

Implementing a Secondary Review Process: Beating Denials Before They Beat You

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Presenters



Andrea Eastwood, RHIA, is a health information management (HIM) professional with over 25 years of experience in both acute and ambulatory care settings. She has worked at Trinity Health for the past 23 years at the corporate office and hospital setting in various leadership roles, including CDI, HIM, care coordination, case management, and cancer program leadership. In her current role as system director for clinical encounter and documentation excellence, she is responsible for CDI program leadership and oversight across both inpatient and observation CDI. Eastwood has presented on CDI topics at multiple national conferences.



Judy Moreau, RN, MBA, is the vice president of mid-revenue cycle for Trinity Health headquartered in Livonia, Michigan. She is responsible for providing leadership for the organization in HIM, clinical documentation, and coding. Prior to joining Trinity Health, Moreau worked as a consultant for Deloitte and Touche performing revenue cycle, coding and compliance, and clinical trial engagements. She has also managed both private and academic physician practices. Moreau has published multiple articles on revenue cycle-related issues and presented at multiple national conferences on CDI.

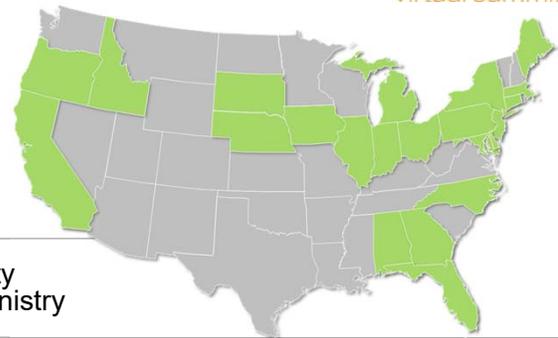
Agenda

- Trinity Health overview
- Why we started concurrent secondary reviews
- Objectives of concurrent secondary reviews
- What types of cases are a focus
- Process for concurrent secondary reviews
- Steps to implement
- Lessons learned from implementation
- Review data and outcomes
- Challenges and next steps

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Trinity Health's 22-state diversified system today



\$18.8B In Revenue

1.5M Attributed Lives

\$1.3B Community Benefit Ministry

123K Colleagues

6.8K Employed Physicians & Clinicians

27K Affiliated Physicians

92 Hospitals* in 22 states

18 Clinically Integrated Networks

13 PACE Center Locations

106 Continuing Care Locations

*Owned, managed or in JOAs or JVs
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Data is FY20.

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Our Mission

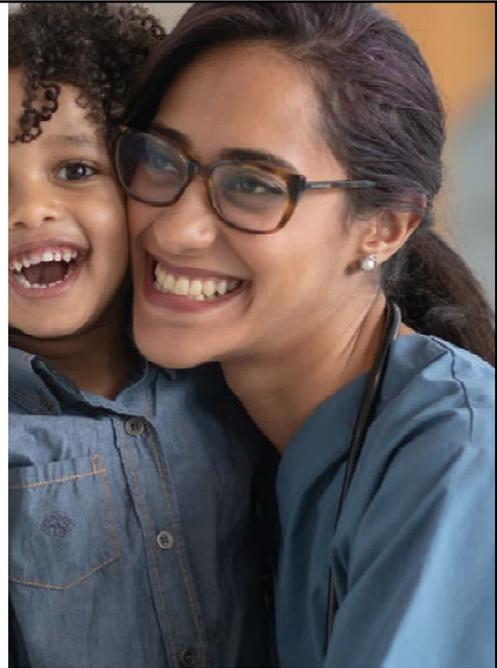
We, Trinity Health, serve together in the spirit of the Gospel as a **compassionate and transforming healing presence** within our communities.

Our Core Values

Reverence Justice
Commitment to Those Stewardship
Who are Poor Integrity
Safety

Our Vision

As a mission-driven innovative health organization, we will become **the national leader in improving the health of our communities and each person we serve**. We will be the **most trusted health partner for life**.



