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Capturing Severity in the Outpatient Setting

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Presented By

Susan Egan, CPC, CPMA, CRC, CEDC, associate director at Guidehouse based in Charlotte, North Carolina, has more than 30 years' experience working with physicians, coders, and hospitals providing education and training related to coding and documentation, as well as capturing acuity and SOI. Her expanded role includes auditing and education for RAF scoring and outpatient CDI.

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Presented By

Jessica Thurman, PA-C, MBA, MSPA, associate director of healthcare revenue cycle management-CDI at Guidehouse in Chicago, is a certified physician assistant with more than 10 years of experience in CDI, interventional cardiology, ED, and rural primary care. She has worked alongside an interdisciplinary team to improve continuity of care and efficiency for patients via best-practice documentation and enhanced clinician workflows.

3

Presented By

April Vogel, RHIA, CHC, managing consultant, healthcare at Guidehouse in Chicago, is an accomplished revenue cycle, compliance, and regulatory expert with over 15 years of diverse healthcare experience working with multi-facility health centers, academic medical centers, physician-owned practices, children's hospitals, rural health clinics, critical access hospitals, and community hospitals. She has proven success with implementing and monitoring compliant organizational change as it relates to coding and billing practices, revenue integrity, charge capture, and clinical practice initiatives. Vogel has recently made significant contributions to outpatient clinical documentation integrity, reimbursement, and regulatory focused projects.

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Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Discuss strategies for capturing HCCs in ambulatory setting and the impact on providers and organizations
  - Describe ways to leverage technology to identify patient population, recapture of HCCs and identify new diagnoses
  - Define telehealth and protocols for HCC capture in telehealth settings
  - Explain how CDI record reviews can affect the capture of elements of Social Determinants of Health
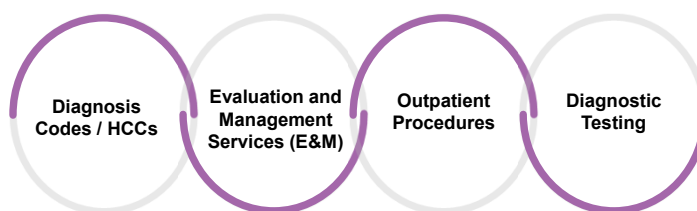
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A Little Bit of This… and a Little Bit of That…
A Recipe for Outpatient CDI

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What Is Outpatient CDI?

We believe that a properly designed outpatient CDI program results in complete and accurate documentation of a patient's medical condition.

- Provides an accurate picture of the true acuity and clinical condition of the patient
- Enables coding to the highest level of specificity
- Supports the capture and documentation of all services provided to the patient
- Facilitates quality and continuity of care

Key components of accurate documentation:

Diagnosis Codes / HCCs — Evaluation and Management Services (E&M) — Outpatient Procedures — Diagnostic Testing

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Who, What, and Where of Outpatient CDI

Compliance · Coding · Educators · Value Based Pairs · Technology · Denials · Medical Necessity · **Clinical Documentation Integrity** · Accurate Status · Charge Capture · HCCs · Quality · E/M Levels · ED Leveling

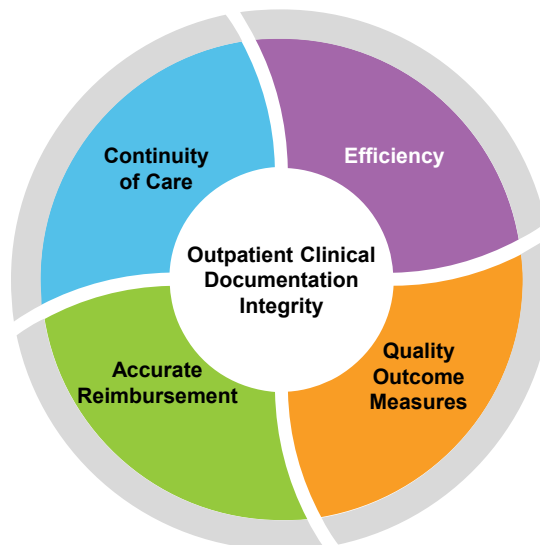Physician Office | Emergency Department | Outpatient (Facility) | Observation

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Building a Quality Outpatient CDI Program

Guiding Values

- Integrity

- Compliance

- Efficiency

- Transparency

- Culture

Outpatient Clinical Documentation Integrity

- Continuity of Care
- Efficiency
- Quality Outcome Measures
- Accurate Reimbursement

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Principles of a Successful Quality Program?

