Clinical Documentation and Coding Integrity

Achieving success by documenting quality: FTI Consulting CDCI™ aligning Clinical Documentation Improvement with Hospital Value-Based Purchasing Initiatives

The US healthcare system is undergoing a tremendous transformation, driven by the need to control the rate of increase of health care costs while delivering quality patient-centered care. Consistent with CMS mandates and adoption of The Patient Protection and Affordable Care Act (PPACA) in 2010, healthcare organizations are partnering with experienced management teams to provide thoughtful leadership and critical thinking while creating the balance between complete and accurate physician documentation and documenting quality.

The term “value” is referenced in PPACA exactly 214 times. The Deficit Reduction Act of 2005 authorized the Secretary of Health and Human Services to develop a plan to implement value-based purchasing (VBP) commencing Fiscal Year (FY) 2009 for Medicare hospital services provided by hospitals paid under the Inpatient Prospective Payment System. It was formally implemented in July 2009 and applied to payments beginning in Fiscal Year (FY) 2013, on or after October 1, 2012. It affected payment for inpatient stays in 2,985 hospitals across the country. Additionally, CMS has implemented programs meant to further increase the quality of healthcare delivered to Medicare beneficiaries:

- The Hospital Acquired Condition (HAC) Reduction Program expands on efforts associated with the Deficit Reduction Act (which CMS now calls DRA-HACs)
- The Hospital Readmission Rate Program (HRRP)

CMS’s Hospital Value-Based Program represents a shifting paradigm, transforming Medicare from a passive payer of claims to an active purchaser of care. VBP which links payment to performance is a key policy mechanism that CMS is proposing. Under VBP, incentive payments to high-performing hospitals would be larger than those to lower performing hospitals. For the first time it would use the Inpatient Prospective Payment System to provide financial incentives to drive improvements in clinical quality, patient-centeredness and efficiency.

WHAT’S AT RISK?

Table 1 illustrates a high-level overview of the total reductions and withholdings, which in some cases represent a significant financial impact on healthcare organizations already operating with restrictive operating margins. Healthcare organizations that are slow to incorporate documenting quality and accuracy will potentially leave a lot of money on the table. The reimbursements at risk are unrecoverable; either the conditions...
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specified were met and payment was received or they were not met and the incentive payment was not received.

Another interesting aspect of reimbursement changes is the time periods they cover. Under the HRRP in FY 2013, CMS placed 1% of MS-DRG reimbursement at risk (either hospitals met the conditions specified and received the 1% increase in payment or they did not meet the conditions and risked losing that 1%). For FY 2014, 2% of reimbursement is at risk. However, the data which determines what increase or decrease a facility receives is derived from the three-year period of July 1, 2009, through June 30, 2012.3

Table 2 illustrates the VBP experience of Hospital X. Hospital X is eligible for 23 of the 25 measures, and attains a total performance average of 57% (or 5.7 out of 10 possible points on all measures). Based on the current exchange function, Hospital X would get back about 80% of its withheld DRG reimbursements from CMS. What does that mean in terms of money? The table above offers a sample calculation, revealing that Hospital X could lose about $100,000 next year, and up to $200,000 in 2017.

Not surprisingly, large and small physician groups and outpatient surgical settings are emulating the inpatient experience. However, aligning VBP in the context of the new health care reform legislation with Clinical Documentation Improvement (CDI) best practices for the inpatient environment is the focus of this Capability Statement. The FTI Consulting CDI™ team believes that payors and consumers will embrace VBP as a central feature in assessing their relationships with providers.

We believe healthcare organizations will partner with healthcare transformational thought leaders to achieve clinically integrated CDI and VBP. Providers need the knowledge and skills to identify opportunities and implement quality improvements.

GOLDEN OPPORTUNITY FOR CHANGE

FTI Consulting CDI™ Solution Highlights

- Clinically integrated CDI and VBP implementations, assessments, and reinvigorations
- CDI-VBP education – CDS, Case managers, and Coding professionals
- CDI and VBP Physician Training – Service-line focused physician education for accuracy and quality documentation
- Physician Advisor training and mentoring
- Clinical documentation, coding and outcomes measurement expertise with academic, community and safety net hospitals
- Clinically-based coding and query education integral to ICD-10-CM conventions and guidelines
- Immediate knowledge and process integration through one-on-one and small group mentoring
- Proven solutions based on legal requirements of government and private payors
- Clinically-based education and training for physicians and supporting professionals suitable for continuing education credit
- Individualized peer-to-peer training geared toward relationship development with front-line physicians and staff
- Comprehensive compliance support with government and other auditing agencies (e.g. RACs, OIG, and MACs)

