

Gloryanne Bryant, RHIA, CDIP, CCS, CCDS

HIM Coding & CDI Compliance Consultant

Grass Valley, California

Presented By



Gloryanne Bryant, RHIA, CDIP, CCS, CCDS, is an HIM coding and CDI compliance consultant in Grass Valley, California. Bryant has over 40 years of experience in HIM coding, CDI, and compliance. She is the past president and director of the California Health Information Association (CHIA), serving on and leading many CHIA, AHIMA, Healthcare Financial Management Association, and ACDIS workgroups and committees. She served on the American Hospital Association's Editorial Advisory Board for *Coding Clinic*® and was a member of the AHIMA Query Practice Brief work group twice. Bryant is also an AHIMA-approved ICD-10-CM/PCS trainer.

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
 - List the benefits to having written policies and procedures
 - Identify improvements needed within your CDI P&Ps to meet compliance standards
 - Describe the importance of P&Ps and need for reviewing and assessing them
 - state your appreciation for having written P&Ps

Policy AND Procedure (P&P)

- The “policy” is the portion that provides specific guidance, provides rationale or reason for the policy and the scope of the policy.
- The “procedure” portion will outline the detailed function(s) and the steps to perform the function(s), the action to be taken and tasks to complete or avoid.
- The written P&Ps help to provide expectations of the job and duties for all employees or an individual department of employees.
 - It really bothers me when a department or organization says, “we don’t have written policies, we simply tell the employees or send them an email.”

Office of Inspector General (OIG)

- # Key Elements:

- Designation of a compliance officer and compliance committee
- Development of compliance policies and procedures, including standards of conduct
- Developing open lines of communication
- Appropriate training and education
- Internal monitoring and auditing
- Response to detected deficiencies
- Enforcement of disciplinary standards



- Visit: <https://oig.hhs.gov/compliance/compliance-guidance/>
- Review: February 23, 1998 and January. 31, 2005 (Vol. 70, No. 19) Federal Register

Compliance: Policies and Procedures

- Key Questions to Ask your CDI Department/Program:
 - Are policies and procedures clearly written, relevant to day-to-day responsibilities, readily available to those who need them, and re-evaluated on a regular basis?
 - Does the hospital compliance staff monitor your internal policies and procedures?
 - Have the standards of conduct been distributed to all CDI staff?
 - Has the hospital developed a risk assessment tool, which is re-evaluated on a regular basis, to assess and identify weaknesses and risks in your CDI operations?
 - Do your P&Ps include a CDI “Code of Conduct”?
 - Does your CDI P&P look at documentation “JUST” for increases in payment, SOI, ROM, etc.?

Policy and Procedures: Size and Shape

- **All different. Many sizes and shapes:**
- **EXAMPLE:**
 - APPLIES TO/SCOPE: The Clinical Documentation Integrity or CDI Query Retention. The CDI retention policy applies to concurrent inpatient documentation querying to the provider for clarification.
 - GOAL: To retain written, electronic, templated, and verbal clinical documentation queries within the medical record in a document form is necessary and required to ensure CDI compliance and integrity.
 - POLICY DEFINITION(S):
 - EHR = Electronic Medical Record
 - CDI Specialist (CDIS): Staff member working in the CDI specialist role and function.
 - Query: A communication either electronic/written verbal to the provider seeking documentation clarification regarding diagnoses, diseases, conditions or procedures.
- **POLICY:**
- **PROCEDURE:**
- **APPROVAL DATE:** _____ **DIRECTOR/MANAGER:** _____
- **REFERENCES:**
- Remember to develop your P&Ps with input of other departments (Compliance, Case management, HIM and HR). Also vet some policies with Department Chiefs or Clinical Leaders.
- Remember to include policy subjects such as the education, and credentials for hiring CDI staff; new employee training; ongoing education and training; compliant query practices; and a CDI quality assurance process.

