



HBI
Healthcare Business Insights

Consulting Services

Expanding Mid Cycle Collaboration
*Tri-State Winter Institute,
January 27 through 29, 2016*

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Agenda – *Expanding Mid Cycle Collaboration*

- Healthcare Business Insights' Background
- Current Trends:
 - The Challenge of Eliminating Disputed Claims on the Front End
- Fostering Physician Involvement in Improving Documentation
 - Building Top-Down Support for CDI
 - Securing Adherence to Documentation Policies
 - Deploying Specialty Specific Physician Advisors
- Enriching Coding Skill Sets and Coder Engagement
 - Building Staffing and Performance through Internal Education Program
 - Supporting Productivity with a Floating Coder Team
 - Appointing Coding Auditors to Monitor Staff Compliance
- Evolving CDI and Related Processes to Improve Performance in the Inpatient Setting
 - Reinvigorating the CDI program to promote optimal performance
 - Developing measures to monitor clinician performance
 - Instituting a peer review process among CDI staff
- Optimizing Outpatient Coding, Charge Capture, and Clinical Documentation
 - Dedicating a coder in the outpatient specialty setting
 - Reallocating charge entry for complex services to outpatient coders
 - Designing an outpatient CDI specialist position
- Quantifying the Value of Expanding Mid Cycle Collaboration

The Most Trusted Revenue Cycle Community in the Nation

Membership with the Revenue Cycle Academy provides leaders over patient access; documentation, charge capture, and coding; and billing and collections processes access to a wide variety of offerings intended to help them drive successful improvement initiatives. From implementation tools and best practices to numerous networking and educational opportunities, RCA ensures that its members stay on the forefront of leading business practices.



HBI's Revenue Cycle Academy Mission

The Revenue Cycle Academy provides member hospitals and health systems with resources critical to every aspect of their operations—from objective, actionable best practice research to benchmarks, implementation resources, and advisory support. In addition to our research, our deep domain expertise allows us to provide training and consulting services from our trusted experts in the field.

Our Core Areas of Expertise

	<p>Research</p> <p>Provide executives, team leaders, and front-line staff with access to benchmarks, best practices, educational events, and resources thoughtfully developed to assist everyone in involved in your revenue cycle—all at one inclusive fee.</p> <ul style="list-style-type: none"> Peer Benchmarking Data Tactical Practice Reports Provider-Led Virtual Conferences Monthly Journals & Case Studies Implementation Tools On-Demand Analyst Advisory Online Research Archive
	<p>Training</p> <p>Whether you're going through a system conversion, seeking to improve patient satisfaction scores, or boost staff competencies, rely on support and guidance from our training leaders and expert auditors to maximize the performance of your team.</p> <ul style="list-style-type: none"> Competency Assessments Career Ladder Development Certification Programs E-Learning (incl. LMS Integration) 120+ Course Library Custom-Built Courses Account Auditing
	<p>Consulting</p> <p>Rely on our outcomes-focused performance and process reviews as we create a detailed picture of the current state of your revenue cycle and pinpoint opportunities to help you drive sustainable change, armed with an action plan for success.</p> <ul style="list-style-type: none"> Operational Assessments Custom Data Analytics Process Improvement Recommendations Strategic Planning Assistance Change Leadership Guidance

Average Ranking of Initiative Importance for 2015

Top areas of revenue cycle focus in 2015 based on members' survey responses (where rating on the right of 1=least important and 10=most important):

1	Inpatient Clinical Documentation Improvement	8.51
2	Medical Necessity & Prior Auth Denials	8.22
3	Outpatient Documentation & Charge Capture	7.97
4	Price Estimation	7.91
5	Revenue Cycle Technology Optimization	7.53
6	Patient Portal Engagement	7.50
7	Pricing Transparency	7.26
8	PPACA & Financial Assistance Compliance	6.48
9	Centralized Pre-Access & Financial Clearance	6.43
10	Clinic Revenue Cycle Integration	6.41

5

The Challenge of Expanding Mid Cycle Collaboration

What have you found to be the obstacles and opportunities to expand mid-revenue cycle collaboration?

- 1.
- 2.
- 3.
- 4.
- 5.



