Establishing a Retrospective Review Process

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Amanda Hughes, BSN, RN, CCDS, CIC, is the CDI supervisor over the retrospective review process at Baylor Scott & White Health in Temple, Texas. She has 14 years of healthcare experience with eight years in CDI.
Learning Outcomes

• At the completion of this educational activity, the learner will be able to:
  – Define retrospective review
  – Identify opportunities for a retrospect program
  – Examine the pilot/implementation phase
  – Evaluate pre & post implementation data
  – Recognize the benefits of implementing a retrospective review process
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- Our team of over 52,000 employees serving in 41 Texas counties is committed to the well-being of every individual, family and community we serve.

- Through innovation, education and care delivery, we strive to provide an exceptional customer experience, while working to make healthcare more convenient and more affordable.
CDI Organizational Chart
Defining Retrospective Review
Defining Retrospective Review

- Retrospective review – the process of reviewing a record to identify documentation opportunities post-discharge.
  - Final coded/post-discharge
  - Review of clinical documentation, lab results, diagnostic findings
  - Evaluates record for missing, unclear, conflicting documentation and/or clinical validity
The Retrospective Review Process

Retrospective reviews are the last opportunity to resolve documentation and coding issues for billing and quality reporting purposes.

Quality & Reimbursement:
- Reviews of reimbursement for care provided
- Avoiding potentially imperfect quality reporting
- Medicare and Medicaid underpayments reached $75.8 billion in 2019

Opportunities:
- Opportunities identified for inaccurate and vague documentation
- Opportunities identified for inaccurate coding of conditions being monitored and treated during the patient’s encounter
Sources of Opportunities

• Key focus areas for potential impact
  – Quality measures
  – Mortality scores
  – Coding Accuracy
  – Clarification of documentation
  – Clinical Validity
Query Process: HIM Retrospective Queries
# Retrospect Query Request: HIM vs. CDI

<table>
<thead>
<tr>
<th>Query Type</th>
<th>HIM</th>
<th>CDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Diagnosis</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Clinical Validation</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>HAC/PSI/PPC</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Diagnosis specificity</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Linkage of condition</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Etiology</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Surgical instruments utilized</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Depth of Surgery</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Diagnosis not in discharge summary</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>POA status</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Conflicting documentation</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Query sent but new info may change the dx: change in acuity</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Query sent but new info may change the dx: new diagnosis</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

**HIM Retro Query Request**

**CDI Team**
Retro Query Requests

Monthly schedule with designated staff each week

HIM retrospective queries sent to concurrent CDI staff

HIM submitted majority of these retro queries during final coding
Query Alignment Committee

Query committee meets on a monthly basis

Query request submitted to committee

Committee reviews and approves/rejects

BSWH Query Template Change Request

Date

Requested by

Department

Contact Number

☐ Template Change Requested
☐ New Template Requested

Query Topic - Include Current Template and if this is a Revision

Suggested Change (i.e., suggested answer option[s])

Purpose/Expected Outcomes/Benefit

Example Accounts
Query Committee

**Query submitted to compliance**

**Query approved and added for staff to utilize**

**Query added to reference guide**

---

**INPATIENT QUERY – Admit Date: ***

Dr. ***

The following clinical indicators are present:

**Documentation:**
- Exam:
- Lab:
- Studies:
- Monitoring:
- Treatment:

Please specify the acuity:
- Acute ***
- Chronic ***
- Acute on chronic ***
- Subacute ***
- Other (Respond - Create new note now and type your alternate diagnosis)
- Clinically unable to determine

- Not applicable/Not valid

Thank you,

---

**BSW ALIGNED QUERY TEMPLATE REFERENCE GUIDE**

<table>
<thead>
<tr>
<th>Template Name</th>
<th>Definition/Use</th>
<th>Possible Clinical Indicators</th>
<th>Possible Additional Query Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSW, Clarification Lab Readings – Abnormal CBC</td>
<td>Patients with clinical indicators present without a diagnosis of Pancytopenia. OR Patients with a diagnosis of Pancytopenia where specificity is needed. OR Patients with clinical indicators present without a diagnosis of Anemia.</td>
<td></td>
<td>Pancytopenia due to: with aplastic anemia, bone marrow infiltration, congenital red cell aplasia, hairy cell leukemia, human immunodeficiency virus (HIV)</td>
</tr>
</tbody>
</table>
Pilot Phase
Pilot Phase: Key Factors

**Technology Selection**
- Collaborate with vendor for optimization of product
- Efficient workflow
- Comparison of data

**Staff**
- Expectations for workflow
- Chart production expectation
- Experience with post-discharge reviews and reconciliation

**Workflow**
- Create a workflow for staff to pilot
- Modify workflow for efficiency
- Capture opportunities for impact
Pilot Phase: Staffing

1-3 CDIS

To be determined

2021

2022
Pilot Phase: Retrospect Opportunities Identified

Pilot 2021

- Query Opportunities 1217
- Coding Opportunities 1132
- CDI Education 1088

Total Opportunities 3437
Implementation Phase
Implementation

- Chart Selection
- Review Process
- Reporting and Education
- Retrospective Audits
Chart Selection
Chart Selection