CDI Policies and Procedures

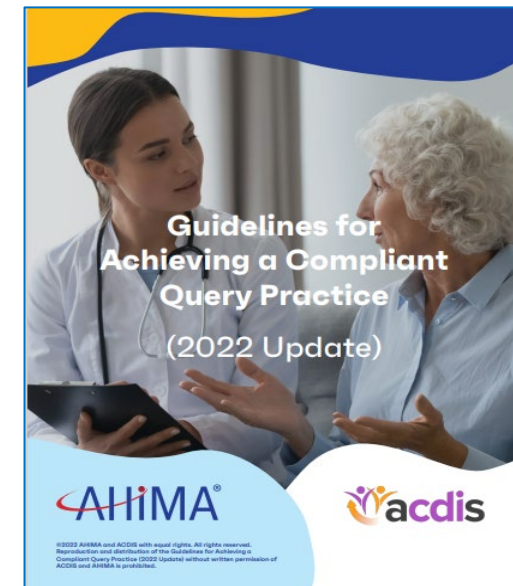
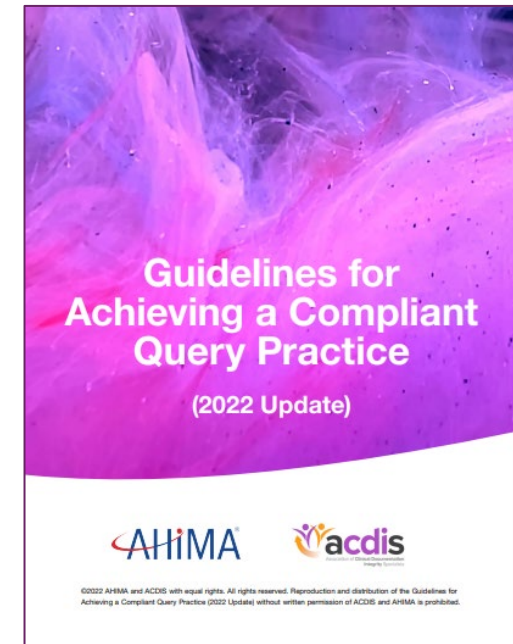
- **Mission statement, goals, and objectives for CDI program** of course, BUT your **P&P create a foundation for your department and staff**
 - CDI P&Ps drive compliance and are the bricks and mortar to a strong and efficient CDI Program
- **Benefits:** Formal, written policies and procedures improve overall organizational performance by keeping everyone “on the same page” when it comes to expectations and issues
 - Consistent and continuity
- Organizations tend to be much more efficient and effective with written policies and procedures in place
- P&Ps create a set structure that everyone can refer to and uniformity helps to prevent breakdowns and creates a level of efficiency
 - Formal and written

CDI MISSION STATEMENT & GOALS

- Although not a true P&P, **MISSION STATEMENT**, is really an important formal document for your CDI Department/Program
- Example:
 - *Facilitate the accurate representation of a patient's clinical status through clinical documentation that can be translated into coded data*
 - *Facilitate accurate, complete, and consistent clinical documentation within the health record to demonstrate quality care, support coding and reporting of high-quality healthcare data used for both individual patients and aggregate reporting*
 - *Apply communication and processes to enhance or improve healthcare record clinical documentation to establish accurate reimbursements, higher-quality data, and better patient outcomes*
- This should be reviewed and updated every two to three years, or when there are significant changes in your organization and/or department
 - Often when a new CDI director or manager begins
 - Staff participation is helpful
- QUESTION: When is the last time you reviewed and updated your CDI Mission statement?

ACDIS/AHIMA Practice Brief

- Per the Practice Brief 12/2022:
 - Organizations should develop policies and procedures to manage and monitor query practice compliance
 - All documentation queries are to be retained according to state regulations and organizational policies (e.g., written, verbal, computer generated)
 - The Practice Brief mentions the following (not all inclusive):
 - Query compliance
 - Multiple queries
 - Clinical criteria
 - Timing of queries
 - Query retention
 - Query escalation



Basic CDI P&Ps

- Across the industry we see a variety of P&Ps
- CDI New Employee Orientation Policy – have a check list
 - Initial training – a mentor
- CDI Concurrent Query P&P (Hospital inpatient)
- CDI Concurrent Review Productivity P&P
- CDI Query Escalation P&P
- CDI Query Retention P&P
- CDI Staff Telecommuting P&P (usually HR also has a P&P for this, when PHI is concerned, special provision and security needs to be in place)
- CDI Physician Education: consistency
- CDI Ethics and Compliance (use the AHIMA and/or ACDIS Code of Ethics as a basis)
- CDI Quality Assurance Review (Auditing and Monitoring) – this will help to ensure the CDI team follows the query policy and that queries do not incorrectly or unduly influence medical record documentation
- Other

Audience Participation: RAISE YOUR HAND

QUICK AUDIENCE SURVEY

- **Raise your hand if you've reviewed your CDI P&Ps in the last 12 months?**
- If you do not know, please do not raise your hand.