- **Ensure** documentation reflects all annual acute and chronic conditions
- **Promote** provider documentation and specificity
- **Maintain** compliance with government regulatory agencies
- **Improve** accuracy of HCC capture clinically
- **Reduce** quality and denial issues
- **Enhance** outcome data, physician, and hospital profiles
- **Provide** accurate data analysis and reporting
- **Tailor** provider/clinician one-on-one and group education
- **Obtain** appropriate reimbursement for services rendered
- **Connect** ongoing outpatient conditions to the inpatient admission in meaningful way in the documentation, otherwise it will not be counted/coded
- **Prevent leakage and escape:** Ensure patients are not lost to follow-up and make sure they get their AWV and appropriate specialty appointments throughout the year

Key Stakeholders/Partnerships

Physician Champion

Senior Leadership

Clinical Directors/ Managers

Compliance

Revenue Cycle

Information Systems/ Technology (IS/IT)

Putting It Together

When developing a comprehensive OP CDI program bringing the key stakeholders together to cultivate the vision and mission of the program is integral. The project plan creates the road map for successful implementation.

Kick-off Meeting
- Facility Initiatives and Mission
- Project Vision
- Roles and responsibilities
- Project sponsor and responsibilities
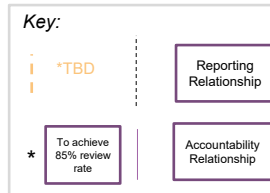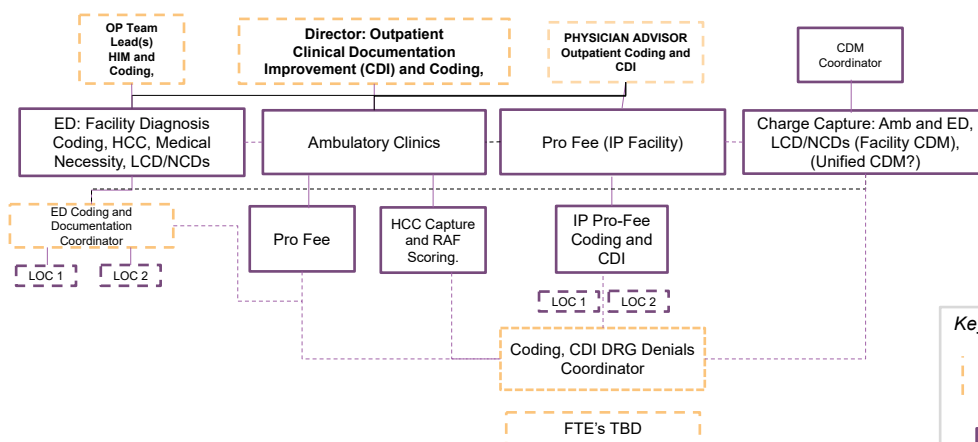- System Access
- Metric Accountability

Project Plan
- Scope Statement
- Communication Baseline deliverables
- Management plans
- Staffing plan
- Analyze
- Quality
- Risks
- Opportunities
- Audit strategies

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Example of Outpatient, Pro-Fee, and Charge Capture

OP Team Lead(s) HIM and Coding,

Director: Outpatient Clinical Documentation Improvement (CDI) and Coding,

PHYSICIAN ADVISOR Outpatient Coding and CDI

CDM Coordinator

ED: Facility Diagnosis Coding, HCC, Medical Necessity, LCD/NCDs

Ambulatory Clinics

Pro Fee (IP Facility)

Charge Capture: Amb and ED, LCD/NCDs (Facility CDM), (Unified CDM?)