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Our idea to implement a concurrent secondary review process came from helping a site that had lagging CDI metrics



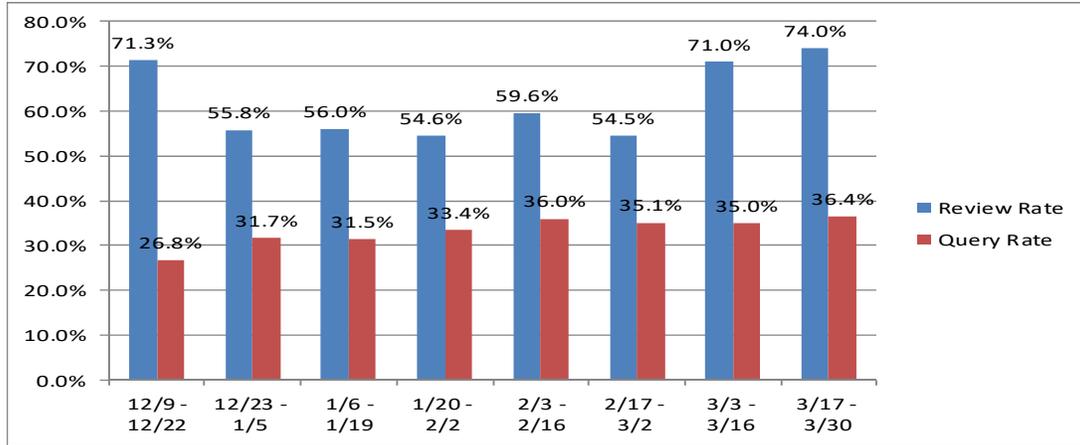
- The site was challenged financially.
- The number of concurrent CDI reviews was low.
- The system office was asked to help support the CDI program and identify any opportunities.
- A chart review identified the CDI team had missed opportunities to query concurrently.
- A concurrent secondary review process was put into place to identify documentation and query opportunities during the inpatient admission.

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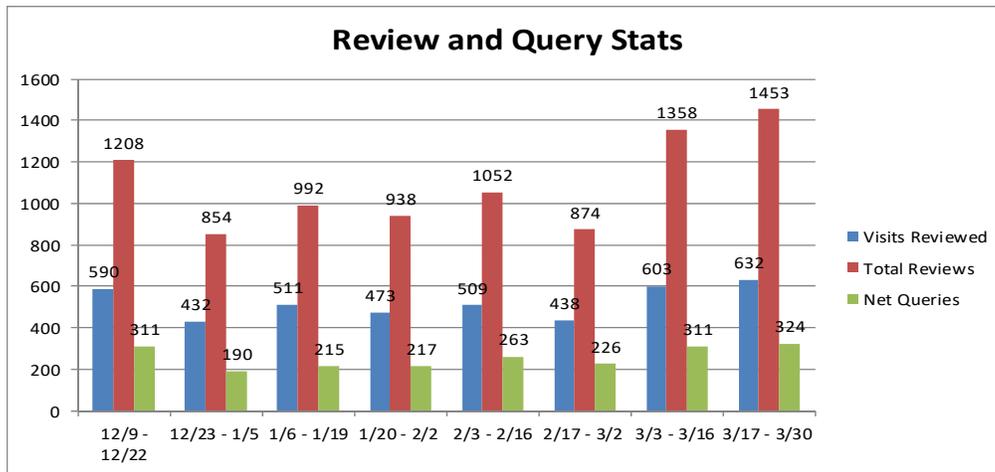
As a result, the site experienced higher review and query rates