THANK YOU

CDI P&P Content & Format

- Content will include some basic P&Ps and others will be specific to an organization:
 - Heading
 - Title
 - Number
 - Date
 - Background
 - Definitions
 - Policy
 - Procedure
 - Date approved
 - Approved by
 - Next review date/year

CDI P&P #1: Ethics & Standards of Conduct

- **CDI Ethics and Standards of Conduct direct your staff and department:**
 - Honesty and integrity
 - Acting in a manner that brings honor to self, peers, and profession
 - Committing to continuing education and lifelong learning
- To lessen the time and effort utilize and adopt the ACDIS and/or AHIMA CDI Code of Ethics
- Blend your P&P and refer ACDIS and AHIMA

 **ACDIS Code of Ethics**
Association of Clinical Documentation Integrity Specialists

POSITION PAPER

Summary: The Association of Clinical Documentation Integrity Specialists (ACDIS) Code of Ethics is based on core values and broad ethical principles that professionals can aspire to and use when making a decision or choosing a course of action.

FEATURES

- Values.....1
- Ethical Principles.....2
- How to Interpret the Code of Ethics3
- Application of the Code of Ethics.....9
- Scenarios/Questions Regarding Application of Ethical Principles.....9
- How do I Address Ethical Concerns?.....14

The ACDIS Code of Ethics serves as a guide for the professional behavior of its members and nonmembers who hold the Certified Clinical Documentation Specialist (CCDS) or the CCDS-Outpatient (CCDS-O) credential. It helps clinical documentation integrity (CDI) professionals identify relevant considerations when professional obligations conflict with ethical standards or when ethical uncertainties arise. It also serves to orient new CDI practitioners to CDI's mission, values, and ethical principles. This document articulates a set of guidelines that CDI professionals can use to assess whether they have engaged in unethical conduct.

This code of ethical standards strives to promote and maintain the highest level of professional service and conduct among ACDIS members. Adherence to these standards ensures public confidence in the integrity and service of the association.

The ACDIS Code of Ethics is intended to assist in decision-making processes and actions, outline expectations for making ethical decisions in the workplace, and demonstrate CDI professionals' commitment to integrity. The standards set forth are relevant to all CDI professionals and those who manage the CDI function, regardless of the healthcare setting in which they work, or whether they are ACDIS members or nonmembers.

Ethical obligations are central to CDI professionals' responsibilities, regardless of the employment site or the method of collection, storage, and security of health information. Sensitive information (genetic, adoption, drug, alcohol, sexual, and behavioral information) requires special attention to prevent misuse.

Values

All ACDIS members and CCDS/CCDS-O credentialed nonmembers agree to maintain the highest standard of personal and professional conduct. CDI professionals (including ACDIS members and anyone holding the CCDS credential) shall respect the rights of patients, clients, employers, and all other colleagues.

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CDI P&P #1 (cont.)

- Make a statement that sets the ethical tone
- Review this with every new employee (during orientation) and annually with your Staff
- You can use the Code of Conduct when making decisions or choosing a course of action
- It helps CDI professionals identify relevant considerations when professional obligations conflict with ethical standards or when ethical uncertainties arise
- Code of Conduct serves as a guide for professional behavior for those who hold the CDI credential(s)



Ethical Standards for Clinical Documentation Integrity (CDI) Professionals (2020)

Introduction

The Ethical Standards for Clinical Documentation Integrity (CDI) Professionals are based on the American Health Information Management Association's (AHIMA's) Code of Ethics and the Standards for Ethical Coding. A Code of Ethics sets forth professional values and ethical principles and offers ethical guidelines to which professionals aspire and by which their actions can be judged. A Code of Ethics is important in helping to guide the decision-making process and can be referenced by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups).