ED Coding and Documentation Coordinator

Pro Fee

HCC Capture and RAF Scoring.

IP Pro-Fee Coding and CDI

LOC 1   LOC 2

LOC 1   LOC 2

Coding, CDI DRG Denials Coordinator

FTE's TBD

Key:
- *TBD
- To achieve 85% review rate
- Reporting Relationship
- Accountability Relationship

*Additional discussions are required, and each area would need to be properly broken down further

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Reporting, Considerations, Tools…
What You Need To Be Thinking About

Analytics
- Create robust data analytics tools
- Optimize EHR reporting capabilities
- Consider custom reporting
- Excel can be your friend

System Set-up
- Systems set –up
- Where claim edits hitting?
- What files and system prompts are creating an edit
- Identify responsible party/workflow
- Denial trending
- Intelligent Medical Objects (IMO)
- Charge Reconciliation
- EHR HCC scrubber
- Query Review/Creation

Regulatory
- Impact of quarterly regulatory changes
- Develop strategy for dissemination of information
- Monitor regulatory websites:
- MICS, MACS, RACS, LCD/NCDs, OIG

Coding
- Specificity
- Who is selecting CPT/Dx codes: provider, coder, system

Cost Containment
- Cost to collect, multiple touches
- Over review in order to bill
- Working the denials -I .e. having the right lens
- Education
- Query creation/refinement

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Components of an OP CDI Program

Documentation & Coding
- Ensure documentation reflects, at a minimum, all chronic conditions
- Identify potential areas of improvement related to the specificity of diagnosis coding
  - RAF Score
  - HCC Recapture Rates
  - Unspecified Code Usage

Revenue Capture
- Earn maximum reimbursement based on accurate documentation and coding
- Identify and prevent future denials

Education & Workflow
- Identify pathophysiology for HCC conditions; improve coding accuracy and documentation
- Provide one-on-one mentoring to build sustainability and reinforce education
- Provide comprehensive coder education training and resources to ensure guidelines are met
- Implement pre-visit record review to improve RAF scores and efficiencies for providers to document in "real time"

Program Structure
- Establish and develop strong partnerships between CMO, CNO, CFO, Revenue Cycle, and Operations to support organizational accountability and expectations
- Identify physician champions to support leadership and revenue impact initiatives
- Monitor various quality, productivity, and financial performance metrics
- Establish departmental expectations and strategy

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HCC RAF Documentation & Coding: Program Overview

Purpose

An HCC/RAF Documentation and Coding improvement program connects key tactics within pre-visit, point of care, and post-visit settings **to ensure documentation and coding performance accurately represents population acuity to better align resource needs**, risk-adjusted revenue and quality scores to actual population severity.

Objectives

- Appropriately **aligns risk score / RAF with disease burden / population acuity**
- Improve **coding and documentation accuracy**
- Improve **performance on revenue / quality** where risk adjustment drives calculation
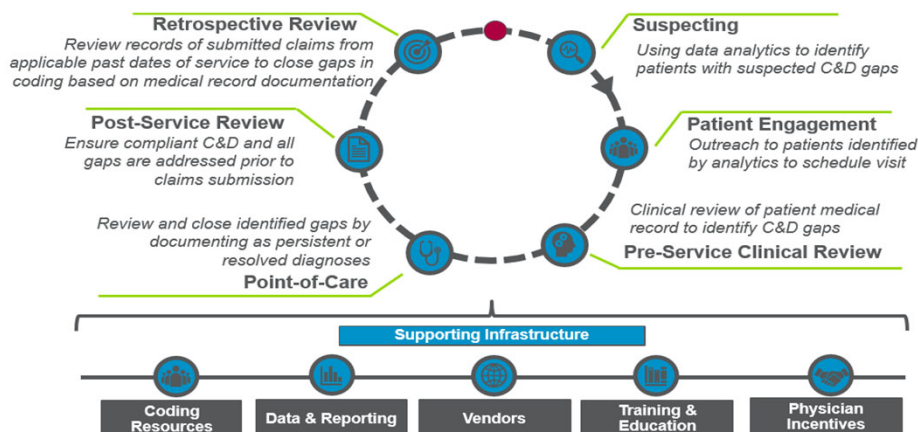
Assumptions