Length of Stay:
Greater than 1 day LOS and less than 10 days

DRG Mismatch:
The CDI has obtained a different DRG than the coder has at final coding

Condition Prompts:
Diagnoses with possible opportunity prompted by prioritization software
Chart Selection

**LOS**
- LOS is 8 days

**DRG Mismatch**
- DRG Mismatch
  - Final DRG: 071 w CC
  - CDI Working DRG: 070 w MCC

**Condition Prompts**
- 3 conditions with possible opportunity
  - Pressure ulcer and sepsis were supported by evidence but not documented
  - Acidosis was final coded but not supported by evidence
Chart Selection – Condition Prompts

- Diagnosis was supported by evidence but not documented
  - Query opportunity
- Diagnosis was supported by evidence and documentation but not final coded
  - Coding opportunity
- Diagnosis was final coded but not supported by evidence
  - Clinical validation opportunity

Malnutrition, stroke were supported by evidence but not documented

Chronic renal failure was supported by evidence and documentation but was not final coded

UTI was final coded but not supported by evidence
Chart Selection Filters

- Possible PSI
- Concurrently Reviewed
- Not Concurrently Reviewed
- Single CC or MCC
- Expired
- Possible HAC
Review Process
Initial Review Process

**Workflow**
- Created Structure
- Removed Inconsistencies
- Clarified What Was Most Important

**Software Tool**
- Worked with Vendor
- Improved Functionality
- Better Fits Our Needs

**Waste Walk**
- Overproduction Identified
- Template Design
Workflow Template

DRG mismatch

Condition prompts

Notes/Findings by Date

Action Items

Retro DRG Review, Suggestions:
CDI DRG [list CDI DRG]
Coding DRG [list coder DRG]
DRGmm: [Explain the reason for mismatch and address if needed]
[List condition prompts and why you agree/disagree, provide evidence]
Resp failure- patient on 4L, + e/o distress. Retro Q
AKI- Cr 2.1-2.2, baseline line unknown; does not meet criteria for AKI
BMI- BMI 32, does not meet criteria for morbid obesity

Notes/Findings: [Date, “Findings”]
6/18, ‘patient on 4L NC, respiratory distress”
6/19, “placed on BIPAP”
Labs: WBC 18, Lactate 2.1, Cr 2.1

Questions:
- Retro Q resp. failure [send retro Q, add a f/u, place retro Q in pending in software tool]
- Ask coder to change PDX to COPD [notification message to coder, place coding notification in pending in software]
Established Review Process

- Condition Prompts
- DRG Mismatch
- Coding Opportunities
- Query Opportunities
- CDI Education

Focused Retrospective Review
Review Process: Coding Opportunities Identified

- Incorrect Principal Diagnosis
- Missing Procedure
- Diagnosis Inadvertently Not Final Coded
- Physician Query Response Not Final Coded

Coder Notified
- Notification is sent to the coder
- Including coding opportunity and related supportive details

Coding Opportunities

Rebill
- Coder to Rebill as Needed
- Escalation process if Disagreed

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Escalation Policy

1. Coder vs CDI
2. Escalation to HIM Supervisor
3. Secondary Review
4. Final Decision
5. Follow Up Education
6. Rebill as Needed
Unanswered Coding Notifications Escalation Process

• 3 days - Email coder a reminder message
• 4 days - Escalate notification to HIM manager
• 6 days - Escalate to retro CDI supervisor
Review Process: Concurrent CDI Opportunities Identified

CDI Opportunities:
- Procedure coding
- Incorrect PDX selection
- Coding Guidelines
- Missed query opportunity
- CCs/MCCs inadvertently not captured

CDI Notified:
- Notification is sent to the CDI
- Including findings and related supportive details
- Supervisor meets with staff to discuss error identified

Quality Improvement:
- Constructive feedback improving accuracy, quality and consistency
- Reduce errors
- Improve accurate DRG assignment for baseline DRG
Review Process: Query Opportunities Identified

- Clinical validation
- Conflicting documentation
- Uncertain diagnoses
- CC/MCC impact
- Quality impact

Query

- Query sent post discharge to provider

Coder Notification and Rebill

- Coding notified of physician response
- Rebill as needed
Query Impacts

**CC/MCC**
- Adding a CC/MCC to a single CC/MCC record

**DRG Shift**
- Previous DRG
- Updated DRG

**SOI/ROM**
- Any change in SOI/ROM
- Negative or positive
Query Compliance

Withdrawal of a pending CDI query?