The [AHIMA Code of Ethics](#) is relevant to all AHIMA members and credentialed HIM professionals and students, regardless of their professional functions, the settings in which they work, or the populations they serve. The AHIMA Ethical Standards for Clinical Documentation Integrity Professionals are intended to assist in decision making processes and actions, outline expectations for making ethical decisions in the workplace, and demonstrate the professionals' commitment to integrity. They are relevant to all clinical documentation integrity professionals and to those who manage the clinical documentation integrity (CDI) function, regardless of the healthcare setting in which they work, or whether they are AHIMA members or nonmembers.

Ethical Standards

1. Facilitate accurate, complete, and consistent clinical documentation within the health record to demonstrate quality care, support coding and reporting of high-quality healthcare data used for both individual patients and aggregate reporting.
2. Support the reporting of healthcare data elements (e.g. diagnoses and procedure codes, hospital acquired conditions, patient safety indicators) required for external reporting purposes (e.g. reimbursement, value based purchasing initiatives and other administrative uses, population health, quality and patient safety measurement, and research) completely and accurately, in accordance with regulatory and documentation standards and requirements, as well as all applicable official coding conventions, rules, and guidelines.
3. Query the provider (physician or other qualified healthcare practitioner), whether verbal or written, for clarification and/or additional documentation when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (e.g. present on admission indicators). Query the provider if the documentation describes or is associated with clinical indicators without a definitive relationship to an underlying diagnosis, or provides a diagnosis without underlying clinical validation.
4. Never participate in or support documentation practices intended to inappropriately increase payment, to qualify for insurance policy coverage, to avoid quality reporting issues, or to skew data by means that do not comply with federal and state statutes, regulations and official rules and guidelines.
5. Facilitate interdisciplinary education and collaboration in situations supporting proper documentation, reporting and data collection practices throughout the facility.
6. Advance professional knowledge and practice through continuing education.

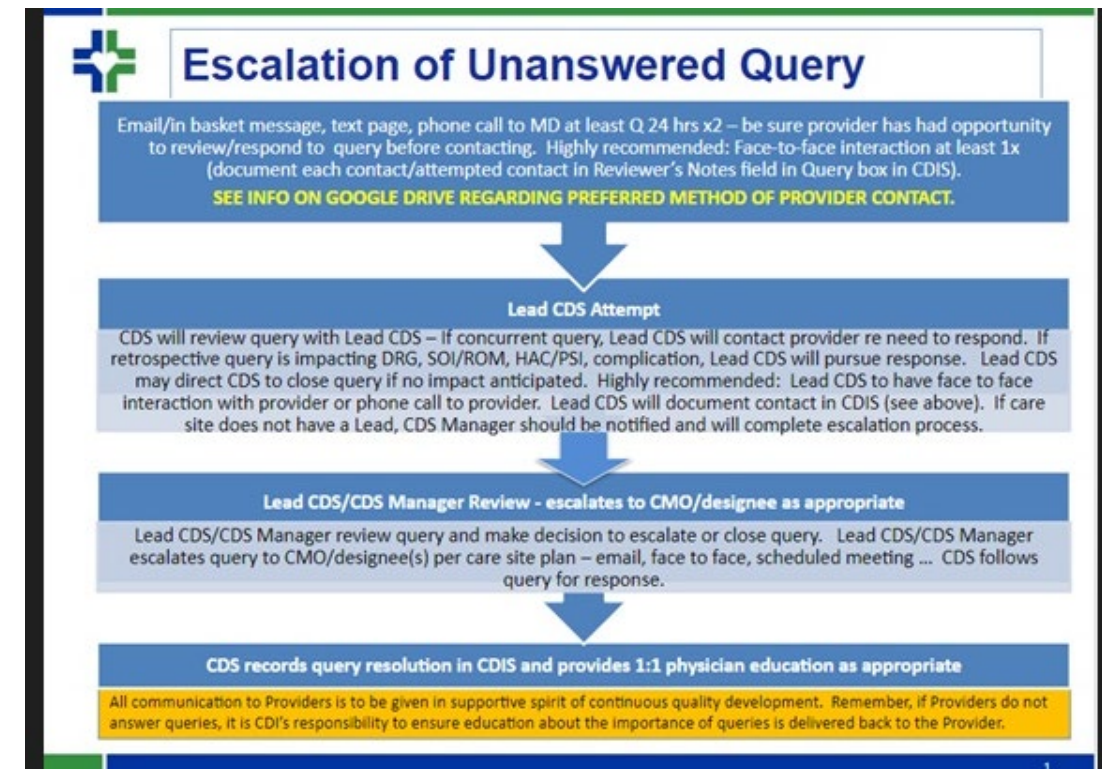
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CDI P&P #2: Query Practice & Process