Program should focus on patient populations in which resources are dependent upon clinical acuity such as Medicare Advantage, certain CMS programs, and any value-based contracts with a risk-adjusted PMPM target / quality

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End-to-End Coding and Documentation Process

Retrospective Review
Review records of submitted claims from applicable past dates of service to close gaps in coding based on medical record documentation

Suspecting
Using data analytics to identify patients with suspected C&D gaps

Post-Service Review
Ensure compliant C&D and all gaps are addressed prior to claims submission

Patient Engagement
Outreach to patients identified by analytics to schedule visit

Review and close identified gaps by documenting as persistent or resolved diagnoses
Point-of-Care

Clinical review of patient medical record to identify C&D gaps
Pre-Service Clinical Review

Supporting Infrastructure

| Coding Resources | Data & Reporting | Vendors | Training & Education | Physician Incentives |

Retrospective Auditing

Retrospective Auditing

- One of the biggest struggles of auditing for HCCs has been the lack of HCC auditing software
- We have looked!
- Resorted to building our own
- Identifying gaps in documentation for educational purposes
- What we had to take into consideration
  – What we needed it to do
  – Functionality
  – Reporting capabilities
  – Cost of building

HCC Auditing Software

Data Needs

Data
- Select Patient Lives which are part of an MSO, ACO, Med Adv, etc.
- Select all patient encounters (IP, OP, Office Visits, etc.)

Selection
- Suspecting if available in tool, if not the patient lives should be filtered outside the audit tool
- Each patient selected should include all encounters in order to collect HCC scores accurately

Audit Tool Needs

Sampling
- Audit Mgr. needs to have the ability to select patient lives and assign to auditors
- Audit Mgr. should be able to select cases by Patient Type (IP, OP, Profee) or by Practice

Underneath filter audit manager will be able to see patient lives, select encounters, and assign auditors to complete the reviews

WorkList
- Auditor needs to be able to view patients only assigned to them
- Auditor should be able to filter patients by MRN, Encounter, Patient Type, etc., to easily be able to navigate to which patients need to be reviewed

Underneath filter auditors will be able to select patient lives and click on assigned patient to get to an audit screen

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HCC Auditing Software (Audit Screen)

1 Patient Encounters for Year
- Important to show all encounters which are contributing to the overall HCC weights
- Summary provides patient total number of encounters by patient type
- Encounter List shows all encounters that year which fall under the same patient (MRN)

2 Patient HCC Summary
- Above the Orange Line shows overall scores for that patient (MRN) for all encounters
- This will remain on the audit screen no matter which encounter is selected for review and update if any changes are made on the encounters which affect the HCC(s) attributed to the patient
- Important to have the correct CMS-HCC Risk Adjusted Model Version so software can link the correct HCCs to the diagnosis codes
- 3 parts to this section
- Patient Demographics, Previous year HCCs, Current Year HCCS
- Pre-Audit Results, current HCCs for all encounters, HCC weights
- Post-Audit Results, HCCs post audit, HCC weights, difference

3 Encounter Section
- Below Orange line auditor will see encounter selected
- Auditor will review encounter select any errors, additions, and provide error reason for change
- When saved any changes to diagnosis which affect HCCs will be reflected in the overall patient summary above the orange line

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HCC Auditing Software (Reporting)

Reporting Needs

Summary reports should show results for:

- Patient Results – HCC weights per patient which would affect overall RAF scoring
- Encounter Results – used for education to individual providers
- HCC Results – used for education and indicate which HCCs to focus on by specialty down to physician