Utilizing a multidisciplinary approach, FTI-HS CDI™ collaborates across service lines to deliver “best in class” quantifiable results. We are more than consultants,” explains Michael Biggs, Senior Managing Director of the FTI Consulting Convergence practice. We are senior healthcare professionals with significant executive management experience – as CEOs, CFOs, COOs, physician executives and more.4 We develop a partnership with our clients, as we assist them in realizing their healthcare organizational goals and missions – revenue cycle integrity through complete and accurate clinical documentation, regulatory compliance with CMS’s VBP, and patient-centered quality driven care. Our proprietary CDI ProTrend™ tool, data analytics and education positively impact the quality and quantity of physician documentation in the medical record. We understand the need for maximizing reimbursements that accurately reflects the patient’s acuity, severity of illness (SOI), risk of mortality (ROM), and the assignment of a compliant DRG. Our Clinical Documentation Improvement Programs have been preparing clients for the future for over ten years. The goal of FTI Consulting’s clinically integrated CDI-VBP offering is to “paint the entire picture of the patient in words so that the coders can paint the same picture in codes – for all patients, all doctors.”

FTI Consulting’s CDI™ programs incorporate various activities, including: training, concurrent chart reviews by CDI specialists, Core Measures activities, early detection of patients with pneumonia, heart failure, and acute myocardial infarction, and the retrieval of information by the Quality Committees early so that success is achieved in Core Measures reporting. We work with the CDSs in their chart review process to identify complications of care, complications of surgery, and proper identification of cases where an iatrogenic or 9xx series code
should be assigned. Our code validation review process also identifies records that are potentially over-coded and potentially under-coded resulting in appropriate coding and appropriate billing. Our DRG tracking tool identifies the “high-frequency” assignment of DRGs which have become the target for RAC and OIG investigations.

FTI’s CDCI™ team recognizes that the need for documentation and coding will be inextricably intertwined with VBP core measures. Hospitals that do not employ an integrated approach will not be successful in the future.

**EXCLUSIVE FEATURES**

- FTI CDI programs are scalable and tailored for any size healthcare organization
- The CDI-VBP clinical integrated offering adheres to all coding and regulatory requirements
- We employ CDI “best practices” techniques
- The program leverages the immense expertise of FTI Consulting across service lines through collaboration with other healthcare professionals
- The CDI-VBP clinically integrated offering is focused on concurrent, point of service chart review

**GOALS & EXPECTATIONS**

- Ethical assignment of codes for reimbursement consistent with Coding Guidelines, American Hospital Association, National Committee on Health Statistics, CMS and AHIMA
- Reliable, quantifiable, quality driven data and results
- Compliance with all regulatory bodies for clinical documentation and query formulation
- Accurate, complete clinical documentation to support ICD-10
- Clinical quality documentation to support reporting of VBP core measures
- Identification and documentation of Present On Admission indicators (POA)

**APPROACH AND SOLUTIONS**

FTI Consulting CDCI™ utilizes a team approach in all client engagements. Our team is comprised of clinically-trained MD, CDIP, RN, MS, CCS, CCDS RHIT, AHIMA-Approved ICD-10 Instructors and data analytics professionals.

**Sample Selection** - FTI partners with clients during the medical record review selection process to ensure the sample size and record selections are appropriate to achieve the desired results.

**CDI Assessment** – Our process includes an initial medical record review to determine potential opportunities. We present a high-level formal report with findings and recommendations for CDIP best practice.

**CDI Reinvigoration** – The process includes an assessment of existing CDI Program processes, policies and procedures to ensure they are aligned with established current CDI best practices.

**Clinical Documentation Specialist (CDS) Education & Shadowing** – Our strength lies in the breadth and depth of experience of the clinical team. Our CDS professionals are RNs, MDs, coders, with clinical documentation improvement credentials from AHIMA and ACDIS. Real-time, in-depth education is conducted in a tailored format after collaboration with the client.

**Physician Education** – Our tailored approach includes both service line focused and peer-to-peer interaction.

**Physician Advisor Education & Mentoring** – Comprehensive, in-depth education conducted through peer-to-peer interaction utilizing established best practices.

**Medical record review**

- Medical necessity
- Coding & DRG validation
FTI Consulting CDCI™ understands the need to integrate current clinical documentation practices with the reporting of VBP core measures for both reimbursement and maximizing incentive payment. Shifting to a culture of shared accountability for patient and community outcomes and costs will be a journey and require experienced leadership. The paradigm is shifting away from reimbursement based on quantity of care and, increasingly, hospitals will be reimbursed on the quality of care provided. Finding the right balance and managing the transition will be crucial.

