



Ambulatory Adventures in CDI

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Presented By



- **Jennifer A. Boles, BS, CPC, CRC, CCDS-O**, is system manager of ambulatory CDI at Baptist Health System in Louisville, Kentucky, where she developed the ambulatory CDI department. She provides education and training to support service line/quality measurements for risk adjustment and documentation improvement. Her coding experience includes primary care, orthopedics, and cardiology. Boles presented at Healthcare Business Insights and at the 2018 and 2019 ACDIS Symposium: Outpatient CDI events. She served on the 2019/2020 ACDIS Leadership Council and is a published writer for ACDIS' CDI Journal and AHIMA. She is serving on the ACDIS Leadership Council and Outpatient Mastermind group in 2022/2023. She has also been a guest instructor for physician assistants at Sullivan University.

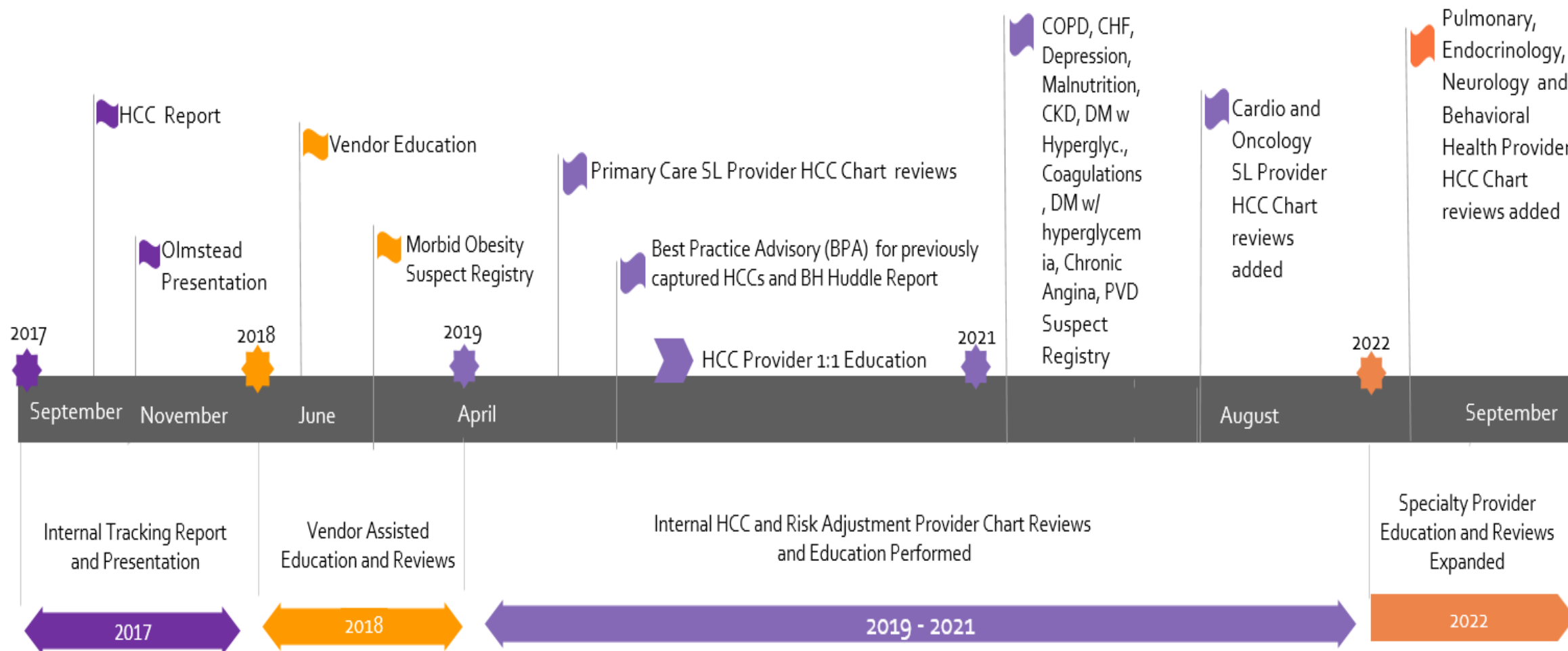
Learning Objectives

- At the completion of this educational activity, the learner will be able to:
 - Describe types of ambulatory CDI programs and specialists
 - Discuss how to use productivity rates and tracking projects
 - Identify one method for focusing resources
 - Describe one strategy for gaining buy in for resource and team expansion

Baptist Health Medical Group - Ambulatory CDI

- 420+ clinics and 9 hospitals
 - 1748 employed providers
 - Additional 100 providers hired each year
- Ambulatory CDI
 - Located within the Ambulatory (Professional Billing) Coding department
 - Reports up through V.P. Revenue Cycle and Finance
 - Hospital CDI reports to V.P. Revenue Integrity/Strategy
 - Both Hospital CDI and Ambulatory CDI leadership report to Chief Financial Officer
 - 6 FTEs
 - Focus on HCCs and Risk Adjustment projects
 - HCC and total diagnosis chart reviews and one on one provider educations
 - Payer Risk Adjustment audit reviews and provider education
 - HCC payer suspect condition projects
 - HCC position on claims