6

The Challenge of Expanding Mid Cycle Collaboration

KEY PROGRAM COMPONENTS

1. *Fostering Physician Involvement in Improving Documentation*
2. *Enriching Coding Skill Sets and Coder Engagement*
3. *Evolving CDI and Related Processes to Improve Performance in the Inpatient Setting*
4. *Optimizing Outpatient Coding, Charge Capture, and Clinical Documentation*

- The intersection of various types of regulation – the Two Midnight Rule, ICD – 10 and value-based purchasing to name a few – has focused most organizations’ recent improvement efforts on the accuracy of clinical documentation.
- In particular, organizations are striving to incorporate the higher level of coding and documentation detail that is required to obtain appropriate reimbursement under increasing scrutiny from payers and recovery audit contractors (RAC).
- It is critical for hospitals and healthcare systems to re-evaluate their staffing structures and revenue cycle processes to assure appropriate reimbursement and further engage staff in improvement efforts.
- Effectively integrating physicians into clinical documentation improvement (CDI) initiatives and engaging coders to increase staff satisfaction are necessary components of a healthy and well functioning interdepartmental team.

7

Fostering Physician Involvement in Improving Documentation

Key Value Levers

- Aligning CDI messaging and goals with medical leadership to gather executive support for new initiatives
- Developing engaging physician education programs to creatively convey documentation concepts
- Fostering open communication between CDI staff and physicians via automated and in-person interactions
- Provide targeted ICD-10 education to fulfill individuals area of growth

Leading Practice Road Map

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graph TD
    A[Building top-down support for CDI] --> B[Securing adherence to documentation policies]
    C[Deploying specialty specific physician advisors] --> D[Educating physicians on two-midnight rule compliant documentations]
    E[Making documentation education engaging for physician] --> F[Targeting ICD-10 education to address specific opportunities]
    A --> C
    B --> D
    C --> E
    D --> F
    
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Case Study Provided

8

Fostering Physician Involvement in Improving Documentation (cont.)

Case Study: Lifespan Healthcare; Rhode Island – Building Top – Down Support for CDI

HIGHLIGHTS

1. CDI staff learned that it was key to reach out to physician assistants and nurse practitioners due to their involvement in the documentation process
2. Ensuring that leaders like the CMO provided a consistent message or organized documentation based meetings with CDI leaders reinforced their credibility among clinical staff

WHAT THEY DID...

- The Director of Clinical Documentation leveraged pre-existing executive support to build relationships with the Chief Medical Officer and other clinical leaders.
- They established a CDI steering committee made up of physician leaders
- They then established a CDI steering committee made up of physician leaders, senior executives, and the CDI manager who regularly evaluate current performance goals and objectives.
- Lifespan then divided its CDSs by service line to further individual connections – and staff received training on how to be assertive without being aggressive.
- Service line specific tip sheets were developed that highlight physician preferences for being approached enabling staff members to maintain consistency.

9

Fostering Physician Involvement in Improving Documentation (cont.)

Case Study: Banner Health, Phoenix – Securing Adherence to Documentation Policies

HIGHLIGHTS

1. Avenues of ongoing education are an important component of a documentation timeframe adherence initiative, as timely documentation hinges on physicians staying up to date with the HER system capabilities
2. It is also important to structure or develop worklists so that outstanding charts or queries can be easily identified by physicians when logging in

WHAT THEY DID...

- The organization's HIMS Rules and Regulations Committee (which includes medical directors) set a requirement that physicians complete discharge summaries and respond to queries within 24 hours.
- Physician buy-in was secured by noting that patients were more likely to follow discharge instructions if the summaries were accessible on the patient portal as soon as possible.
- Banner's suspension policy revokes physician admitting privileges, even temporarily, if they do not meet the 24 – hour requirement.
- Physicians are notified via letter or fax and privileges are reinstated once they log into the EHR and complete outstanding items.

10

Fostering Physician Involvement in Improving Documentation (cont.)