Review Rate is 22.6% Higher Query Rate is 6.2% Higher

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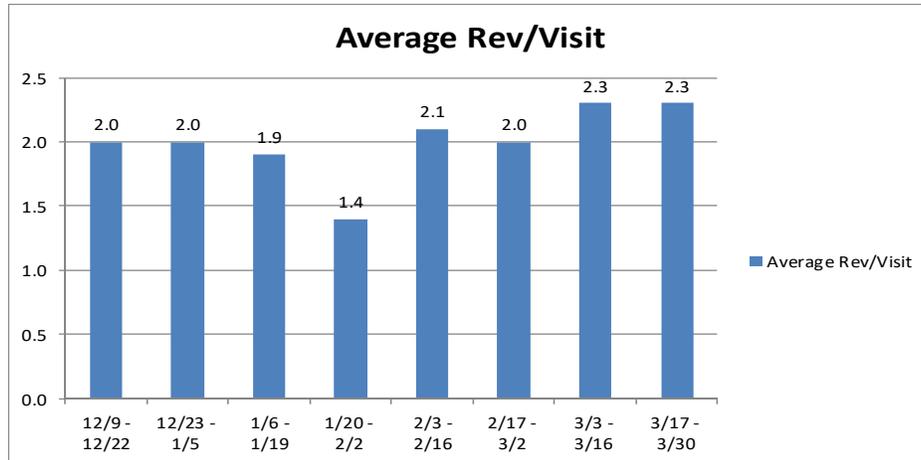
The volumes of reviews and queries also increased



- Visits Reviewed has increased 23.5%
- Total Reviews has increased 33%
- Net Queries has increased 30%

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The average reviews per visit increased .42



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Lessons learned from the pilot site that first implemented the concurrent secondary review process include:

- Strongly recommend establishing a daily team huddle for 10-15 minutes to talk through the Secondary Review Process as there are kinks etc. when the team is new to the process.
- Secondary Reviews done with the buddy system are uncomfortable at first even for tight knit teams.
- Teams need to designate time for concurrent secondary reviews, so it becomes part of their daily work.
- Reinforcement with the team that the goal is to be easy on people and tough on documentation.
- If the secondary reviews are not finding opportunity – look deeper as the data will likely tell another story.

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Digging into the data indicates there is potential concurrent review opportunity



CDS Working DRG	MS-DRG Wt.	Coder Final DRG	MS-DRG Wt.	Wt. Diff.
948 - Signs & Symptoms w/o MCC	0.7802	092 - Other disorders of nervous system w/ CC	0.9433	0.1631
		552 - Medical back problems w/o MCC	0.901	0.1208
		689 - Kidney & urinary tract infections w MCC	1.1116	0.3314
		917 - Poisoning & toxic effects of drugs w MCC	1.4737	0.6935
		947 - Signs & Symptoms w MCC	1.2056	0.4254

- When sites indicate they do not see opportunity we run reports comparing the CDS working DRG to the Coder's Final DRG and conduct case reviews to determine if the CDS had opportunities concurrently to address documentation.

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We selected non-specific DRGs to focus on when looking for potential concurrent review opportunity



CDS Working DRG	MS-DRG Wt.	Coder Final DRG	MS-DRG Wt.	Wt. Diff.
312 - Syncope & collapse	0.8015	074 - Cranial & peripheral nerve disorders w/o MCC	0.9739	0.1724
		287 - Circulatory disorders except AMI, w card cath w/o MCC	1.1389	0.3374
		638 - Diabetes w CC	0.8722	0.0707
		683 - Renal failure w CC	0.919	0.1175

CDS Working DRG	MS-DRG Wt.	Coder Final DRG	MS-DRG Wt.	Wt. Diff.
313 - Chest Pain	0.7073	185 - Major chest trauma w/o CC/MCC	0.7323	0.025
		202 - Bronchitis & asthma w CC/MCC	0.9401	0.2328
		247 - Perc cardiovasc proc w drug-eluding stent w/o MCC	2.0771	1.3698
		287 - Circulatory disorders except AMI, w card cath w/o MCC	1.1389	0.4316
		305 - Hypertension w/o MCC	0.7199	0.0126
		309 - Cardiac arrhythmia & condition disorders w CC	0.7635	0.0562
		392 - Esophagitis, gastroent & misc digestive disorders w/o MCC	0.7554	0.0481

- We shared these findings with sites to help support why the concurrent secondary reviews are beneficial.
- The data can also identify areas of focus for concurrent secondary reviews.