BHMG Risk Adjustment Timeline





Types of Ambulatory CDI Specialists

Coder and Nurse CDI Comparisons

Coder

- Trained in professional billing chart reviews
- Understands coding and compliance guidelines
 - Medical decision making
 - Medical necessity
 - Note template
- Communication with provider
 - In basket messages/queries
 - Verbal conversations

Nurse

- Clinically trained
 - Clinical Indicators
- Querying
 - Used to sending queries for hospital documentation
 - Understands compliant queries
- Communication with provider
 - Both are clinically trained but might not understand the coding verbiage needed for ICD/CPT/HCPSC coding

Ambulatory Specialist Certifications and Degrees

- ACDIS
 - CCDS-O
- Coding
 - AAPC
 - CPC
 - COC
 - CRC
 - CDEO
 - AHIMA
 - CCS-P
 - CDIP
 - RHIA
 - RHIT



Ambulatory CDI Specialist

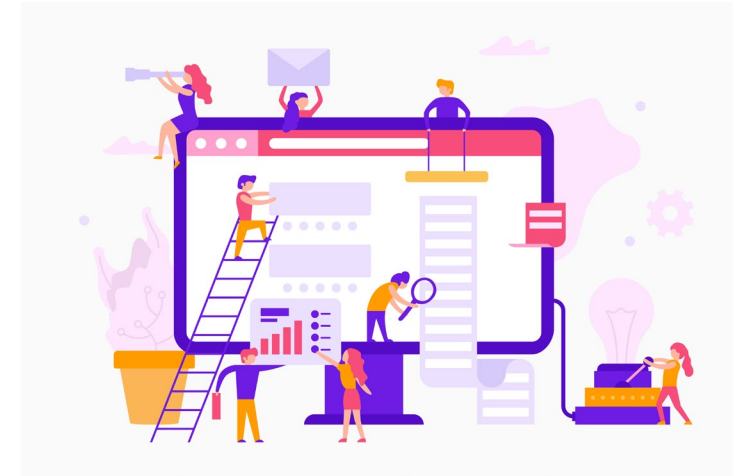
- Experience Example
 - Career ladder
 - Level 1 Ambulatory CDI Specialist
 - 2 years' experience as a certified coder
 - Certified Professional Coder (CPC or CCS-P)
 - Certified Risk Adjustment Coder (CRC)
 - Level 2 Ambulatory CDI Specialist
 - 5 years' experience as certified coder (CPC, CCS-P)
 - Certified Risk Adjustment Coder (CRC)
 - 3 years' experience working in risk adjustment coding, provider queries, and reviews
 - Preferred:
 - » Certified Clinical Documentation Specialist - Outpatient (CCDS-O)
 - » Certified Documentation Expert Outpatient (CDEO)
 - » Clinical Documentation Improvement Professional (CDIP)



Focus Resources and Selecting Projects

Where to focus

1. Hierarchical Condition Categories (CMS HCC, HHS HCC)
2. Evaluation and Management Levels
3. Emergency department
4. Observation
5. Denials
6. Mortalities impacted by ambulatory documentation
7. Annual wellness visits and PAFs
8. Social Determinants of Health (SDoH)
9. Payer/member specific reviews vs. provider education
10. Concurrent reviews vs. retrospective reviews



Focus and Selection

- Current resources and technology
 - Department resources currently working on projects
 - Compliance reviewing E/M levels
 - Denials reviewed by central business office
 - Vendor technology
 - Current EHR
 - Programs with technology in place for Inpatient CDI recommend to focus on ED and Observation
 - EHR analysts (custom builds and reporting)
 - Qualified staff currently employed
 - Coders and nurses already OP certified
- Budget for future resources
 - FTEs
 - IT analyst
 - Technology expansion

Selection Factors

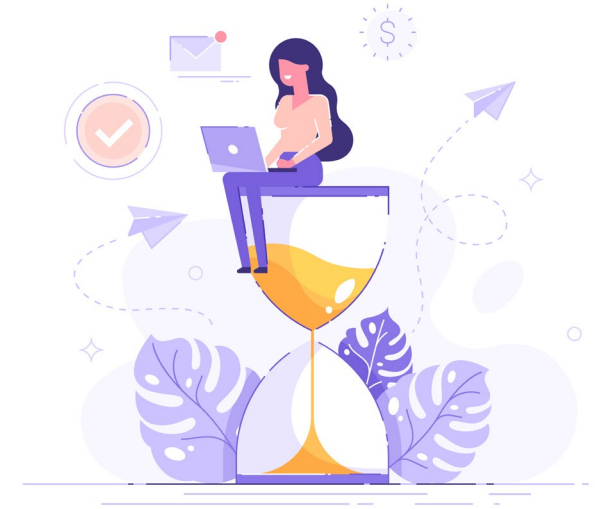
- Organizations with limited resources
 - Focus on educating providers
 - Select pilot practices who volunteer
 - Volunteers are willing to do the work and gain easy wins
 - Celebrate and share wins with leadership and operations
 - Additional practices will want to participate
 - Publish high performers in organizational newsletters
 - Providers are competitive and they want to be the best
 - Homegrown reporting and custom builds
 - Learn the EHR IT analysts and what are they responsible for in the EHR
 - Network
 - Don't take "no" for an answer