Case Study: Indiana University Hospital, Indianapolis – Deploying Specialty-Specific Physician Advisors

HIGHLIGHTS

1. Meetings with CMO regarding ICD-10 education material was an effective step in rolling out key concepts to a wide variety of physicians and practice groups (e.g. employed vs. non-employed)
2. Creating synergies or connective duties among groups like UR, CDI, physician advisors and denial management can be maximally impactful in gathers trends and addressing them through a multi-angled approach.

WHAT THEY DID...

- After considering an electronic solution to increase the number of chart reviews being completed versus having floor specific assignments – leaders realized the value of deploying nurses to each facility to rebuild physician relationships – as they were deemed more important than the ability to complete more charts.
- This team also has the support of 10 physician advisors (full-time and part-time, if they are still practicing) from specific specialties – like oncology, general surgery, pediatric, etc.
- In addition to providing insight on clinical denials and patient status reporting, this team will conduct peer-to-peer calls or conversations regarding specialty specific documentation gaps or needs.
- These physicians also provide ICD-10 education to respective physicians.

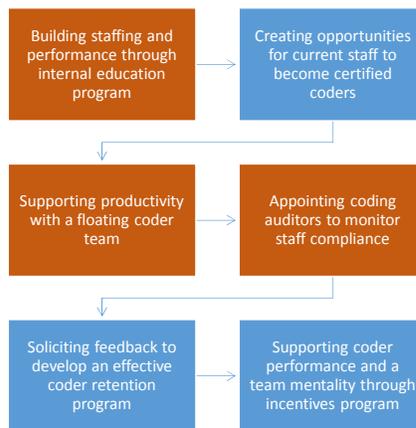
11

Enriching Coding Skill Sets and Coder Engagement

Key Value Levers

- Building a qualified team of coders through internal education programs or coder certification opportunities
- Supporting productivity goals with an experienced floating coder team
- Appointing coding auditors to provide individualized performance reviews
- Gathering staff input and offering incentives to enhance coder productivity

Leading Practice Road Map



■ Case Study Provided

12

Enriching Coding Skill Sets and Coder Engagement (cont.)

Case Study: Penn Medicine, Philadelphia, PA – Building Staffing and Performance Through an Internal Education Program

HIGHLIGHTS

1. Because an internal program can be expensive to administer and qualified coders are in high demand, it is recommended to have students sign a loyalty contract to the organization.
2. Exams after each phase of training ensures that students do not fall behind as the educational material increases in complexity.

WHAT THEY DID...

- HIM leaders developed the Penn Medicine Coding Academy to reduce dependence on contracted partners by teaching students how to code inpatient services up to organizational standards
- The organization collaborated with a local university to recruit students in addition to reaching out to community colleges and coder certification programs.
- Applicants were eligible to participate if they passed a pre-employment test and received a "B" or higher in medical terminology, anatomy and physiology, as well as ICD-9 and ICD-10 courses.
- Each of the curriculum's four phases build upon the last, starting with an overview of ICD-10 and leading up to targeted educational sessions and working live accounts; lasting one year, trainees receive a stipend.

13

Enriching Coding Skill Sets and Coder Engagement (cont.)

Case Study: University of Iowa Hospitals & Clinics, Iowa City, IA – Supporting Productivity with a Floating Coder Team

HIGHLIGHTS

1. This type of coverage may work in a variety of organization structures – while UIHC now funds its coverage through a centralized coding department.
2. It previously contracted their assistance out to the service line they served, which clinical leaders were more than willing to oblige.
3. Another option may be to hire per diem coders, with the opportunity to bring them on full-time, once positions open.

WHAT THEY DID...

- To keep up with coding volumes without using excess overtime or hiring new staff, UIHC (which employs 200 full-time coders and coding coordinators) developed a team of established and experienced coders called Billing Experts with System Training (BEWDT) to provide float coverage to areas facing high volumes, understaffing, or coders on vacation or out of the office.
- The team, comprised of five full-time staff members, is reserved for coders who have consistently proven their extensive coding knowledge.
- As such, the position is considered a promotion and comes with a higher pay grade.
- Leaders monitor which service lines need additional coverage by tracking the timeliness of charges to determine where BEWST coders are most needed.

14

Enriching Coding Skill Sets and Coder Engagement (cont.)

