NOVEMBER 5, 2018   **VOLUME 34 NUMBER 13**

HOSPITALS EXCEL FOR PATIENTS IN TRAGEDY IN PITTSBURGH

On Saturday, October 27, 2018, we awoke to news of a shooting at a Pittsburgh Synagogue with an unknown number of causalities and deaths being reported. On CNN, first responders described the scene as the most horrific they had ever encountered in their career. Eleven deaths, life-threatening injuries and mental anguish for the survivors' lifetime, is all the result of this senseless act.

It is a societal expectation that hospitals will be ready for these emergencies, even when the number of victims and severity is unknown. In Pittsburgh, like other cities in the country that have had disaster strike, the doctors, nurses and others went immediately to their hospitals to help. The hospitals excelled in their care, even for the (alleged) shooter.

AMS salutes all who saved lives and valiantly helped others on this day. When you go to the **University of Pittsburgh Medical Center (UPMC)** website you are asked to pause for 11 seconds to remember the 11 victims. Be stronger than hate is the message. UPMC, a $19 billion integrated health care system, is a current AMS client.

OIG LOOKING FOR A BILLION-FROM OUTPATIENT CLINICAL DOCUMENTATION

There has been a 40% increase in the employment of Outpatient Clinical Documentation Information (CDI) Specialists since 2016. This is in large part due to the continued rise in ambulatory visits volumes leading to the scrutiny of these visits by third-party payers.

The 2017 "**Medicare Fee for Service Supplemental Report**" cited inaccurate E/M coding as the number one reason for Part B overpayments of $9.85 billion. As a result, the OIG Compliance Plan includes increased auditing of E/M coding and documentation as they look to recover a billion dollars identifying three consistent errors:

- Inadequate/incomplete documentation of service.
- Documentation insufficiently supporting the medical necessity of service.
- Improper billing (unauthorized provider or setting).

Denials related to coding and documentation fall into 4 major categories:

- Ambulatory Clinics (Review of Local and National Coverage Determinations for medical necessity)
- Observation Days (bedded outpatients)

- Part A - E/M code assignment and documentation
- Hierarchal Condition Categories (HCC - provider risk adjustment)

The success of inpatient CDI Programs, has led to the uptick in employment of Outpatient CDI Specialists to educate, train, review, and audit outpatient visits to ensure medically necessary documentation and coding. The education and training components are critical to ensure providers' staff are cognizant of the specific documentation necessary to reflect medical necessity. AMS identified Clinical Documentation Specialists as a Top 10 Hot Button Health Information Management issue and is prepared to help. Please see the attached or contact Jeanne Beando, JD, Vice President (jbeando@aboutams.com) for more details.

HERE WE GROW AGAIN

We are looking for a senior consultant to join our labor benchmarking team. The ideal background includes a deep knowledge of health care operations, management, and experience as a management engineer or clinician (pharmacy, radiology, laboratory, surgical suite or nursing). Analytical and excellent communication skills are a must. The last two staff members who joined AMS have come directly from working in a health system or hospital. Experienced hospital and healthcare consultants are also welcome to apply. If you know of someone who may be interested, please have them forward their curriculum vitae (CV) or resume to Denise Johnson in Human Resources at DJohnson@aboutams.com. For more information, please reach out to Alan Goldberg at AGoldberg@aboutams.com or Jennifer Schuster at JSchuster@aboutams.com.

DISRUPTIVE TECHNOLOGY - THOUGHT-PROVOKING TOPICS DISCUSSED AT ACHE CONFERENCE

Do you have FOMO (Fear of Missing Out) or sometimes find yourself in the "Trough of Disillusionment"? Technology is not a panacea. Information technology, in particular, has not always led to cost savings which justify the investment. However, it is a necessary path and has become the dominant capital requirement eclipsing investment in new buildings. The question we're constantly asked: which technology to invest in?