- **CDI Query Practice: Policy and Procedure for the concurrent clinical documentation review process.**
- This will be detailing the daily concurrent review of health records. It will include the use of a CDI software.
 - Ensure you obtain handbook, manual, toolkit from vendor
 - Review carefully with all CDI staff
- Use this for new employee orientation (staff changes).
- Review and update this P&P when there are updates to your CDI software or EHR.

CDI P&P #3: Query Escalation

- **CDI Query Escalation:** What happens when a query does not have a response? Outline the steps.
- Unanswered queries: Bring to the attention of the CDI lead or manager.
 - They should review the query and the record and provide feedback.
 - Valid query – decide to escalate.
- Route to the CDI physician advisor
- ACDIS has several other documents that are helpful – see the insert to the right...
- Follow up with one-on-one provider education
- Source: [Policies & Procedures | ACDIS](#)



CDI P&P #3 (cont.)

- Per the 12/22 Practice Brief:
- *Facilities should develop an escalation policy including the process and purpose*
 - *Process*
 - *This policy should clearly outline expectations of each individual involved in the process, including the expected time frames in which resolution or further escalation is expected.*
 - *Escalation may begin with a supervisor or manager and if necessary, referred to a physician advisor, chief medical advisor, or other administrative professional until resolved. The escalation process is not meant to direct or intimidate the recipient to elicit a specific response.*

CDI P&P #3 (cont.)

- Per the 12/22 Practice Brief:
- *Purpose (not all inclusive)*
 - *Unanswered queries*
 - *Address any medical staff concerns regarding queries*
 - *Provider feedback communication process*
 - *If an appropriate professional response to a query is not received*
 - *Monitoring and trending should be in place to identify provider engagement, this may include positive reinforcement and implications for patterns of concern*

CDI P&P #4: Query Retention

- **CDI Query Retention:**
 - “Retaining written, templated, and verbal queries in document form is necessary to ensure CDI compliance. In the current climate of regulatory agencies (e.g., recovery audit contractors and Medicare administrative contractors), it’s a good practice to maintain queries as part of the permanent medical record to demonstrate compliant and ethical coding practices”, said Gloryanne Bryant, BS, RHIA, RHIT, CCS, CCDS, during the July 14 audio conference, “AHIMA CDI Practice Brief: What it Says and What it Means for Your Program.”
 - “The query should be retained indefinitely if it contains information not documented in the health record. Auditors may request copies of any queries in order to validate the query wording, even if they are not considered part of the legal medical record,” says Bryant.
- What year was the above story/quote from??
- Is the diagnosis only documented on a query response? Is the query part of the legal medical record?
 - Some payers will challenge the practice of the Dx only being on the query.
 - Retention is important for auditors, etc.

CDI P&P #4 (cont.)

- **CDI Query Retention Goal:** To retain written, electronic, templated, and verbal and written clinical documentation queries within the medical record in a document form is necessary and required to ensure CDI compliance and integrity.
- Keeping queries as permanent documents in the health record can also help to reduce potential query redundancy and decrease the risk of retrospective queries.
- I had a compliance officer say to me once, “What are we afraid of? Our queries are compliant, so we will keep them in the legal record.”
- Define the process of retention.
- Determine the timeframe – 5 years, 10 years, indefinite.

CDI P&P #4 (cont.)