Reports to be used for Education

- Reports should reflect encounter HCC accuracy by physician specialty down to the individual physician
- Individual HCC Category accuracy should be reported by specialty & individual physician
- Ability to filter reports to list by specialty, physician, HCC error category, etc. to easily get to the results needed
- Reports should also have an option to filter by same parameters and export to Excel by encounter for easy review by auditors & physicians

Graphs by Specialty & Physician
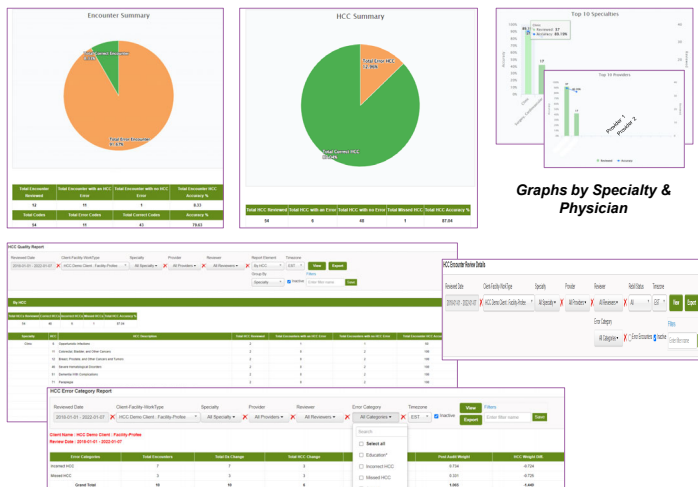
Historical Analysis

Common Challenges Include:

Coding AND Documentation are both significant challenges for provider base—requiring significant support, education, and technology enablement to drive improvements

  a) Insufficient documentation for codes included / documentation not comprehensive
  b) Non-specific / inappropriate codes utilized
  c) Lack of codes being included altogether where clinically appropriate
  d) Missing MEAT Criteria
  e) EMR pulling historical conditions not present

Claims Cycle Process Breakdowns prohibit all codes that are appropriately documented by providers on the medical records from being included on the bill that is sent to payors, and ultimately not being utilized for risk adjustment purposes where it is otherwise appropriate to do so

  a) Not ALL EMRs programmed to include all codes included by providers
  b) Codes getting scrubbed off bill in provider revenue cycle(s)
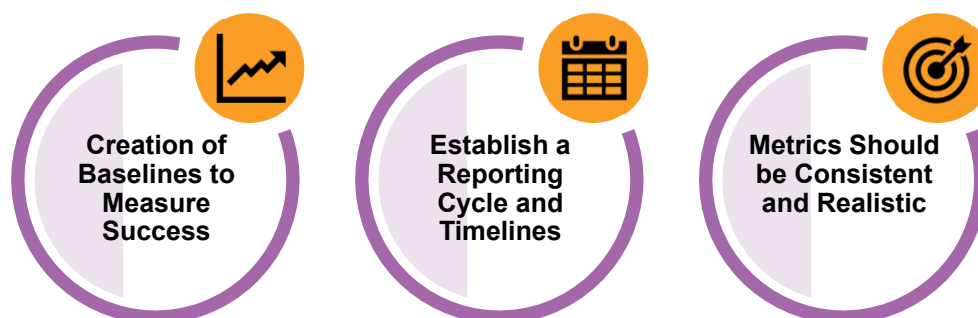 c) Codes being scrubbed off bill by clearinghouses

Caution: "Recapture" is Documentation "Maintenance" ….Not Documentation "Improvement".

What about finding conditions that are historically missed over and over?

