

# Pre-Bill Review Process: Accuracy, Compliance, Optimization & Education

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## BACKGROUND

- In 2009 we were looking for ways to grow the proficiency and outcomes of our program. At that point we were not engaged with a consultant. After conversations with other hospitals and evaluating several consultants, we further examined the services offered by Dr Garry Huff (Huff DRG Review).
- Customized menu of services, tailored to our needs and choices
- We initially started to development of a group of Physician Advisors (which included pre-bill review services as part of training and development of the PA's)
- By the mid-point of 2010 we considered to spin off pre-bill chart review services, we began engagement and were ramped up by the end of the fall

## CONCEPTS / DISCUSSION

### Simply Defined:

- Expert clinical & coding case review after final coding & prior to billing.

### Purpose:

- Accuracy
  - Complete & accurate medical record documentation that appropriately reflects provided services
  - To the greatest degree of specificity clinically supported
- Compliance
  - Coding guidelines, coding clinic, etc. followed
  - Query presentation, content, etc.
  - Clinical validation
- Optimization
  - Most appropriate MS-DRG & code assignment for each case, leading to fully appropriate revenue & risk adjusted profiling that supports LOS, service intensity, ROM & resource utilization
  - Efficiency, accuracy & knowledge of internal staff & processes
- Education
  - Daily feedback in the form of case specific recommendations
  - Periodic on site or webinar education sessions focused on our specific educational needs
    - (based on chart findings as well as broader trends & changes)
  - Consultant's staff available for discussion of any questions or concerns (case specific and general)

## ADDITIONAL CONSIDERATIONS

### Internal vs. External

- What are the current processes in place, how effective, possibility for improvement or expansion
  - Auditing or oversight processes for both coding & CDI?
  - Second level reviews (peer, manager, other; by request or other method)?
  - Without a current process, there is more room to increase internal effectiveness
- What internal resources? Level of expertise and knowledge?
  - Very high level of expertise, skill & knowledge base required of individuals performing reviews
  - Consistency, availability, flexibility to maintain an energetic process
  - Significant time commitment (i.e., FTE's for direct reviews & to capitalize thoroughly the benefits)
- Is there a level of at least executive openness, better outright support?

### Defining Populations, DRGs &/or cases to be included in a pre-bill review process:

- Data analysis, random vs. focused chart analysis, combination?
- Determine areas of weakness (Who? How?)
  - Coding practice; Clinical recognition & knowledge; Over/under documented diagnosis; Complex areas; Higher areas of compliance risk; RAC/etc. areas of focus/findings; etc.

### Ability to capitalize on all of the potential benefits

- Where to prioritize internal resources for best benefit?
- Develop avenues and tools for delivery of information learned, improvements identified
- Key partnerships across the organization (quality, medical staff, leadership, revenue cycle)
- Realistic Expectations – Time frames, outcomes, longevity

### Possible Expanded Scope

- Formalized auditing process for query compliance
- Application of data & auditing to individual employee development, monitoring & performance rating.
- Fine tuned guidance toward Medical Staff education & collaboration