Case Study: Texas Children's Hospital, Houston, TX – Appointing Coding Auditors to Monitor Staff Compliance

HIGHLIGHTS

1. While exploring the revenue opportunities and cost-effectiveness of auditing programs, organizations may want to consider piloting in one area at a time, such as inpatient or outpatient coding
2. The coding auditor position ensures productivity standards are followed and coders understand their individual opportunities for improvement.

WHAT THEY DID...

- Leaders at Texas Children's Hospital established productivity standards of three accounts per hour for inpatient coders; 16 accounts per hour for outpatient coders; and 7.5 accounts per hour for day surgery coders.
- Seeking to lessen the potential for productivity loss or decreased staff satisfaction due to ICD-10, leadership at Texas Children's Hospital instituted a coding auditor position who reviews performance on a monthly basis.
- The auditor retrospectively reviews a sample of 20 cases for each of the seven inpatient coders and compares the results to the coders outcomes.
- The overall error rate, and any missed opportunities for physician queries are noted in their reports.
- The auditor meets one-on-one with each coder to discuss results and provide targeted education to further the goal of 95% accuracy.

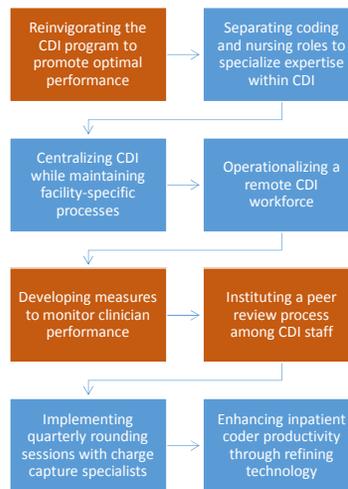
15

Evolving CDI and Related Processes in the Inpatient Setting

Key Value Levers

- Allocating tasks to compliment CDI specialists' expertise and experience
- Standardizing CDI programs while factoring in facility – specific processes
- Exploring remote CDI workforce opportunities that improve efficiency
- Forming collaborative vendor partnerships to maximize the full capabilities of computer – assisted coding technology

Leading Practice Road Map



Case Study Provided

16

Evolving CDI and Related Processes in the Inpatient Setting (cont.)

Case Study: Kaleida Health, Buffalo, NY – Reinvigorating the CDI Program to Promote Optimal Performance

HIGHLIGHTS

1. **Visibility is key to developing a positive relationship between CDSs and physicians – Kaleida did this by having CDSs attend service line or physician meetings, participate in rounds, email “Tips of the Week,” and more.**
2. **While organizations should strive for a high query – agree rate between CDSs and physicians (85% to 95%) too high performance in this area may indicate physicians are not taking adequate time to consider inquiries.**

WHAT THEY DID...

- Kaleida restructured its CDI program and added a director of revenue cycle clinical support position to oversee CDI, clinical denials, utilization review, and outpatient auditing staff.
- A former nurse and CDS, this director was purposefully under finance instead of HIM and focused on building out CDI.
- This created synergies between interdepartmental leadership, developing measures for CDI performance and ensuring physicians received proper support.
- As outcomes, Kaleida increased its CDI staff from six to approximately 20 FTEs to allow for all-payer concurrent reviews for inpatient cases; assigned CDSs to service lines or providers to afford physicians a point person and inroad to ICD-10 educations, and configured its EHR to send queries to physician inboxes.

17

Evolving CDI and Related Processes in the Inpatient Setting (cont.)

Case Study: The Elliot, Manchester, NH – Developing Measures to Monitor Clinician Performance

HIGHLIGHTS

1. **When configuring physician representation for CDI committees or work groups, it can be especially advantageous to consider those from specialties with the highest volume (which might include surgery, cardiology, orthopedics, etc.)**
2. **The relationship between CDI and coding can be just as crucial to outcomes as the physician partnership – regular meetings between these two groups can help in identifying trends, standardizing policies and resolving documentation gaps.**

WHAT THEY DID...