- Per the 12/22 Practice Brief:
 - *The query retention policy needs to specify if the completed query will be a permanent part of the health record or considered as part of the business record. If the query is deemed to be part of the health record, it will be subject to health record retention guidelines which vary from state to state.*
 - *Queries may be disclosed and are retained for auditing, monitoring, and compliance.*
- REMEMBER: Maintaining the query as part of the legal record makes it easy to locate and review AND it also indicates there is nothing to hide.

CDI P&P #5: Education and CEU Maintenance

CDI Education and CEU Maintenance:

- CDI education and CEU maintenance should be written with clear expectations
- Ongoing education should be the culture – how many hours per year?
- Credential Requirement, Maintenance (renewal) and CEUs – annual
 - Example: XX Hospital encourages and supports CDIS continuing education. CDIS can obtain CEUs through a variety of avenues and mechanisms as outlined by ACDIS and AHIMA. Both ACDIS and AHIMA provide a list of the approved venues and ways one can obtain CEUs that is available online.
 - XX Hospital CDIS must obtain continuing education with approval of the CDI Manager and/or the HIM Director if they occur during normal work hours and/or have an associated fee. The CDIS must provide the CDI Manager and/or HIM Director with the name/title of the education session, event, online seminar, etc., the date, time, the length of the education (i.e., one hour, 2 hours), and any associated fee.

CDI P&P #5 (cont.)

- The CDIS should receive an education completion certificate, certificate of attendance or similar document and this should be available for management if requested.
- CDIS staff are expected to keep track of their CEUs and submit online to the affiliated association.
- Question: How many hours of education do you “require” for your CDI staff annually?
- Question: What are the annual CEU requirements?

CDI P&P #6: Quality Assurance/Review

Quality Assurance Review Process: This should be a formal process

- **Staff should know what the expectation is**
- Help to identify strengths, weaknesses, and opportunities for improvement
- Can illustrate successes of your CDI program
- Provide insight into educational opportunities for CDI staff, coding, and providers
- QA can ensure an understanding of the CDI program goals
- Become familiar with internal data gathering, processing, and analyses

CDI P&P #6 (cont.)

- Understand the tools and resources available to help audit and monitor
- Track CDI program outcomes and measures to evaluate whether goals are being achieved
- ASK ... Do I have or have I had a secondary review of some CDI encounters and queries?
 - External review
- This can help identify areas for new or revised P&Ps

CDI P&P #6 (cont.)

- New employees: An excel audit worksheet will be utilized to log all inpatient encounters reviewed and state the findings.
- A formal written summary with all findings, both positive and negative will be provided along with recommendations for the individual employee and management. Information shall be used as part of an annual employee performed review.
 - # of Total Inpatient Encounters: 20 (10 new/initial, 10 2nd or follow up reviews)
 - # of Initial/New CDI Reviews = 10
 - # of Follow-up CDI Reviews = 10
 - You also want to look at additional queries that are sent and not sent:
 - # Encounters w Query = 5
 - # Encounters without Query = 5

CDI P&P #6 (cont.)

- Annual Performance Review QA Review: Each CDIS would have Retrospective Auditing a total of 30 charts per CDI every year and providing 1-on-1 remote or onsite education (45-60 mins in length) with the CDI on an annual basis.
- A formal written summary with all findings, both positive and negative will be provided along with recommendations for Management. Information shall be used as part of annual employee performance review.
- # of Total Inpatient Encounters: 30
 - # of Initial/New CDI Reviews = 7
 - # of Follow-up CDI Reviews = 8
 - # Encounters w Query = 7
 - # Encounters without Query = 8

Other P&Ps: Outpatient Specific

- With expansion of CDI into the outpatient settings, there is the need for “some” specific P&Ps
- Emergency Encounter CDI
- Observation Encounter CDI
- Outpatient Surgery CDI

Audience Participation: RAISE YOUR HAND

QUICK AUDIENCE SURVEY

- Raise your hand if your CDI Department (staff) are currently handling “DENIALS” (including the writing of appeals).
- If you do not know, please do not raise your hand.

THANK YOU

Other P&P: CDI Handling Denials?

