

## Documentation & Reimbursement Programs

### EMA REVENUE INTEGRITY PROGRAM REDUCES HOSPITALS' AUDIT AND LEGAL RISKS

No matter how high the quality of their providers and services, physician groups and the hospitals they serve cannot succeed in today's healthcare climate without a solid, adaptive foundation of the evolving regulations that govern the medical world.

As EMA's Chief Coding and Reimbursement Officer, Jason Adler, MD, FACEP, is responsible for the broad task of ensuring that the practice is well-versed in evolving national healthcare reimbursement platforms. He oversees a number of programs that provide individual clinicians the education, feedback and support they need to create a healthy chart – one that is compliant, with limited exposure to audit or legal risk, and validates medical necessity, utilization review, quality and hospital placement.



“Those who are paying attention recognize the tectonic plates of the healthcare ocean have shifted and a tsunami is coming,” says Adler, who also serves on the national American College of Emergency Physicians' Coding Nomenclature Advisory Committee and the Carrier Advisory Committee for Novitas, a regional Medicare

contractor. “We at EMA have the leadership and infrastructure to recognize, evolve and adapt to the changes that are coming our way. As industry leaders, we hope to set the curve, instead of react to it.”

At the heart of the challenges that have made detailed documentation so important is an overhaul of healthcare reimbursement methodologies. “We are transitioning from a traditional fee-for-service model, where revenue was derived from number of patients times acuity, to a more global and population health-based reimbursement platform, where finances are generated in a highly complex formula of quality divided by cost,” Adler says. Examples of previously incentive-based programs that have incorporated more of a penalty model include Physician Quality Reporting System (PQRS) and Value-Based Purchasing. These regulations change frequently and are often not clearly understood or rolled out with advanced notice.

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Many health systems employ teams of people to keep their coding and documentation processes in line with regulations. Adler says it's uncommon for a practicing clinician to be so heavily involved in this subject matter. “We have a great team at EMA, and I think keeping my boots on the ground and in the pits lends credibility when I do educational lectures and provide feedback to other clinicians,” he says. Now, as a recognized expert in medical coding, billing and reimbursement, he oversees the company's Revenue Integrity Program.

“The role of that program is to be proactive, hands-on and educate our providers at every level about the fundamentals of documentation,” Adler says.

The three components of the program are the basics of documentation, procedural documentation and critical care qualifiers. The training for providers emphasizes the importance of progress notes, medical decision-making (MDM) and medical necessity. “Clinicians are generally taught to focus on the medicine and everything will work out, but in our current climate, that exposes us to compliance, legal and reimbursement pitfalls,” Adler says. By documenting each time a clinician interacts with a patient, and writing an MDM note at the end of the visit, the provider demonstrates how much time, thought and care went into the encounter. From an operations perspective, this has the downstream effect of minimizing downcodes or deficiencies, validating the studies ordered and level of service billed, and limiting audit or medico-legal risk. It also helps EMA’s hospital partners limit denials on the facility side. “Our philosophy blends very well with the future of healthcare reimbursement because we not only provide high-quality, low-cost care, but document that service in real time,” Adler says.

Other features of the program include educational updates and refreshers of procedural documentation and qualifiers of critical care. Adler is supported by a team that includes EMA’s expert administrators and satellite documentation champions (DCs) – a physician at each of the group’s 20 EDs who is a content expert. Using metadata analytics, the team studies performance trends and continuously identifies areas for improvement and risk reduction. Documentation champions present materials in department meetings, help roll out new initiatives and act as real-time resources at each site. “Our administrative team and DC’s are the lifeblood of our programs,” Adler says.

Adler’s team conducts random chart reviews each month, checking for compliance and documentation integrity, and audits EMA’s coding practices to make sure that charts are being processed correctly. In the interest of

transparency, the results are shared across each department and the lines of communication kept wide and open.

The next plate movement in the healthcare economic landscape, according to Adler, will be the introduction of the Merit Based Incentive Payment System (MIPS) and the Alternative Payment Model (APM) beginning in January 2017. “We need to integrate this into our program and support our hospital partners,” he says. “These programs will place us in a vice of Darwinian pressures to adapt into a system of quality and cost metrics that are graded on relative deciles. No pressure, no diamonds, right?”

The Revenue Integrity Program demonstrates EMA’s commitment to remaining a leader on issues of critical importance to the healthcare industry, observes President and Chairman Donald Infeld, MD, FACEP. “The strength of our executive team is a function of the unique skillset each member brings to the table,” he says. “Dr. Adler is a true content expert, who not only understands a complex subject that is germane to our existence, but is able to effectively communicate that message to our leadership and individual providers in a meaningful way.”