- CDSs at Elliott Health System review cases for all payers and are allocated by service line based on the specialties in which each individual nurse previously practiced.
- CDI staff attempt to secure physician buy-in by reporting performance and coding/documentation changes during physician advisor meetings.
- They provide clinical scenarios that lead to queries to a subgroup of specialty providers and attending length of stay meetings to review DRGs and other documentation opportunities.
- CDI performance is tracked through a dashboard, which is presented to senior leadership on a monthly basis.
- The CDI manager believes the dashboard provides a good snapshot of CDI performance and trends.

18

Enriching Coding Skill Sets and Coder Engagement

Case Study: Stanford Health Care, California – Instituting a Peer Review Process Among CDI Staff

HIGHLIGHTS

1. Having senior CDSs contribute to new hire education helps foster teamwork and staff comprehension, ultimately resulting in team synergy and high level of performance.
2. Delineating senior CDI staff roles can benefit workload allocations – giving knowledgeable staff focused reviews promotes professional growth while allowing newer staff exposure to day-to-day CDI tasks and challenges.

WHAT THEY DID...

- As a means of confirming review of accuracy and completeness, Stanford employs senior CDSs who, in addition to analyzing specific records as assigned (such as mortality cases) and conducting patient safety indicator reviews, perform concurrent quality audits on the department’s 13 other CDSs.
- To do this, a senior CDS will re-examine a patient’s medical record to determine whether the initial review missed any query opportunities or additional coding elements such as CCs, or MCCs.
- The review will also check whether queries were issued in a compliant manner.
- Next, the senior staff member meets with the CDS they reviewed to share findings, at which time they will provide feedback and discuss why a particular diagnosis was not queried – as the senior CDSs do not hold leadership positions, this process remains as collaborative as possible.

Optimizing Outpatient Coding, Charge Capture, and CDI

Key Value Levers

- Creating new positions for specialized coders and outpatient CDI specialists
- Assigning charge entry responsibility for complex services to top tier outpatient coders
- Using audit software to verify charge accuracy and identify root causes
- Deploying a pilot outpatient CDI program to project its ultimate impact and guide planning decisions

Leading Practice Road Map

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graph TD
    A[Centralizing clinic coding and instituting a career ladder] --> B[Dedicating a coder in the outpatient specialty setting]
    B --> C[Reallocating charge entry for complex services to outpatient coders]
    C --> D[Deploying software to identify missed charges for financial impact]
    D --> E[Piloting outpatient clinical documentation improvement (CDI)]
    E --> F[Designing an outpatient CDI specialist position]
    
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Case Study Provided

Optimizing Outpatient Coding, Charge Capture, and CDI (cont.)

Case Study: Lane Regional Medical Center, Zachary, LA – Dedicating a Coder to the Outpatient Specialty Setting

HIGHLIGHTS

1. By designating a clinical staff member as a back-up to the position and providing them with basic coding education, providers can help minimize negative impact if a specialized service line coder is absent
2. As a specialized coding staff build expertise in complex service areas, they are able to aid leaders in identifying process gaps, examine trends with incomplete clinical documentation, and provide consistent feedback to physicians

WHAT THEY DID...

- To safeguard reimbursement in its cardiac catheterization laboratory, the hospital dedicated an FTE to coding these service lines.
- This individual had clinical experience but was also certified as a professional coder, and had completed a cardio vascular coding program, and agreed to attend ICD-10 seminars.
- The coder serves as a liaison between HIM and clinical staff and – by possessing extensive knowledge of cath lab terminology, procedures, and catheter placements – is able to provide impactful feedback on any documentation gaps, while assigning accurate, reimbursable codes.
- The specialist reports to a supervisor within HIM, but works closely with the cath lab's dedicated charge nurse. To endure a full workload is maintained, the individual is allowed to split time between cath lab coding and assisting with general coding duties.

21

Optimizing Outpatient Coding, Charge Capture, and CDI (cont.)

Case Study: Nebraska Methodist Health System, Omaha, NB – Reallocating Charge Entry for Complex Services to Outpatient Coders

HIGHLIGHTS

1. When shifting responsibility for charge entry, it is important to provide adequate training and support so staff are familiar with how charges from different ancillary areas will look within the patient accounting system
2. An automated APC editor paired with regular reviews can further promote coding and charge accuracy in complicated outpatient areas, as well as identify emerging opportunities for staff education

WHAT THEY DID...