- Will not show up as a dropped diagnoses on capture reports if they are routinely not captured in the first place
- Can't really be addressed through raw analytics
- Can be found by a CDI
- CDI may be assisted by certain AI tools that function to identify indicators for NEW opportunities
- Some previous diagnoses may have resolved and NEED to be dropped off/removed
- Conditions like the proper specificity of Major Depressive Disorder have likely never been reported correctly THE first time
- New conditions such as cancer and cardiac disorders are commonly not going to be in the historical data for many populations
- Brand new ICD 10 codes and codes enabled by new guidelines will not be in the historical data

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Monitoring & Reporting

Creation of Baselines to Measure Success

Establish a Reporting Cycle and Timelines

Metrics Should be Consistent and Realistic

Reporting? Who & What to Report On

A comprehensive OP-CDI program is more than just capturing HCCs. Reporting quality measures is a critical element of a comprehensive approach.

- HEDIS: **Healthcare Effectiveness Data and Information Set** is a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance

  https://blog.ncqa.org/hedis-2022-see-whats-new-whats-changed-and-whats-retired/

- MIPS: **Merit-Based Incentive Payment System** (MIPS) is the program that will determine Medicare payment adjustments. Using a composite performance score, eligible clinicians (ECs) may receive a payment bonus, a payment penalty or no payment adjustment[2]
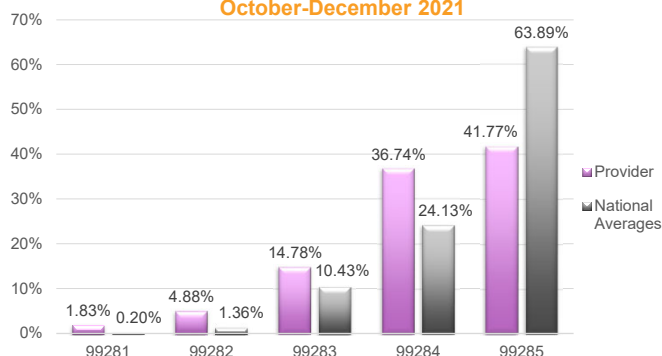
  https://qpp.cms.gov/mips/reporting-options-overview

E/M Bell-Curve Data Analysis

- Difficult to bell-curve office-based E/Ms to CMS due to guideline change 2021 but can still conduct internal analysis
- Hospital/ED Bell-curve data
  - CMS
  - MGMA
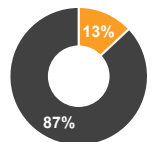- Critical Care in the ED
  - Often missed or under-coded

Emergency Medicine Specialty E/M Utilization Compared to CMS CY20 Data October–December 2021

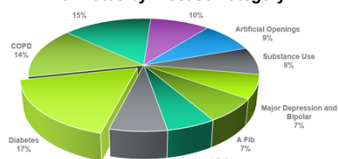| E/M Code	Provider	National Averages
99281	1.83%	0.20%
99282	4.88%	1.36%
99283	14.78%	10.43%
99284	36.74%	24.13%
99285	41.77%	63.89%

Sample Real World Findings

Over-all Error Rate
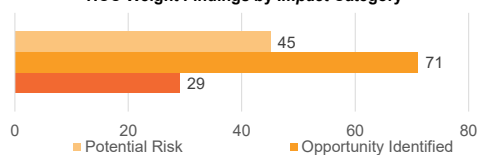

- Error Rate
- Accuracy Rate

Error Rate based off encounter. Considered and error if encounter included: Missed HCC, Missed & Incorrect HCC, Incorrect HCC

Error Rates by Disease Category

HCC Errors were placed into a Disease Category for above findings

HCC Weight Findings by *Impact* Category

45
71
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- Potential Risk
- Opportunity Identified
- Current HCC Value

Number of encounters that have a potential risk for incorrect HCC, Opportunity for missed HCCs, and current HCC value have diagnosis code changes that do not results in a change in HCC weight for that encounter

Impact of HCC Findings on HCC Coefficient –Based on Audit Sample Only

Patients with Recommendations Made — 0.3717, 0.7255
All Patients Reviewed — 0.2973, 0.32

- Baseline Avg. RAF
- Adj. Avg. RAF

Above graph shows RAF score changes based on the audit sample only. Comparing audit sample group where changes were found and then by RAF impact for all cases audited

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Telehealth

What Is Telehealth?