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Based on the positive results the site saw related to implementing concurrent secondary reviews we decided to implement the process at all of our sites

- At the same time our sites were challenged with working denials and CDI teams were being pulled to do retrospective reviews to support appeal work.
- Each year we outline specific CDI program objectives that focus on improving CDI team quality and performance and we elected to implement concurrent secondary reviews starting in FY20.
- We outlined a formal process for conducting concurrent secondary reviews based on the work and lessons learned from the initial site.

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CDI Concurrent Secondary Review Objectives

Goal:

Refer cases for **concurrent** secondary review that present documentation improvement opportunities and/or query opportunities as they typically result in lower reimbursement, lower SOI/ROM and are often denied for lack of medical necessity.

Why implement a concurrent secondary review process:

- The more thoroughly documented a record is the less likely it will be denied in a post-payment audit.
- CDSs see questionable cases real time but have no formal process to obtain a second opinion on a case or have informal processes that are not tracked.
- A significant number of cases are being reviewed by CDI and others after discharge pre-bill and moving the work effort up stream while the patient is still in house contributes to better query response rates and more timely responses.
- Better tools are available to CDI to identify questionable cases concurrently (CDI prioritization tool and CDI worklist sorting capabilities).

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What types of cases should be considered for secondary reviews?

Cases that would be a priority for Second Level Reviews:

- Sign/Symptom DRGs
- No CC/MCC on case – Medical / Surgical
- Questionable Admit
- Cases with low SOI/ROM less than or equal to $< 2/2$
- HAC/PSI/PPC on a case to confirm
- Cases with LOS > 3 days past the GMLOS
- Long length of stays with only one CC/MCC that is an audit target
- Local site denial targets

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Concurrent Secondary Review Process

- Concurrent second level reviewer options to consider:
 - Cases can be referred to a CDI or Coding Manager for concurrent second level review.
 - CDI team could utilize a buddy system where CDSs are paired with a buddy and each reviews each other's cases (peer to peer).
 - This option should only be considered for teams that are very collegial in nature.
- Second Level Review will consist of looking at a case for opportunities to query.
 - 2nd Level Reviewer will log a note to summarize their review.
 - 2nd Level Reviewer will notify the CDS of their findings especially if there is a query opportunity so the CDS assigned to the case can present the query if they agree.
- Second Level Reviews **are not** meant to critique the work of the CDS – the primary focus is to serve as a second set of eyes on cases presenting with little to no opportunity or that are audit risks.

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Various options are available to assist with secondary review pass offs

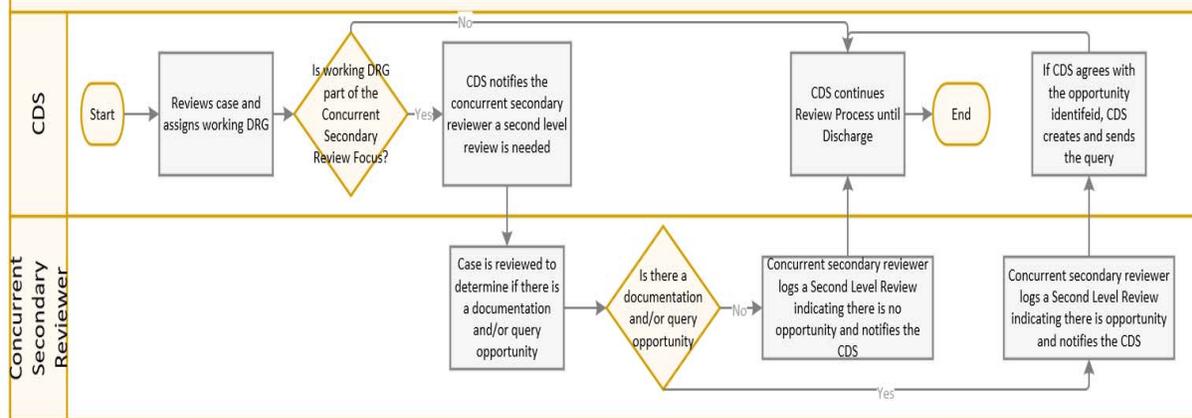
The pass off method for secondary reviews is dependent upon who is designated as the second level reviewer.