- CDI handling or participating in denial reviews and writing appeals is occurring more and more
- This process should be written down clearly
- Include steps and processes of a denial tracking software or tool
 - Maintain a log to include denials and appeals
 - Track and trend
- Write down the steps and who handles what; include timeline
 - Most denials require a 30-45 days response

Implementation and Utilize of P&P

- Create word documents “Draft”
- Review, revise, and finalize
- “Final” P&Ps – distribute
 - Communication and open to questions
- Develop into a “Manual”
 - Include a table of contents
 - Convert to PDF
- Key steps: include contact

Assess/Review your P&Ps

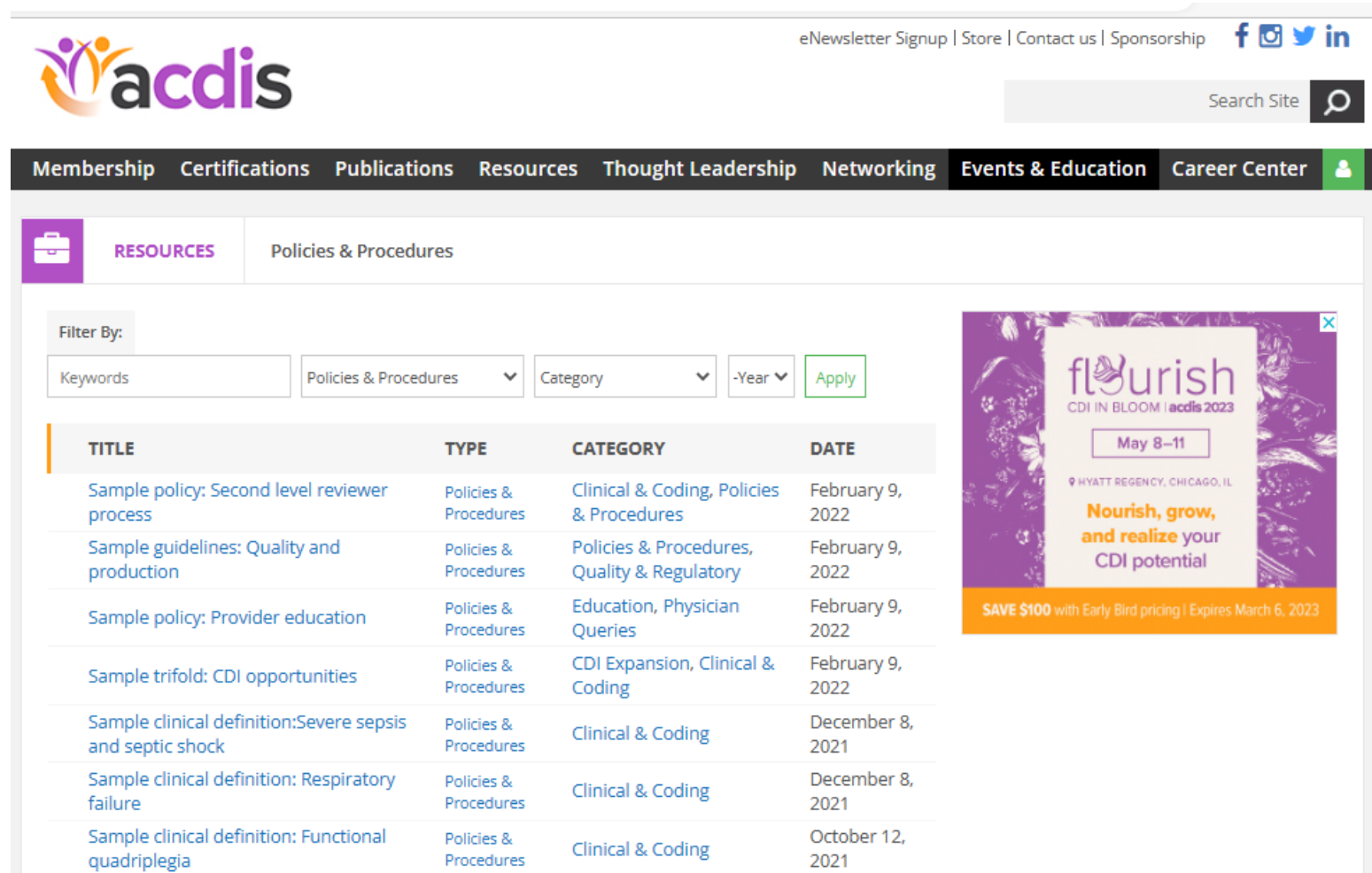
- Things change, we change, our organizations change
- We need to plan for a regular process to review and update P&Ps
 - 1-2 years depending
- When regulatory changes impact us and our organization
 - New IT system or upgrade can impact your P&Ps
- You have gaps in procedures and processes
 - Staff have voiced concerns or discrepancies
- Don't develop or review in a silo, have a 2nd or even 3rd set of eyes review the P&P for content accuracy and do-ability
 - Be practical