## DATA ANALYSIS

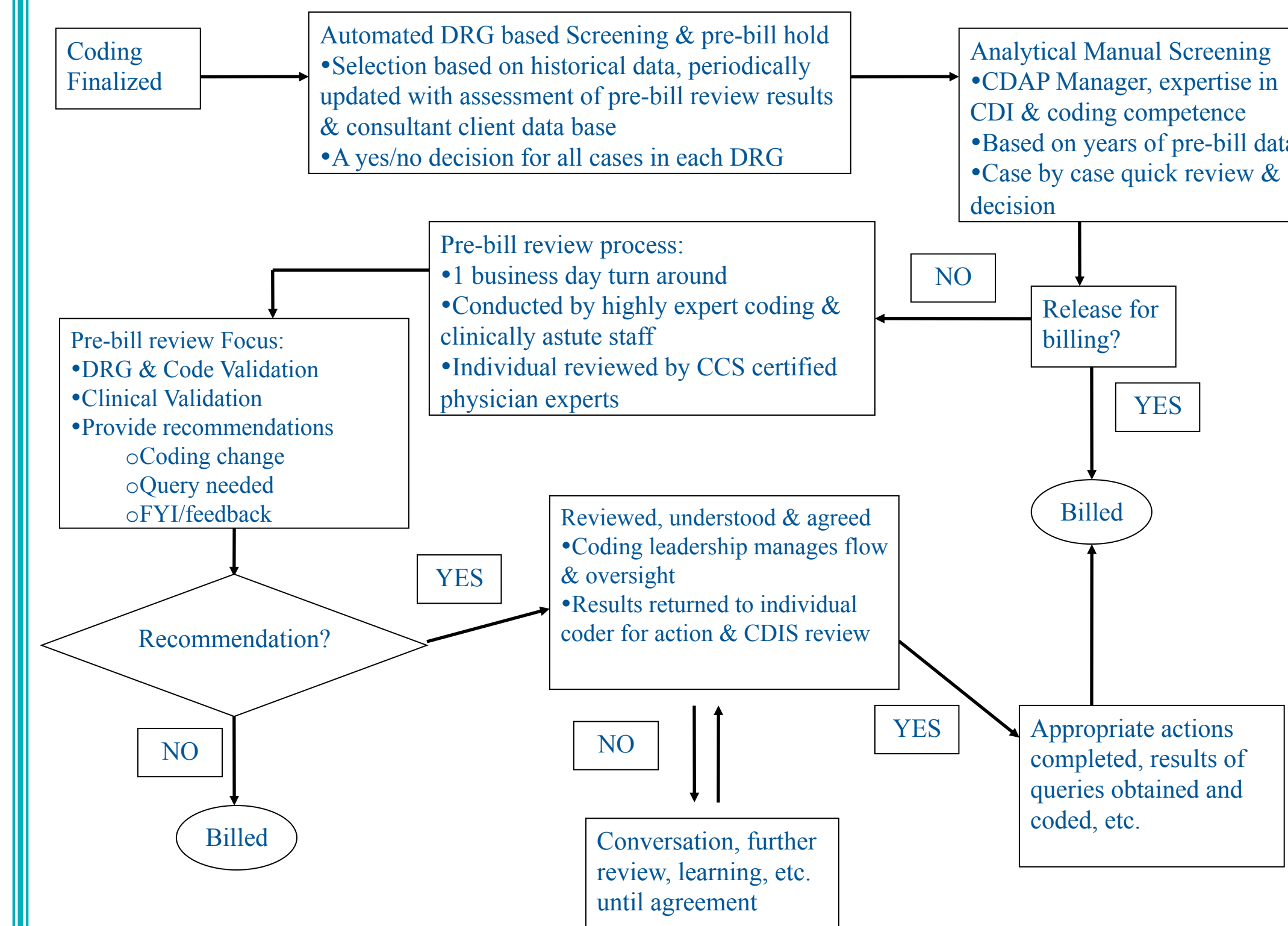
A key factor for success and full benefit: the ability to gather and evaluate data from pre-bill reviews.

- Specific factors to consider:
  - Categorizing the findings (what clinical & coding areas are most frequently identified)
  - Recording the success of actions taken, quantified **outcomes** (financial, CMI, ROM/SOI, etc.)
  - Driving findings and results to sub-categories and individuals