- Email – CDS can send the reviewer an email
- Phone call – CDS can call another team member or the CDI or Coding manager to request a second level review.
- Daily Team Huddle – CDS can request a second level review during the daily team huddle.

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Let's review the workflow

CDS Concurrent Secondary Review Work Flow



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Steps to Begin Implementation

- Determine who will serve as second level reviewer.
- Determine method of referral that works best for the team.
- Document the concurrent secondary review process the team will follow.
- Schedule a kickoff to explain Concurrent Secondary Reviews to the CDI Team.
- Schedule daily team huddles or include as an agenda items on existing daily huddles to fine tune the process.
- Determine start date – Start.
- Track and monitor progress.

Thirty-two of the forty sites implemented concurrent secondary reviews in FY21

- The majority of the sites utilize a peer-to-peer review process.
- We have eight sites that have not yet implemented the process for varying reasons.
 - COVID-19 staffing challenges
 - Small sites with no peer or limited manager bandwidth
- Most sites pick at least two areas of focus.
- The average concurrent secondary review rate for the sites that have implemented the process is 2.4% of their overall reviewed visits.

Who Performs Concurrent Second Level Review	Number Sites
Manager/Lead	10
Peer to Peer	22
No Reviews Occurring	8

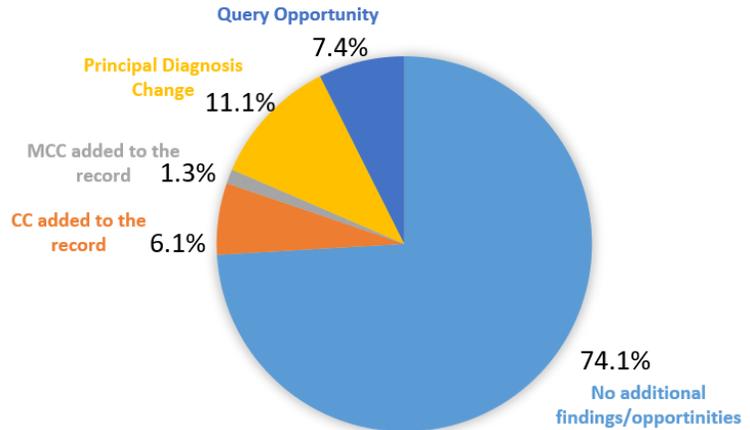
Focus Topic	Number of Sites that Selected this Focus
No CC/MCC on Case	26
Case exceeds GMLOS	17
Sign or Symptom DRG	12
SOI/ROM Focus	9
HAC/PSI/PCC Focus	7
Site Denial Focus	5
Malnutrition	2

Concurrent Secondary Review Rates	
Low	0%
High	18.90%
Mean	2.40%

One of our sites finds opportunity in 25.9% of the cases reviewed

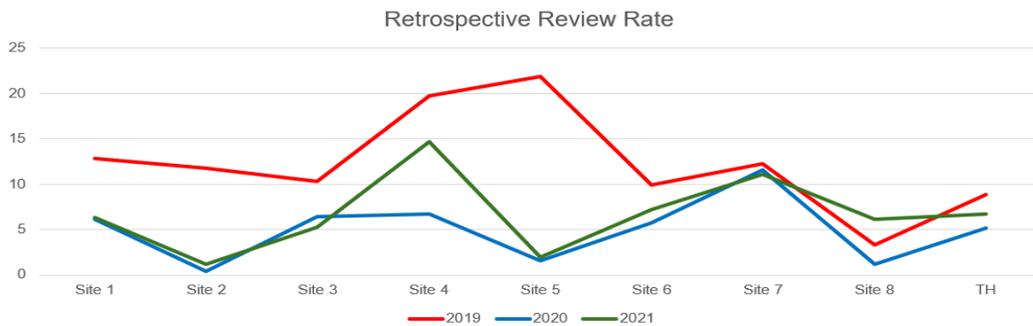
- We encourage teams to focus concurrent secondary reviews on CDI quality.
- We feel the results help validate documentation in the record prior to final coding and billing.

