# Project Management for Risk Adjustment Coding Review

PRESENTED BY

DANA BROWN, MBA, RHIA, CHC, CCDS, CRC

DOTT CAMPO, RHIA, CRC

 

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## Presenter's Bio

**Dana Brown, MBA, RHIA, CHC, CCDS, CRC –** President, Reimbursement Management Consultants, Inc. (RMC) She founded RMC in 1994, with the desire to assist healthcare facilities in obtaining correct reimbursement and minimizing lost revenue through complete and accurate coding, documentation improvement, and education. In 2006 Dana was instrumental in RMC's Risk Adjustment Division. RMC was one of the few companies at that time performing HCC coding reviews.

Prior to founding RMC, Dana performed DRG Validation, Admission, and Utilization Reviews for the Oregon PRO/QIO. She has extensive management, education and coding experience spanning her 30+years in HIM. Ms. Brown's expertise in Compliance, Inpatient Coding, DRG's/MSDRG's, OIG & RAC Targets, Clinical Documentation Improvement, as well as Risk Adjustment/HCC coding round out her areas of focus at RMC. Ms. Brown's vision for RMC is to continue to support our clients with exceptional services, delivered by exceptional staff.

 

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# Presenter's Bio

**Dott Campo, RHIA, CRC** - Manager, Risk Adjustment Division at Reimbursement Management Consultants, Inc. (RMC). In this role, Ms. Campo performs Risk Adjustment/HCC coding and auditing, as well as education for coders and providers. Ms. Campo is credentialed as a RHIA or Registered Health Information Administrator from American Health Information Management Association (AHIMA). She is also a Certified Risk Adjustment Coder (CRC) in risk adjustment coding by the American Academy of Professional Coders (AAPC) which further illustrates her coding skills and expertise, specifically in risk adjustment coding. Ms. Campo expertise in the review of patient records ensures RMC clients compliance with reported HCCs, RAF scores, and appropriate reimbursement. Prior to coming to RMC in 2017, Ms. Campo held various HIM positions. Most recently, she held a position at a large regional healthcare network in which she was Quality Data Coordinator, responsible for review and abstraction of data in conjunction with CMS and TJC core measures, reporting results and education to stakeholders.

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# Agenda

- Project Management
  - Key in overall success of a Coding Review Project.
  - We will review the key steps one should take to ensure the review performed will garner useful information once completed.
- Compliance
  - A necessity in performance of any coding review. Risk Adjustment poses compliance/privacy/security risks not seen in other reviews.
  - We will highlight common issues and best practices.
- Staff, Talent, and Tools
  - Critical to any project success.
  - We will address best advice and practices in these areas.

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# Project Planning Phase





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## Project Planning Phase

- In the Project Planning Phase:
  - Identify Stakeholders
  - Define Objectives
  - Define Project Scope

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## Identify Stakeholders

- Stakeholders will vary depending on the organization
- Stakeholders are individuals that will be impacted by the review in some way:
  - Provide staff to perform the review
  - Provide tools to perform the review
  - Have the information, or create the information needed to perform the review
  - Have the money/budget/etc.. to pay for the review

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## Define Objectives

- Why are we doing the review?
  - Overall compliance
  - Find errors in submitted codes
  - Locate not previously submitted diagnosis
  - Educate Providers in HCC code capture
  - Find missing revenue
  - Refund revenue (not supported)

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## Define Project Scope

- Dates of service
- Payors
- Volume
- Review approach
- Staffing requirements
- Completion due date
- Cost/Budget
- Scaling of Project

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## Define Project Scope - Details

- **Dates of service**
  - Dates/timeframe to be reviewed
- **Payors**
  - Which Payor(s)/Insurance type will be reviewed
- **Volume**
  - Number of charts/patients to be reviewed






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## Define Project Scope – Details (continued)

- **Review Approach**
  - What specifically will be reviewed
  - What capture points or items will be gathered
  - Other tasks required of the Audit Team
  - Understanding the Review Approach will bring multiple benefits, including ability to plan the for staffing & training.






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## Define Project Scope - Details
### (continued)

- **Staffing requirements:**
  - Project Productivity: Estimate or time-study approach
  - Calculate Review Hours Needed: Using Productivity estimate – and total number of charts to review (equation = charts/productivity= # hours to complete project)
  - Calculate QA Hours Needed: will vary by review
- **Completion due date**
  - Total Hours needed to complete project/40 = number of "man weeks" to complete (for 1 FTE). Due Date will impact # of FTE's needed.