On Friday, November 2, 2018, ACHE-MA held a powerhouse conference on Disruptive Technology, and keynote speaker Joe Kimura, MD, Chief Medical Officer, Atrius Health, asked that question above as well as discussed these thought-provoking topics below.

- How do you achieve: Clinical effectiveness, embedded technology, reach consumers end-to-end?

- How do you deal with the growing complexity with workflow inefficiency? Especially when 57% of patient contact is no longer face to face.

- Are you ready for the healthcare operations and technology merging, i.e., COO and CIO becoming one role?

The Fire Alarm has just sounded!

What is your first move?

Applied Management Systems Healthcare HIM/Compliance consultants face "fire" alarms daily and in rapidly increasing succession and severity.

As a result, we are sharing the **10 Top "Hot Button" issues** that raise these alarms.

We will *publish* one topic per week. We *invite* you to read, comment, suggest "future" topics and reach out if you have any questions. Our *hope* is that you find these helpful!

AMS, Inc. is a full service health care management consulting firm serving healthcare entities nationwide. Our Health Information Management and Compliance (HIMC) Group consist of highly experienced, educated and professional consultants. Collectively, we have 50+ years of experience in all aspects of HIM, Compliance, Risk Management, Quality and HIPAA in every conceivable health care environment.

Please email jbeando@aboutams.com and/or lmancini@aboutams.com with questions, comments or if we may be of any assistance in helping you extinguish your fires!

TOP 10 HOT BUTTON ISSUE #3:

Outpatient Clinical Documentation Program - DON'T GET LEFT BEHIND!

ARE YOU   MISSING THE BOAT?

TRENDING NOW….

Out Patient Clinical Documentation Specialists (OCDS)

- 40% increase in OCDS since 2016 (10% to 50%).

WHY OCDS?

- Continued growth in outpatient health care services (ensure proper documentation and coding for optimum reimbursement).
- Continued scrutiny of coding and documentation by third party payers.
- Outpatient reimbursement requires extensive knowledge of additional coding/billing methodologies (i.e. CPT-4, E/M, HCCs) not found in IP CDIS.

OUTPATIENT SERVICES THAT MAY BENEFIT MOST FROM OCDS

1. Emergency Department (E/M codes and documentation).
2. Ambulatory Clinics (Review of Local and National Coverage Determinations for medical necessity).
3. Observation.
4. Provider E/M code assignment and documentation.
5. Hierarchal Condition Categories (HCC-provider risk adjustment).

WHERE TO START?

ED DOCUMENTATION/CODING:

- The April (quarterly) Comprehensive Error Rate was 12.1%.
- 10.6% (of the 12.1%) errors were due to inaccurate E/M documentation/coding which resulted in lost revenue to hospitals.
- The OIG announced increased scrutiny of E/M claims in light of these findings.

- These findings are consistent with the 2017 Medicare Fee for Service Supplemental Report, which cited inaccurate E/M coding as the number one reason for Part B overpayments.

SPECIFIC FINDINGS

- Inadequate/incomplete documentation of service.
- Documentation does not support medical necessity of service.
- Improper billing (unauthorized provider or setting).

HOW CAN AMS HELP?

Our consultants have over 35 years' experience in coding/documentation. Their expertise includes auditing, training, interim management of coding services, implantation of coding/billing software and revenue integrity across all heath care spectrums.

OUR CONSULTANTS WILL

- Audit ED coding and documentation to determine risk pertinent to CERT ED findings.
- Audit/Analyze Outpatient Services to determine other services where OCDS may be beneficial.
- Recommendations for Implementation of OCDS.
- Education of pertinent staff (i.e. coders, nursing, providers) in OCDS.
- Perform OCDS services (daily) or on consultative basis to ensure documentation, coding and OCDS program compliant.

TO LEARN MORE PLEASE CONTACT:

- Jeanne Beando, JD, Vice President (jbeando@aboutams.com)
- Lynn Mancini, JD, RHIA-General Counsel and Vice President (lmancini@aboutams.com)