CONCURRENT SECONDARY REVIEW RESULTS



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We saw a considerable drop in our number of retrospective CDI reviews from FY19 to FY20



- Some sites had as high as a 20% retrospective review rate prior to implementing concurrent secondary reviews.
- We attribute the drop in retrospective CDI reviews in FY20 to the implementation of concurrent secondary reviews.
- We are seeing a slight increase in retrospective CDI reviews in FY21 and are attributing the increase to a new focus on PSI 90 cases.

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We are watching our recent concurrent secondary review activity closely

Total Concurrent Secondary Reviews (All Sites):

January 2021	472
February 2021	389

Concurrent Secondary Review Rate (All Sites):

January 2021	1.6%
February 2021	1.4%

Our challenges relate to process, technology and COVID-19

- COVID-19 presented staffing challenges for several sites and some had to pause concurrent secondary review activities.
- Staffing continues to impact the volume of concurrent secondary reviews being performed.
- Even though five sites have implemented a concurrent secondary review process, the CDI team is not logging the reviews in the CDI software as a second level review, so we are unable to track their volume of reviews.
- The CDI software does not allow us to track a specific type of secondary review or the outcome. All outcomes are tracked manually on Excel spreadsheets.
 - Several sites do not track the detail due to the extra work effort of logging them in Excel.
- The CDI software does not allow us to identify cases that might be specific denial risks beyond the DRG level. We have submitted a request to identify single CC/MCC cases or cases with diagnoses that pose audit risk.

Our CDI software reporting posed an unexpected challenge in collecting data

- Our CDI software is migrating some of its reports to a new platform and as a result older reports are deemed legacy and stopped capturing all the data elements that it once did.
- The report that captured second level reviews as impacted and no longer pulled that data element.
- We had to learn the new reporting software and write our own report to identify the review types (to include second level reviews).
 - This process took three months and required the assistance from our CDI software vendor.
- Our CDI software has 16 installs and we then had to replicate the new report in each install.
- Running data across all our CDI programs for second level reviews requires us to run the report in each of the 16 installs and collate the data into one Excel file.

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Sample tracker can be tailored for site specific focus

Second Level CDI Review Tracker					
Date:	Referred by:	CDS Completing Second Level Review:	FIN #	Reason for Second Level Review:	Outcome of Second Level Review:
2/1/2021	CDS Name	CDS Name	0	1. Medical Case without a CC/MCC 2. Surgical Case without a CC/MCC 3. Questionable Admit/Symptom DRG 4. Encounter Extended > 3 days GLOS	1. No additional findings/opportunities 2. CC added to record 3. MCC added to Record 4. PDX Change 5. Query Opportunity
				1	5

- This site tracks four types of concurrent reviews
- Five review outcomes are being tracked
- The team keeps the tracker on a shared drive and logs their cases

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Although we have challenges and technology limitations, we feel there is benefit to continuing to focus on concurrent secondary reviews



- Colleagues have shared they like having a formal review process in place to get a second opinion on a case.
- Discussing the topic of concurrent secondary reviews on the daily huddle keeps them top of mind.
- CDSs have indicated the peer reviews are helpful with clinical validation cases and other complex cases.
- We will implement a standard tracking tool for FY22.
- We plan to work with our colleagues in denials management to obtain denials data to improve the concurrent secondary review process.

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Game of Codes:
LOVEACDIS

Thank you.

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