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## Define Project Scope - Details
### (continued)

- **Cost/Budget**
  - Volume to be reviewed / estimated productivity x average cost per hour (auditors) = Estimated cost
  - Include costs of other individuals involved in the review:
    - Run reports, perform quality reviews, organize/prepare final reports, presenting to/educating staff
- **Scaling of Project**
  - Depending on budget – "how much can we do?"
  - Rescoping of volumes or approach may be in order

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# Project Build-Up Phase




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## Project Build-Up Phase

- In the Project Build-Up Phase
  - Assemble Audit Team
  - Audit Approach
  - Project Timelines

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## Assemble Audit Team

- Audit Team must be the right fit or blend for the review:
  - Team oversight and management
  - Quality Control
  - Educators for Providers & Auditors
  - Coding Auditors
  - **All** must be experienced AND credentialed

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## Assemble Audit Team continued

- Experience in RA/HCC Coding & Auditing
  - A must for Leadership/Management
  - Highly desired for other positions
  - Minimum 2 years coding experience for Auditors; 5+ for QA Reviewers and Educators

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## Assemble Audit Team continued

- Credentials (RHIA, RHIT, CPC, CRC, etc..)
  - Critical to the confidence level by outside auditors
  - Credentials show skills and proficiency in coding
  - Credentials granted by Professional Associations:
    - AHIMA (American Health Information Management Association)
    - AAPC (American Academy of Professional Coders)
  - Continuing education requirements








## Assemble Audit Team continued

Other Considerations for the Team:

#1) Hire WELL!

#2) The Leadership position is most critical – get experienced, credentialed and a LEADER with direction

#3) Hire a great Educator/Auditor – they will train the Providers and Train/mentor the Auditors

#4) Auditors must be strong coders – HCC experience is plus

## Audit Approach

- **Delineate Patients or Charts to Review**
  - Obtain Report by Information Technology
  - All claims/patients (given timeframe)
  - Identify patients/charts to review
  - Select all or sample from this report








## Audit Approach
**(continued)**

- **Review Tools**
  - Software/Technology – NLP; Vendor or homegrown
  - Excel reports can work!
  - Crosswalks
  - Code Books/Encoders
  - Coding guidelines

## Audit Approach
**(continued)**

- **Anticipated Final Review Reports**
  - Decipher prior to START of review (and contracting with Vendors).
  - What elements are key to the review expectations (what do leadership/stakeholders want to see).
  - Ensure the reports for Provider Education are available as desired.
  - Confirm data capture elements by auditors will provide the end results desired!

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## Audit Approach
**(continued)**

- **Patient Records**
  - Access to records necessary to perform coding audit
  - Within organization
    - Electronic Health Record – Access for auditors
    - Paper record – how will they be obtained?
  - Outside of organization
    - More difficult! Same requirements, but potential additional steps in requesting copies of charts or EHR Access for auditors

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## Audit Approach
**(continued)**

- **Coding Review Instructions & Guidelines:**
- Instructions & Guidelines necessary for consistent results
- Instructions for Review documentation in Review Software and/or Excel capture
- Organization Coding/Review Guidelines
  - Organization specific: Covering Gray areas and Organization interpretation
  - CMS Guidelines





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## Project Timelines

- **Defining Project Timelines is key to meeting Timeline Expectations. The following are suggested:**
  - Mid-point (or set time) completions goals
  - Firm/Final end date/completion goal
    - Key to staffing
  - Timeline/goals – direct tie to budget
    - A short timeline with a large volume, typically will be higher cost per chart (due to overtime, increased cost for chart retrieval, etc.)
  - Budget & Timeline might dictate volume to review





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## Polling Question #1

What has been the most troublesome piece in Project Management for HCC Reviews?

1) Finding qualified staff
2) Scoping the project
3) Ensuring quality
4) Having budget to do what we need to do
5) Sticking with timelines
6) Using and analyzing the results






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## Advice from Experts

**What has been the most troublesome piece in Project Management for HCC Reviews and why?**

- **Coding Guidelines:** Ensuring that we have standardized coding guidelines to take out as much ambiguity as possible.
- **Auditor Training:** Ensure all coders are properly trained and receive continual audit feedback. All of that ties to making sure everyone is on the same page so all reviews are consistent.
- **Record retrieval:** Getting access to charts can be difficult and can cause delays which impact timeline.






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## Advice from Experts
**(continued)**

- **Limited Auditors/Staff**: Partners need to have resources to complete projects – and stay on timeline.
- **Poor Communication**: Lack of clear and responsive communication both internally and with outside vendors can be very difficult. Need to have responsive partners on the project to answer questions on technical side, data exchange, and coding.
- **Delayed Response**: There should be specific timeline for the provider/organization to reply/respond to audit results to present their position or rationale. There also should be in place oversight of the HCC review process including the "final audit determination".