REMEMBER

- Constant education and training is a must!
- While writing policies and procedures often seem to be time-consuming and a challenge, they have many positive benefits that cannot be overlooked.
- For the clinical documentation integrity (CDI) program having written policies and procedure is part of compliance and the day-to-day operations of the CDI staff.
- Ensure the CDI program is moving to “all payers”

Resources That Can Help . . .

- [Resources Library | ACDIS](#)



The screenshot shows the ACDIS website's Resources Library. The header includes the ACDIS logo, navigation links (eNewsletter Signup, Store, Contact us, Sponsorship), and social media icons. A search bar is located on the right. The main navigation bar lists various sections: Membership, Certifications, Publications, Resources, Thought Leadership, Networking, Events & Education, and Career Center. The 'Resources' section is active, showing a sub-menu for 'Policies & Procedures'. Below this, there's a 'Filter By:' section with input fields for Keywords, Policies & Procedures (selected), Category, and Year, along with an 'Apply' button. A table lists several sample policies and clinical definitions. To the right of the table is a promotional banner for 'flourish CDI IN BLOOM | acdis 2023' held at the Hyatt Regency in Chicago, featuring a 'SAVE \$100' offer.

TITLE	TYPE	CATEGORY	DATE
Sample policy: Second level reviewer process	Policies & Procedures	Clinical & Coding, Policies & Procedures	February 9, 2022
Sample guidelines: Quality and production	Policies & Procedures	Policies & Procedures, Quality & Regulatory	February 9, 2022
Sample policy: Provider education	Policies & Procedures	Education, Physician Queries	February 9, 2022
Sample trifold: CDI opportunities	Policies & Procedures	CDI Expansion, Clinical & Coding	February 9, 2022
Sample clinical definition: Severe sepsis and septic shock	Policies & Procedures	Clinical & Coding	December 8, 2021
Sample clinical definition: Respiratory failure	Policies & Procedures	Clinical & Coding	December 8, 2021
Sample clinical definition: Functional quadriplegia	Policies & Procedures	Clinical & Coding	October 12, 2021

What Are Your Key Next Steps?

- Ask these questions:
 - When did we last review and update our policies and procedures? (I mean all of them!)
 - When is the last time compliance reviewed your P&Ps and conducted an assessment to determine if CDI staff are compliant with the P&Ps?
 - Are there opportunities for some new P&Ps?
 - Mortality reviews conducted by CDI
 - PSI reviews conducted by CDI

Summary

- Per the OIG: Written policies and procedures are part of compliance
- P&Ps builds upon a culture of transparency, efficiency and compliance
- The results of having P&Ps in place can help to bring about a successful CDI program
- Review and assess your P&P
- Determine when and if new P&Ps are needed
- Engagement is important



Thank you. Questions?

[*gloryanneb@sbcglobal.net*](mailto:gloryanneb@sbcglobal.net)

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.

References/Resources

- https://acdis.org/system/files/resources/CR-727%20ACDIS%20Code%20of%20Ethics_position_paper_final_0.pdf#:~:text=The%20ACDIS%20Code%20of%20Ethics%20serves%20as%20a,assess%20whether%20they%20have%20engaged%20in%20unethical%20conduct
- AHIMA/ACDIS Guidelines for Achieving a Compliant Query Practice, Practice Brief, 2022
- AHIMA Ethical Standards for Clinical Documentation Improvement (CDI) Professionals (2016): <https://bok.ahima.org/doc?oid=301868#.Y8RuK5jMJpk>
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- www.mrahis.com/blog/clinical-documentation-integrity-success-in-written-policies-and-procedures#: June 2022, Gloryanne Bryant