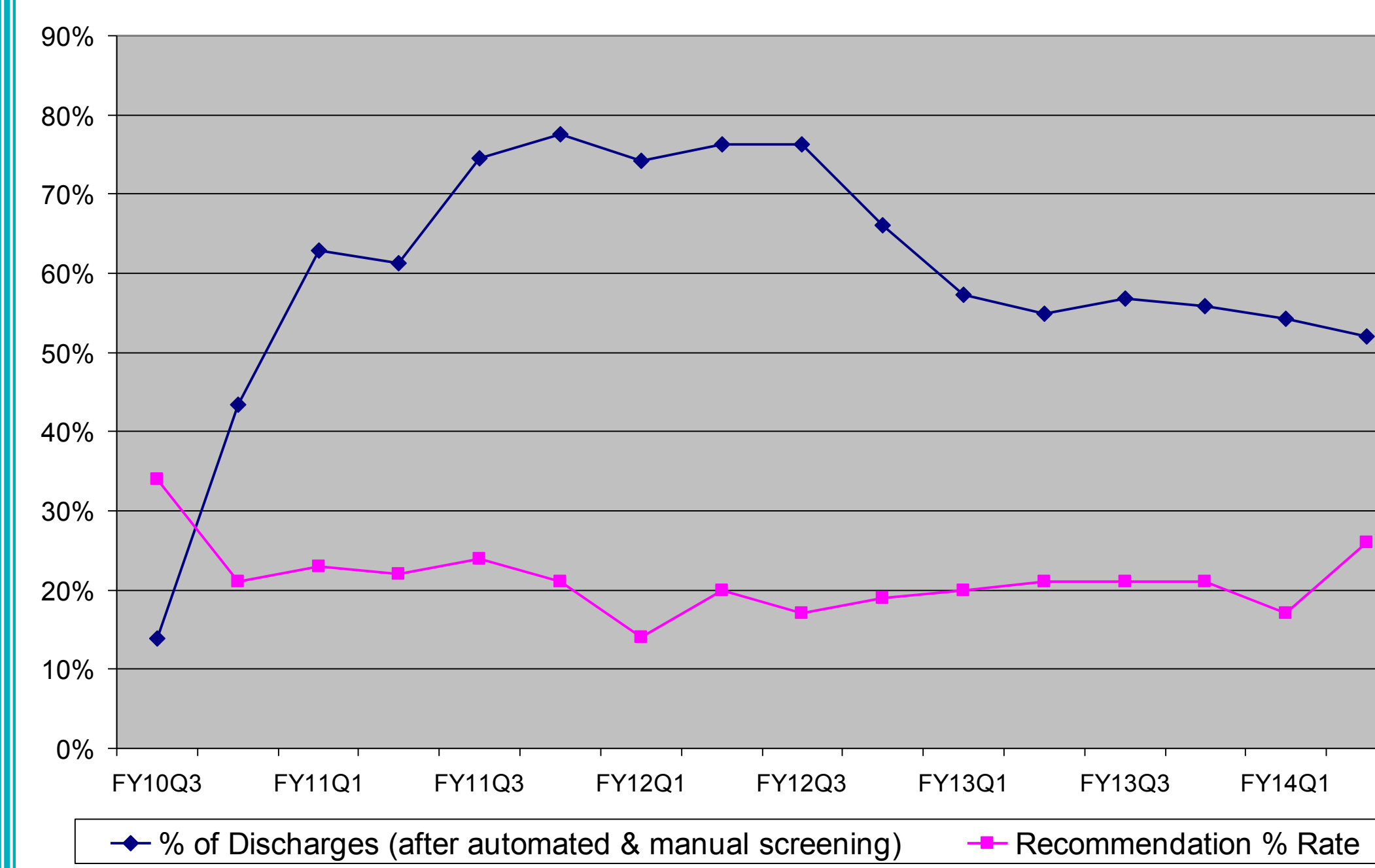
## PROCESS

- Data driven focused case selection
- 24 hour turn around by external consultant for reviewed cases
- Close communication & discussion surrounding recommendations
- Actions closely monitored by leadership