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## Project Implementation Phase




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## Project Implementation Phase

- In the Project Implementation Phase
  - Starting the Reviews
  - Ensuring Quality
  - Audit Compliance
  - Education - Coders/Auditors
  - Education - Providers
  - Staying on Target








## Starting the Reviews

- Auditor Initial orientation and training
  - Review Coding Guidelines
  - Outline review approach and expectations
  - Delineate the QA protocol (concurrent reviews, secondary reviews, etc.).
- Distribution of work
  - Expected productivity
  - Timelines & Goals

## Ensuring Quality

- Quality Control (reviews) should be done at initiation of work and then on a regular basis.
- Quality Control logs should be maintained on each Auditor
- Quality Expectations set at 95%, and remediation plan for failure to meet 95% (educate, audit, etc.)
- Weekly reminders to Team on quality issues
- Weekly/regular meetings with Audit Team to improve communication, accuracy and consistency of reviews

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## Audit Compliance

Overall Compliance when performing any audit is important. With RA/HCC Reviews, it is under more scrutiny (RADV/HRADV, etc..). Below are some suggestions:

1) Use full codes, which were in effect at the Date of Services (DOS) when submitting to CMS/Payors. ICD-10 updates Oct 1 each year
2) Abide by National Coding Guidelines is imperative to accurate coding and code submission.
3) Organization Coding Guidelines cannot go against National Coding Guidelines nor CMS directives.
4) No Upcoding or Down-coding – just code it right!

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## Audit Compliance
**(continued)**

How can we ensure Compliance?

- AUDIT!!!
  - Codes submitted from providers in error – how can you catch those? Audit for them! Track obvious errors (CVA's in the office are most likely in error)
  - Upcoding done by Providers
  - Downcoding done by Providers
- Audit your Auditors!
- Multiple audit options
  - Internal, external, combination






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## Audit Compliance
**(continued)**

- Use of credentialed coders/auditors
- Use of compliant tools/technology
  - Electronic Health Record issues
  - NLP Audit issues
- Plans in place to correct errors, submit codes etc.
- Education based on results of audits
  - Education for Providers
  - Education for Coders/Auditors






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## Polling Question #2

What in your experience do you feel is the most common compliance issue you see in HCC Reviews?

1) Poor documentation to support codes
2) Confusing/misunderstanding of coding guidelines
3) Upcoding
4) Misunderstanding of rules (face to face encounter, etc)
5) Failed systems which should support compliance






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## Advice from Experts

**What in your experience do you feel is the most common or concerning compliance issue you see in HCC Reviews and why?**

- **Incomplete and ambiguous documentation**: This is the by far the hardest and most painful issue because it is impossible to get in front of every provider to teach them how to document for chronic condition capture.
- **Framing results**: Deleting HCC's can net in refunding. This is difficult to relay to Leadership, but it is compliance, and deleting codes/giving back money limits liability and it's doing the right thing.
- **Weak or limited clinical documentation**: Documentation that does not support the ICD-10-CM code from a face-to-face encounter. Clinical truth is key to HCC accuracy and data integrity!






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## Advice from Experts
**(continued)**

- **Questioning of Audit Results**: The challenging of the HCC audit results when the challenge is not based upon strong guidelines or even the official guidelines. These challenges slow down the review process and corrective action.
- **Manipulation of Results**: I've seen efforts made by the provider or organization to manipulate the audit results in favor of the provider so their audit results "look good". By looking good they don't need further auditing or any education.

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## Education
## Coders/Auditors

- Compliant and extensive training
  - ICD-10 training (testing/training)
  - Risk Adjustment training (MA/ACA/etc.)
- Mentoring/QA of new coders/auditors
- Meeting quality/productivity standards
- Frequent/mandatory trainings/education
- Maintaining credentials

**Education is the Key to Success**

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## Education Providers

- Education for Providers is just as important
  - Follow National Coding Guidelines
  - Risk Adjustment specific trouble spots & guidelines
- Education based on audit results
  - Overall training
  - Facility/provider based
- Documentation is key to coding accuracy & code capture!






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## Education – Providers
### (continued)

- Educate on documentation issues
  - Incomplete/Incorrect documentation
  - Missing/Invalid Signature
  - Missing Credential
  - Templated information
  - Copy/Paste – Organizations should have policy!