- After the implementation of a new patient accounting system, NMHS shifted charge entry for complex services – such as surgical procedures, E&M services, and injections and infusions – from clinical staff to its most experienced outpatient coders.
- MNHS developed an algorithm to organize CPT codes into seven surgical levels of care, based on factors like OR time, number of staff involved, or type of anesthesia administered.
- Scheduling staff assign one of those levels to each procedure and coders assign charges and CPT codes after treatment, based on that level as well as the operative report.
- Coded outpatient accounts are run through an ambulatory payment classification (APC) editor each night; two APC coordinators review accounts it flags and will provide one-on-one education as needed to outpatient coders with charge entry privileges

22

Optimizing Outpatient Coding, Charge Capture, and CDI (cont.)

Case Study: Wentworth – Douglas Hospital, Dover, NH – Designing an Outpatient CDI Specialist Position

HIGHLIGHTS

1. **Reviewing audit results and internal data on denials can identify outpatient areas most in need of documentation improvement and staff resources**
2. **Before outlining a job description, it can be important to consider organization specific challenges as well as how performance will be evaluated.**

WHAT THEY DID...

- After a series of external coding audits revealed revenue leakage in outpatient area, the coding manager gained buy-in from the CFO to create an outpatient clinical documentation specialist role.
- Additional internal analysis of outpatient denials was conducted based on dollars and volume to reveal areas most in need of assistance.
- The outpatient CDI specialist will be responsible for providing guidance on documentation specificity, identifying opportunities to improve processes and technology, verifying charge master accuracy and helping billers identify denials eligible for appeal.
- For this program, which will be piloted in the Cancer Center, WDH is seeking candidates with coding certification, certification as an ICD-10 trainer, chart audit experience and either a bachelor's degree or at least 10 years experience in HIM.

23

Quantifying the Value of Expanding Mid-Cycle Functions

Implementing Documentation Policy and Reduced Chart Delinquency Rates

6%

Banner Health

- Required physicians to complete discharge summaries and respond to CDI-related queries within 24 hours to retain admitting privileges
- Experienced a 6% decrease in chart delinquency rates after 3 months.

"Patients are going to be leaving and expecting to follow-up at their family physician's office, and if that physician doesn't have the information from the hospital, it's difficult to treat the patient. We tried to approach it from a patient care point-of-view rather than a financial one."

-- Senior Director of HIM Operations

Revised Incentive Program and Enhanced Coder Performance

98%

Novant Health

- Implemented quarterly rather than annual bonuses to recognize coder performance amidst centralization
- Reached a DRG and APC code assignment accuracy rate of 98%, a 16% increase from the previous year

"Restructuring (to be part of the revenue cycle) really validated to the administration that (coding was a) part of it, and (coders) needed to be rewarded as well."

-- Him Director

24

Quantifying the Value of Expanding Mid-Cycle Functions (cont.)

Launched Charge Capture Rounding Program and Improved Claim Accuracy

 **\$21M**

Freodtert Health

- Added quarterly and ad hoc rounding with clinicians to review charges, workflows, charge masters, and more
- Contributed \$21 million increase in incremental net revenue

"Clinical leadership support and cooperation are the keys that make this program work."

"It's not something we could have implemented on our own."

-- Director of Revenue Integrity

Leveraged Detailed Coder Expertise and Decreased A/R Days

 **4 Days**

Lane Regional Medical Center

- Developed a new coder specialist position that is dedicated to a specific outpatient service line
- Lowered A/R days by submitting claims within four days or less, despite a two – day hold

"Cardiac coding is outpatient – based, so (coders) are coding procedures very different from inpatient coding in terms of how they apply charges to a bill. Having a dedicated coder with cath lab knowledge that knows terminology, procedures (and) cathedra placements (was becoming increasingly necessary)"

-- RN and Charge Nurse

25

Thank You

- If you are already an HBI member, please reach out to us at any time for any reason: a question or issue you're tackling, enrolling staff in training, assistance with policies or job descriptions.
- If you are not a member, and are interested in learning more about the Healthcare Business Insights (HBI) organization – check out our public portal – <http://hbinsights.com/> – or just give me a call:

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- We are here to serve you!

26