- Telemedicine is the exchange of medical information from one site to another through electronic communication to improve a patient's health. Examples of telemedicine include health care services delivered through videoconferencing, store-and-forward imaging, on-line patient portals and/or audio communications.
  - Reduce patient and provider travel burden
  - Help overcome clinician shortages, especially among rural and other underserved populations
  - Provide support for patients managing chronic health conditions
  - Screen patients with symptoms of COVID-19 and referrals appropriate
  - Enable patients who are vulnerable to COVID-19 to continue receiving medical care safely

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Telehealth Is Not Going Away!

- Don't fall into the pitfalls
- Make sure to address everything as if you were in the office.
  - Organizations using abbreviated templates
- Will go through the same scrubbers and clearing houses.
- Place of service
- Recommend creating grid by payor on telehealth guidelines
- Appropriate modifier use

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Types of Telehealth

Live video – Also referred to as "real-time;" a two-way, face-to-face interaction between a patient and a provider using audiovisual communications technology

Store-and-forward – Remote evaluation of recorded video and/or images submitted by an established patient

E-visits – Non-face-to-face patient-initiated communications through an online patient portal

Remote patient monitoring – Use of digital technologies to collect health data from patients in one location and electronically transmit that information securely to providers in a different location (data can include vital signs, weight, blood pressure, blood sugar, pacemaker information, etc.)

**Audio-only visits** – Use of telephone for visits without video

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Social Determinants of Health

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Social Determinants of Health

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Social determinants of health play a major role in driving negative health outcomes and health system utilization patterns. By capturing this information and analyzing the information, organization can create strategies to track outcomes and identify ways to show how to reduce the total cost of care for populations falling in this SDOH category/population.
- **Coding**
- **Physician impact**
- CMS recognizes SDOH when "Diagnosis or Treatment is significantly limited by social determinants of health"
  - Under the 'moderate' level (99204/99214)
  - Must meet other coding criteria as well
- **Inpatient impact**
- This information will be tracked and captured at a higher level and in the future may impact future HCCs, CCs etc.
- **Outpatient impact**
- Will likely impact HCCs in the future as we know this information is being captured and tracked.

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Social Determinants of Health
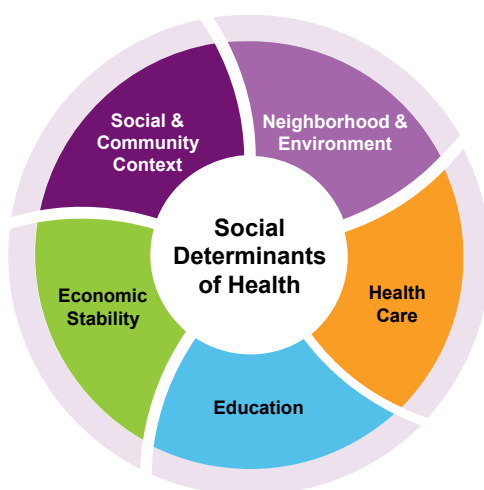
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Summary: Key initiatives

Step Overview

1 — Pre-Service Review
- Analytics define known gaps from previous years
- Clinical audits connect disparate indicators to suggest potential new conditions

2 — Point of Care
- Notify Physicians within existing EHR workflows
- Combine quality and safety goals with recapture potential

3 — Post-Visit
- Ensure sufficient and complete coding in medical record
- Clinical queries clarify need for additional input

4 — Reconciliation
- Submit supplemental data from specialists
- Reconcile gaps that persist, coordinate additional targeted care
- Strategic use of vendors for your populations

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Thank you. Questions?

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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.