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## Staying on Target

- Completing on time is very important!
  - Leadership expectations of Results
  - Timely Education of Providers
  - Timely corrective action of issues found
  - Reprocessing/resubmitting of data to code recapture

There are strict timeline restrictions for "sweeps" or resubmissions which will impact payments.

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## Staying on Target (continued)

Team Oversight is critical to the overall project success:

- Project Manager – a "PM" should be assigned to assure project meets stated goals and objectives
- Team Lead(s) should be assigned to monitor the following:
  - Daily productivity to ensure project completion
  - Perform quality reviews on Auditors
  - Monitor individual quality scores to ensure 95% is maintained
  - Provide education to Auditors and Providers as needed

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## Staying on Target
**(continued)**

**The "PM" will provide (weekly or monthly) Progress Reports on Key Performance Indicators (KPI)**

- Examples include:
  - Number of Charts/Patients TOTAL to be reviewed
  - Number of Charts/Patients Review Completed
  - Number of Charts/Patients Not Reviewed
  - Overall Quality Score
  - Overall Productivity
  - Estimated Cost to date/to completion
  - Estimated Completion

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# Project Completion & Closing Phase





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## Project Completion & Closing Phase

- In the Project Completion & Closing Phase
  - Completing a Project
  - Evaluating a Project
  - Lessons Learned








## Completing a Project

Once completed, important to perform various quality checks:

- Assure all data and detail reports are in format requested, consistent and complete.
- Summary Reports – Impactful across organization
  - Include High level statistics and Data desired
  - Educational information if desired
- Patient records & reports should be organized and stored in retrievable format.

## Evaluating the Project

At Project conclusion, overall evaluation of success of the project is imperative:

- Include all Stakeholders and key players.
- Objective review of the project from early conception stages to completion.
- Goal is to improve the review process, constructive criticism, analyzing shortfalls, issues, challenges, etc. are welcomed.

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## Lessons Learned

- Project Manager and Team leads after the Project has been completed will convene to review to Project and decipher "Lessons Learned":
  - Entire project from start to finish will be critically analyzed
    - Audit Staff
    - Chart Selection, Audit Approach
    - Reports/Reporting/Tools
  - Delineate the successes in the project
  - Outline issues encountered – and how they can be avoided in the future
  - This is a positive experience "how can we do this better next time"!

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## Polling Question #3

What do you feel is the one piece of advice (for best practice) that you would give an organization just starting HCC Reviews?

1) Hire the best people
2) Implement effective internal audit practices
3) Staff appropriately to get the job done
4) Align with Vendors that support your efforts
5) Create a compliance culture that supports HCC reviews and audit process
6) Be proactive rather than reactive
7) ALL of the above

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## Advice from Experts

**If you could give one piece of advice (for best practice) to an organization just starting HCC Reviews what would it be?**

1) My best advice would be to put a project plan in place. What is the scope of records you are planning to review, which providers (PCP, specialist, Hospital records), What is your protocol for looking both ways? Adds and deletes. This is a requirement of Medicare so it is critical to include. How many coding resources do you need, and/or have available. Do you have the ability to link the audit to the actual claim submitted since EDPS is the only way to submit going forward. Lastly what is the timeline to finish audit leaving time to submit to CMS.
2) The more experienced HCC coders you have, the easier it is to jump into HCC reviews.

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## Advice from Experts
### (Continued)

3) Getting organized initially is huge – can't just leave on coding team, need to support and give feedback (this includes a Communication Plan). Do initial reviews early on – so that results can be looked at to make sure Audit Team is on target (tailoring Coding Approach to Health Plan approach). Reports wise iron out how you want data received, and in what file formats. When you have multiple or updated versions of a document – it is good to create a document describing the difference between the versions (V1 to V2 to V3 etc) keeping it in one document.
4) Remember no one and no thing is perfect! There is always room for improvement, mistakes occur and we should and must learn from them. A best practice is to be proactive rather than reactive with regard to HCC reviews. This is part of a compliance culture that supports the HCC review/audit process and the findings.
5) Communication is Key – make a communication plan – weekly touch base calls/all team huddle to make sure all is staying target.

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## Questions?

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# Thank you!

A BIG THANK YOU TO OUR EXPERTS!

Rebecca Welling, Senior Director Coding Compliance
Providence Health Plan

Wynda Clayton, MS, RHIT I Risk Adjustment Manager
Providence Health Plan

And 3 Awesome Anonymous Experts

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# Contact Info

Questions? We LOVE THEM! Please email us @

Dana Brown: dana@rmcinc.org
Dott Campo: dcampo@rmcinc.org

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