While the goals of VBP are clear, its implementation poses significant operational challenges. The FTI integrated CDI-VBP solution closes the gap; it transforms a healthcare organization’s existing clinical documentation improvement program from focusing on payment to focusing on quality and outcomes. We refocus CDS and coding professionals’ energy away from “chasing CCs/MCCs.” While reimbursement through DRG is important, CDI programs with this mindset put themselves at a disadvantage compared to programs which utilize a clinically integrated approach. Documentation and coding will have to revolve around core measures laid out under VBP in order to ensure the record will feed into these initiatives. Faced with the lofty aspirations of Medicare’s national hospital value-based purchasing program, healthcare organizations will need to not only enhance CDI program delivery but also shift to a more quality-based focus.

ESSENTIALS OF THE FTI CONSULTING INTEGRATED SOLUTION

- Provide documentation education required to establish a clear picture of the patient; complete, precise and accurate clinical documentation is crucial to documenting quality and establishing a quality culture
- Identify top priorities and key strategies obtained from HCAHPS and core measures performance data
- Provide education to document all Present On Admission conditions – CDSs and coding professionals
- Create physician buy-in, which is essential to a successful clinical documentation improvement program and VBP
- Provide physician education on CMS’s IPPS 2-Midnight rule for inpatient admission - Documentation to justify medical necessity and important quality documentation required for VBP reporting
- Demonstrate clinical congruency throughout the medical record
- Build a robust audit program to identify documentation and coding errors before they affect data and reimbursement
- Develop a proactive approach for the detection of deficiencies
- Assess the organization’s current reporting process
- Assess CDS workflow for record reviews to ensure inclusion of severity indicators and risk of mortality, particularly related to items identified by CMS for VBP reporting
- Refocus coders’ review to include documentation required for VBP reporting; Educate CDSs, coders, and quality professionals on the importance of collaboration
- Assess the expanded importance of risk-adjusted data to new VBP measures
- List patient safety indicators (PSI) within the outcome domain for reporting
- Evaluate physician documentation to identify physician query opportunities that can impact VBP measures
- Highlight physician documentation effect on capture of VBP measures and related impact on payment
- Assess the impact of physician documentation on VBP measures
- Assess CDI program for best practices - case managers are integral in CDIP and VBP
- Assess how you compare to your peers and specific competitors – corrective measures for weaknesses implemented and strengths reinforced
- Value Based Purchasing – Surgical Site Infection surveillance

CONCLUSION

Aligning CDI and VBP into a seamless solution is an imperative given the transformation on how CMS pays for services delivered to Medicare beneficiaries. With 6% of Medicare reimbursement at risk, managing improvement across the care continuum is critical. The days of earning your full Medicare Annual Payment Update by simply submitting complete and accurate data have ended. Healthcare systems and hospitals are expected to report quality measures, clinical outcomes and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS).
data. Poor performance or poor achievement adds up to significant dollars you cannot afford to leave on the table.

Through the FTI integrated solution, clinicians, statisticians, data analysts and other healthcare professionals monitor and evaluate real-time data and provide adjustments and recommendations for our clients needing support or who are struggling with improvement.

With the performance period under way, it is vital for hospitals to understand and continue to improve their position. It is not too late to maximize incentive payments. Complex calculations and continuing legislative changes make it necessary to partner with a trusted leader who is paying close attention to all the details. FTI Consulting CDCI™ is committed to keeping our clients and our CDI-VBP solution updated by providing vision and thought leadership for changing regulatory or CMS mandates.

Value-based purchasing is a real game changer. Competition is fierce, and every hospital is pitted against the entire market. Contact us to see how we can assist you.

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Dr. Paul Isaacs is a Senior Director at FTI Consulting and is based in Fort Lauderdale, FL. Dr. Isaacs is a member of the Health Solutions practice. He brings tremendous experience in clinical documentation improvement, and ICD-10 physician education/training. In this position, Dr. Isaacs assists our clients achieve accurate and complete clinical documentation by working with their Physicians and CDI specialist. Additionally, Dr. Isaacs works with our CDCI professionals performing focused chart reviews to identify opportunities for our clients. Additionally, Dr. Isaacs is responsible for leading the CDCI quarterly collaborative presentations. Dr. Isaacs has 22 years of health care experience, principally in the areas of healthcare administration, clinical medicine, and practice management.
RESOURCES & REFERENCES

1. The Patient Protection and Affordable Care Act of 2010 (Public Law 111-148), as amended by the Health Care and Education Reconciliation Act of 2010


3. Kristen Geissler, MS, PT, CPHQ, MBA, director at Berkeley Research Group, LLC, in Washington, D.C., during the September 10 HCPro audio

4. www.fticonsulting.com/hc; Convergence Solutions