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Social Determinants of Health ICD-10 Codes

ICD-10-CM Code Category	Problems/Risk Factors Included in Category
Z55 – Problems related to education and literacy	Illiteracy, schooling unavailable, underachievement in a school, less than a high school diploma, no general equivalence degree (GED), educational maladjustment, and discord with teachers and classmates
Z56 – Problems related to employment and unemployment	Unemployment, change of job, threat of job loss, stressful work schedule, discord with boss and workmates, uncongenial work environment, sexual harassment on the job, and military deployment status.
Z57 – Occupational exposure to risk factors	Occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents in agriculture, toxic agents in other industries, extreme temperature, and vibration.
Z58 – Problems related to physical environment	Inadequate drinking-water supply, and lack of safe drinking water.
Z59 – Problems related to housing and economic circumstances	Sheltered homelessness, unsheltered homelessness, residing in street, inadequate housing, housing instability, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, inadequate food, lack of adequate food, food insecurity, extreme poverty, low income, and insufficient social insurance and welfare support.

Reference Link: American Hospital Association ICD-10-CM Coding for Social Determinants of Health

Social Determinants of Health ICD-10 Codes

ICD-10-CM Code Category	Problems/Risk Factors Included in Category
Z60 – Problems related to social environment	Adjustment to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection, target of adverse discrimination and persecution.
Z62 – Problems related to upbringing	Inadequate parental supervision and control, parental overprotection, upbringing away from parents, child in welfare custody, institutional upbringing, hostility towards and scapegoating of child, inappropriate excessive parental pressure, personal history of abuse in childhood, personal history of neglect in childhood, personal history of unspecified abuse in childhood, parent-child conflict, and sibling rivalry.
Z63 – Other problems related to primary support group, including family circumstances	Absence of family member, disappearance and death of family member, disruption of family by separation and divorce, dependent relative needing care at home, stressful life events affecting family and household, stress on family due to return of family member from military deployment, and alcoholism and drug addiction in family.
Z64 – Problems related to certain psychosocial circumstances	Unwanted pregnancy, multiparity, and discord with counselors.
Z65 – Problems related to other psychosocial circumstances	Conviction in civil and criminal proceedings without imprisonment, imprisonment and other incarceration, release from prison, other legal circumstances, victim of crime and terrorism, and exposure to disaster, war and other hostilities.

AHA Resources on Social Determinants of Health

Societal Factors That Influence Health Framework This framework is designed to guide hospitals' strategies to address the social needs of their patients, social determinants of health in their communities and the systemic causes that lead to health inequities so the entire field can have meaningful conversations around these issues.

Community Investment for Health Hospitals and health systems are adopting place-based investment strategies to address housing insecurity and other societal factors that influence health. These tools and resources explore how hospitals can improve individual and community well-being, advance health equity and create more resilient communities.

Screening for Social Needs: Guiding Care Teams to Engage Patients This tool helps hospitals and health systems facilitate sensitive conversations with patients about their nonmedical needs that may be a barrier to good health. It includes strategic considerations for implementing a screening program, tips for tailoring screenings to hospitals' unique communities, case examples and a list of national organizations that can help connect patients with local resources.

Housing and Health: A Roadmap for the Future This tool shares strategic considerations for how hospitals and health care systems can tailor a housing strategy to meet community needs and case examples of how hospitals are addressing housing instability.

Reference Link: American Hospital Association ICD-10-CM Coding for Social Determinants of Health

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AHA Resources on Social Determinants of Health

Social Determinants of Health Guides AHA is producing a series of guides on how hospitals can address various social determinants of health. Below are the topics covered to date:
- *Food Insecurity and the Role of Hospitals*
- *Housing and the Role of Hospitals*
- *Transportation and the Role of Hospitals*
- *Promoting Health Behaviors*

Connecting the Dots: Value and Health Equity This issue brief from AHA's The Value Initiative frames the connection between equity and value and affordability, highlighting how hospitals can improve value by addressing social determinants of health and equity.

Using Z Codes to Address Patient Needs This podcast discusses the benefits of using Z codes.

ICD-10-CM Codes for the Social Determinants of Health This webinar examines why and how hospitals should adopt Z codes as part of their health equity strategies.

Reference Link: American Hospital Association ICD-10-CM Coding for Social Determinants of Health

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