Productivity Rates

Productivity Standards

- New Ambulatory CDI Specialist
 - Shadow current experienced specialist prior to hiring
 - Save both parties time and training
 - Understand the depth of workload involved
 - Allow 2-3 months for training and education
 - Introduce training for projects overtime
 - Shadow Compliance, IT, Hospital CDI, Hospital Coding
 - Start in areas the specialist is comfortable and then introduce harder projects
 - External hires may require additional time and training on Electronic Health Record
- Experienced Ambulatory CDI Specialist
 - Fully trained specialist
 - 30-40 chart reviews per day
 - 8,000 – 10,000 chart reviews per year





Tracking Projects

Tracking

- Provider performance
 - Recapture rates and documentation benchmarks
- CDI specialist productivity
 - Multiple projects without technology will require manual tracking through spreadsheets and custom reporting
- Payer registry performance
 - payer reports will assist with doing quality checks on internal reporting dashboards
- Query performance
 - Track conditions, providers, specialists, responses, and aging days
 - Create escalation policy
 - Utilize custom reasons and comment indicators to track through reporting
 - HCC 1, HCC 2, HCC MGT, etc...
- Top and bottom 10 HCC categories
 - Assists with focusing provider and specialty education
 - Develop technology to assist with capturing these HCCs within the EHR



Tracking (cont.)

- Payer suspect condition projects
 - Review attribution
 - Remove or schedule patients who have not been seen by providers
 - Utilizing payer mailings and call centers, this can improve scheduling with little to no cost to program
 - Collaborate with scheduling
 - Reports should be combined with payer reports for efficient reviews
 - Maintain spreadsheets with detailed comments in case conditions/claims need appealed
 - payers have percentage goals for contracts
 - Numbers will continuously move due to attributions and acquisitions
- Annual wellness visits/office visits
 - Create compliant templates
 - Have coding, compliance, providers and IT work together on product
 - Maintain templates yearly with any coding guideline changes
 - Smart Phrases and Smart Links
 - Collaborate with coding, quality and providers for wording and location
 - Link Assessment and Plan note with active diagnosis and problem list overview documentation
 - PAF forms
 - Work with EHR to build template for all E/M visits
 - Commercial and Medicaid will want similar information from office visits
 - Establish payer platforms so they can pull PAFs from EHR without internal resources.



Buy In Strategies for Expansion

Buy In

- Be prepared to continuously get buy in
 - Universal message
 - Refocus
 - Reform
 - Align with organizational plan of action and mission
- Know your audience and what is important to them
 - What projects will assist multiple parties?
- Be able to show return on investment
 - Track payer contract payouts
 - Assign a monetary amount
- Send out dashboard and results monthly to leadership, operations, and important stakeholders
 - Show peer comparisons
- Have a voice at the payer contract table
- Be flexible and adjust to change



Technology and Efficient Workflows

Where to Focus Technology

- Point of Care (POC)
 - Best Practice Advisory Alerts
 - POC is when the patient is with the provider on the date of service
- Concurrent
 - Huddle reports
 - Assign MA to run report and discuss with provider on day of visit
 - Schedule alerts
 - HCC column located on schedule
 - Provider can hover over HCC number and see the conditions
- Reviews (pre-AR)
 - WQs
 - Vendor
 - Custom builds
- Retro reviews (post-AR)
 - Clearing house or claim scrubber

Technology

- Best practice advisory alerts
 - HCC Recapture
 - Suspect HCC Conditions
 - Reporting on usage and efficiency
- Dashboard
 - Key Performance Indicators
 - Provider performance
 - Practice, region and specialty comparisons
 - Risk Adjustment Factor scores
 - Low condition capture
 - Query response and rates
- Reporting
 - Tracking and quality reports
- Work queues
 - Charge Router and Claim Edit WQs for better productivity and efficiency

Technology (cont.)

- Create learning module(s)
 - Track users for incentive programs
- Record trainings and education sessions
 - Recordings can be used for Ambulatory CDI Specialists
- Query templates
 - Design compliant query templates to be accessed within EHR
 - Attach education and guidance to queries for providers
 - Minimize queries (set query limits)
- Update EHR system each year and quality check
- Create charge router edits
 - Warnings and errors for coders to check claims prior to submission
 - Add CPT II codes to claims for review

Efficient Workflows

- Collaborate with other departments
 - Help each other and share resources
 - Tip sheets
 - Clinical Indicator tip sheets
 - Query templates
 - Share payer registry reporting
 - Utilize provider administrators for peer-to-peer education
 - Specialty specific alerts and education
 - Expand WQs that pull face to face visits with HCCs
 - Move HCC diagnosis codes to top 12 spots
 - Payer high priority member reviews
 - Review claims that do not use specific smartlinks





Thank you.

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