Health Care Reform
Improving Healthcare by Improving Medical Documentation
Mindy Taylor, JD, CCEP
Bernice Hecker, MD, MHA, FACC
Ruth Krueger, MS, RRT, CHC
Betty Bibbins, MD, BSN, CHC, C-CDI, CPEHR, CPHIT

Objectives

- Define CMS regulatory requirements for medical necessity
- Identify risks and challenges associated with requirements
- Provide a successful game plan
- Communicate key points and strategies to achieve and maintain relevance in clinical documentation integrity
Regulatory Requirements

Medical Record Documentation

Same lists

- Medical Necessity
- Legible, complete, dated, timed, authenticated records
- Medical history & exam (H&P)
- Nursing & medication notes, etc.
- Diagnosis = Impression
- Plan of care = recommendation
- Orders – signed, dated, timed
- Evaluation results & review
- All events
- Discharge Summary
- Final Diagnosis

Physician Clinic

Hospital
**Orders**

- Patient’s full name
- Additional identifier
- Service ordered
- Medical condition(s)
- Date
- **Physician Signature**

<table>
<thead>
<tr>
<th>Must Include</th>
<th>Exceptions</th>
</tr>
</thead>
</table>

**Clinical Diagnostic Laboratory Services**

- What constitutes an order?
- How does the requisition form factor in this equation?
- When is a signature required?
Signature Requirements

- Service provided/ordered signed by the author
- Handwritten or Electronic signatures ONLY!
- Exceptions
- Signature logs and Signature Authentication
- Electronic Prescribing
- CERT Review

Physician Supervision

**Definition**

For services furnished in the hospital or CAH or in an outpatient department of the hospital or CAH, both on- and off-campus, as defined in section 43.65 of this subchapter, 'direct supervision' means that the physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician or nonphysician practitioner must be present in the room when the procedure is performed. For pulmonary rehabilitation, cardiac rehabilitation, and intensive cardiac rehabilitation services, direct supervision must be furnished by a doctor of medicine or osteopathy as specified in §§410.47 and 410.49, respectively.
Incident To

- All Outpatient Therapeutic Services are provided “Incident To” a Physician’s Service
  - SSA §1861(s)(2)(B)

Observation Services

A well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital. Medicare Benefit Policy Manual Pub. Ch. 6, Section 20.6
Non Surgical Extended Duration Services

- Services that can last a significant period of time, have a substantial monitoring component that is typically performed by auxiliary personnel, have a low risk of requiring the physician's or appropriate nonphysician practitioner's immediate availability after the initiation of the service, and are not primarily surgical in nature. § 410.27(a)(1)(v)(A)

- 16 Hospital Outpatient Services Qualify
- Direct Supervision for Initiation of Services
- General Supervision for remainder of services

What Providers Know: Leading Documentation Errors

1. Tops on the list: Lack of justification for service setting and level of care (criteria)
   - Observation

2. No specific order

3. Physicians don't fully explain the impact of co-morbid conditions if active and related complications.

4. Handwritten notes are completely illegible. Times, dates, and signatures are missing

5. Electronic medical records are cut-and-pasted without updating, etc.
What Payers See: Questionable Care

“No” or “Insufficient documentation” (Error 21)
- Where are the notes?
  - EHR
  - “SOAP”, Impression, Recommendations, F/U
  - Timing - clinical flow
- Who is responsible for the patient/order(s)?
  - Signatures
- Is there an order?
  - Setting, service or item and specificity
- Is the problem list related to this patient?
- What kind of care is this?

What documentation problems drive....

Loss of clinical continuity & accountability
- Patient safety is jeopardized
Coding & Billing errors
  - Inability to code the claim accurately if don’t know physician reasoning
  - Increased need to query physician
Increased use of GZ modifier
Increased risk for denials
Increased risk for errors on CERT, RAC, MIC, MAC reviews
- Provider payments are jeopardized
Risk: Poor Outcomes

- Patient harm (treatment delays, wrong services, no services, complications),
- Problem provider, Outlier
- AND...great difficulty writing strong appeals.

What’s the Health System Challenge?

- Change Management
  - Resistance, Excuses, & Realities
    - Clinical and administrative workflow demands
    - Unclear requirements
    - Unclear roles and responsibilities
    - EHR has created problems of its own
What’s the Doctor’s Challenge

- Sick patients - documentation isn’t main concern -
- Clinical and administrative work load demands
- Unclear links between quality care and all required documentation
- Inadequate & interrupted information flow
- Medicalese - Doctors write for other doctors -
- Care coordination

Observation Documentation

- Observation Services must be specifically ordered by a physician or NPP
- Outpatient status
- Discharge or admit in less than 48 hours
- Start and End time
- Other hospital services
- Condition Code 44
Observation as Risk

- Criteria unclear
- Order for level of care
- Responsible physician
- Timed notes

Business Side of Medicine

- Promote complete, concise and clear documentation, consistent throughout the record
- Physician Buy-In for specificity and consistency
  - Control of their own destiny
  - Financial economic impact
Only the Physician, can document and treat a clinical diagnosis....
Focus is Now on the Physician

**Physician Quality of Care** - Providing and ordering a level of services that is sufficient to meet a patient's health care needs but not excessive, given the patient’s *documented* health status.

Physician services are estimated to account for **20 percent** of total health care expenditures, whereas their influence is estimated to account for up to **90 percent of this spending**.
Establishing Relevance

- Business Mindset
  - Hindsight and foresight
  - Promote business relationship of clinical documentation
  - Knowledge and relevancy of CMS/MAC updates impacting physicians
  - Form and cultivate collaborative approach and business relationship with physicians
  - “Collaborative” vs. “One Sided Communication”

Maintaining Relevance

- Sign up for CMS list serves:
- Listen to CMS Open Door Forums:
  - http://www.cms.gov/OpenDoorForums/05_ODF_SpecialODF.asp
- Sign up for applicable Medicare Administrative Contractor newsletters:
- CMS RAC website:
  - http://www.cms.gov/RAC
Maintaining Relevance

- Perusing journals
  - American Medical News:
  - Healthday:
  - Medpage Today:
    - http://www.medpagetoday.com/
  - Physician News:
    - http://www.physiciansnews.com/
  - Fierce Health Care:
    - http://www.fiercehealthcare.com/

Other Resources

- Association for Integrity in Health Care Documentation
  - www.AIHCD.com
- Federal Register listserv:
  - http://www.gpoaccess.gov/fr/
- AHA News Now- Daily e-zinc update of healthcare news:
  - http://ahaneWS.com/ahaneWS_app/index.jsp
- AIS Health Business Daily:
- AIS Health Government News of the Week:
**Other Resources**

- Comprehensive Error Rate Testing Program (CERT website)

- HCPRO weekly free newsletters

- Becker’s Hospital Review (can also sign up for weekly newsletter)