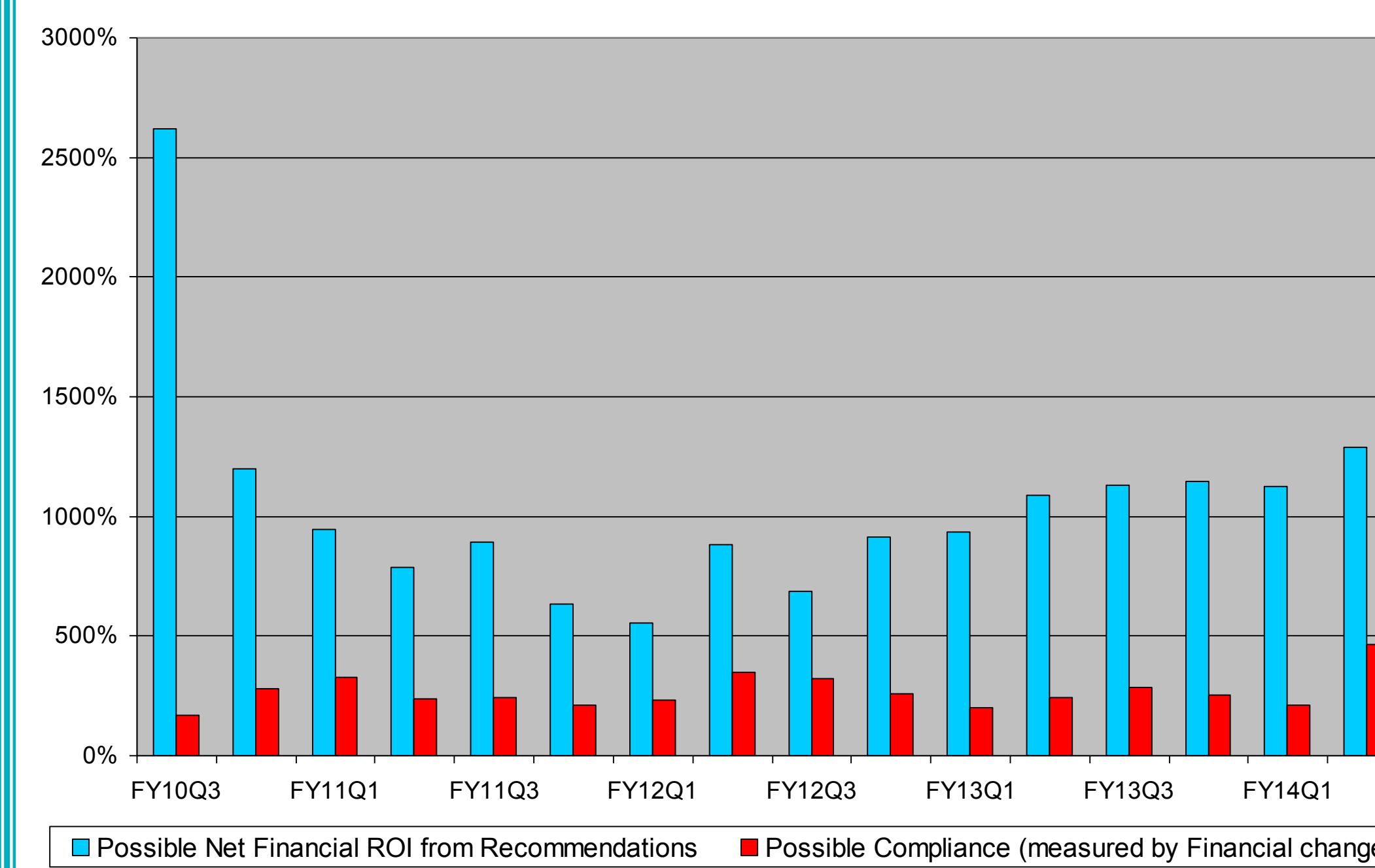
## Pre-Bill Review Process Outline



## Pre-Bill Review Measures



## Pre-Bill Review Outcomes



## PROCESS REFINEMENT EXAMPLES:

### Pre-Screening Process

In mid FY12, observing a trend of slightly lower ROI, conducted data analysis of the reviewed cases by DRG to determine both the frequency and quantified impact of recommendations.

- Utilized this data to develop an individual pre-screening process prior to forwarding for review.
  - Cases reviewed were limited to those DRG's with a lower frequency of findings (both potential improved DRG as well as compliance issues).
- Individual Case decisions (review vs bill) are made based on abbreviated direct chart review.
- Initiated process in 4th Qtr FY12, has resulted in a higher ROI and stabilized recommendation rate.

**Case Focus List:** as data supports, selected DRGs are removed from the target population.

### Improvements with Case Feedback & Review

- Forwarded daily to coding staff for review and action – core process element.
- Case sharing with CDS's had 2 areas of focus – a clerical staff member collects cases and forwards weekly to each CDS; selected findings were identified for group presentation.

### Query Process – several developments and enhancements

- Transition of queries toward inclusion of queries in the chart deficiency & suspension process
- Increased collaborative process between CDI & Coding staff

## REALIZED DIRECT BENEFITS

- Clear, consistent ROI – positive financial impacts & improved compliant coding, sequencing, etc.
- Improvement in O/E Mortality rating within University Healthsystems Consortium
- Education:
  - Over time, identification of several previously unknown / missed strategies that we were able to rapidly include into our normal processes
  - Periodic formal seminars focused upon clinical topics, coding expertise and industry developments (with AHIMA CEU's awarded)
  - Analytical identification of areas of weakness with corresponding improvements
  - Internal educational publications:
    - Monthly Documentation Tip (primary focus medical staff, also good for CDI/coding teams);
    - Coding Newsletter & Coding Tips.
    - Development of standard clinical topic references, models & query references.
- One of several key factors in guiding and informing standard coding practice
- Support with successful defense with RAC (& others) findings.

## COLLATERAL BENEFITS:

- (At least in part, if not completely, deriving from the ability to demonstrate ongoing objective value of CDI efforts through good data & outcomes; as well as identify & measure additional opportunities)
- Executive Physician Champion (2011)
- Growth of CDI team (serial growth of CDI team from 7 to 11 FTE's)
- Coding Educator FTE (2013)
- Significant benefit toward establishment of internal Coding Training Academy (2013)

## CHALLENGES:

- Conversion of possible ROI to actual
  - (largest factor is physician response; additionally -- need for consistent implementation of actions, process oversight, understanding & knowledge of staff influence)
- Driving education/findings into practice change (coding, CDI & medical staff)
- Periodic need to recycle through recurring clinical topics
  - (both as a large teaching hospital as well as aspects of cultural change processes)
- Maintaining the ongoing momentum and progress.

## NEXT & FUTURE STEPS

- We have expanded CDI programs & Pre-Bill reviews to all of our Acute Inpatient Hospitals (2012/13)
- Continued leverage and improvement of data processing
- Develop internal Physician Advisor skill sets (2014) -- Dedicated FTEs (50% of time or more);
  - Pre-bill chart reviews
  - Influence medical staff behavior
  - Education and collaboration with multiple stakeholders
  - Resource to CDI/Coding team
  - ICD-10 communication & preparation;
- Leveraging and applying Pre-bill Reviews as part of ICD-10 preparation and analysis