- Noncompliant
- Insufficient Indicators
- Query No Longer Indicated
Reconciliation

Retro

- Coder interactions
- Pending queries
- Physician responses
- CDI education
- Impacts

Concurrent

- Baseline DRG can not be changed
- Query impact can not be changed
Case Example

**Final Coded DRG**
571(Surg) Skin Debridement w/CC

- Concurrently reviewed by CDI
- Prioritized for DRG mismatch and possible sepsis opportunity
- Weight 1.8846
- PDX: DM with foot ulcer

**Case reviewed and patient was found to have had a necrotizing soft tissue infection of LLE with surrounding skin necrosis and was treated with excisional debridement and IV antibiotics.**

**Recommendation for coding to change PDX to DM with gangrene**
- Weight 3.3097
Reporting & Education
Education— Concurrent and Retrospect CDI

**Concurrent Education**
- MQO Report
  - Weekly report reviewed by supervisors
  - Supervisors review with their staff weekly
- Coding Education
  - Education collected for future huddles presentations

**Retro Education**
- Rebuttals
  - Reviewed by supervisors
  - Retrospect reviewer is provided with education by supervisor as needed
Quality Audit: Staff
Quality Audit: Retrospective Team

- Missed Query Opportunity
- CDI Education
- Coding Interaction
- Retrospect Query
- Non-Compliant Query
- Query Not Indicated
- Workflow Error
Retro Audit Form

Overall recommendations are provided

Each chart is reviewed for key focus areas

5-10 charts reviewed
Retro Chart Review Expectations

CDI with <1 Year of Retro Experience

- 0-3 months - 1 chart/hr
- 3-6 months - 1.5 chart/hr
- >6 months - 1.8 chart/hr

CDI with > 1 Year of Retro Experience

- 2 charts/hr
Pre & Post Implementation
Staffing Model for Retrospect Team

2021

3 CDIS (Pilot Phase)

2022

8 CDIS (Implementation)
Retrospect Opportunities Identified: Pre & Post Implementation

Pilot 2021

- Query Opportunities 1217
- Coding Opportunities 1132
- CDI Education 1088
- Total Opportunities 3437

GO-LIVE 2022

- Query Opportunities 1994
- Coding Opportunities 1670
- CDI Education 2230
- Total Opportunities 5894
CDI Retro Query Impact

Retro Query Top 5 Impacts

- DRG Shift: 1,206
- CC: 562
- Coding: 558
- SOI/ROM: 437
- Clinical validation: 282
CDI Education Opportunities

2022 CDI Education Counts by Top 5 Queried Conditions

- Acute kidney injury: 174
- Acidosis: 149
- Sepsis: 107
- Heart failure: 104
- Encephalopathy: 85

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## Education

<table>
<thead>
<tr>
<th>Learning Modules</th>
<th>CDI Council</th>
<th>Huddles</th>
<th>Physician Modules</th>
<th>Physician Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Self-pace</td>
<td>- Provided by physician lead</td>
<td>- Management education to staff</td>
<td>- Provider modules created by physician lead</td>
<td>- Facility physician advisors presents education</td>
</tr>
<tr>
<td>- Hot topics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Coding Opportunities

Coding Education Top 5 Impacts

<table>
<thead>
<tr>
<th>DRG Shift</th>
<th>CC</th>
<th>SOI/ROM</th>
<th>Other</th>
<th>MCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,265</td>
<td>389</td>
<td>310</td>
<td>183</td>
<td>58</td>
</tr>
</tbody>
</table>

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Retrospect Chart Coverage

Retrospect Prioritized Charts

- Prioritized Chart Count: 53,183 in 2021, 64,985 in 2022
- Prioritized Charts Reviewed: 2,993 in 2021, 11,165 in 2022
- Review Rate: 6% in 2021, 17% in 2022

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Financial Impact

Retrospect Financial Impact

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Query Impact: Financial Discrepancies

**Weekly discrepancy report**

**Quality Check**

- Validate there is no under reporting of impact
- Validate there is no over reporting of impact.

**Review impact data**

**CDI Review**

- If report states impact but software indicates $0 Baseline to Working DRG
- Negative Baseline to Working DRG
- Baseline to Working DRG is greater than $10K

**Correction process**

**Accurate capture**

- Error counts are collected and trended by error type
- Supervisor provided education to staff
Retrospect Query

Coding vs CDI retrospective queries

2021 2022

Coding   CDI

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Query Deficiency

HIM assigns deficiency for query

Provider responds to query

If query is pending at 7 days, it is considered delinquent

HIM sends notification sent to provider

CDI reviewer closes query

If provider no longer with organization, query will automatically drop off at 120 days
Provider Engagement

Retrospect Provider Engagement

- **2021**
  - Response Rate: 93%
  - Agree Rate: 83%

- **2022**
  - Response Rate: 99%
  - Agree Rate: 84%
Future State

Technology Enhancements
Staffing For Chart Reviews
Collaboration With Coding
Continuous Education
Summary

Significant opportunities exist with retrospect reviews

Data identified a strong need to expand staffing model

Collaboration with concurrent CDI reviewers and coding demonstrated a need for additional education

Overall results provided positive outcomes: quality and financial impact
Resources

• Retrospective Reviews: The last line of defense? Iodine informs Fran Jurcak, Dee Banet  February 17, 2021
Thank you. Questions?

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Amanda.Hughes@BSWHealth.org

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.