2011 HIMSS Middle East
Riyadh, Saudi Arabia
Cost Recovery and IT Systems
E&M Coding Implementation

Jeffrey Butts
CIO Al Rahba Hospital
May 29, 2011

Agenda

- Hospital Overview
- Government’s Requirement
- What are E&M Codes?
- Revenue Implications of non-compliance
- Educating Ourselves on E&M
- Workflows
- Enterprise Battles
- Internal Readiness Assessment
- Accreditation Process
- The Audit
Hospital Overview

- The Hospital was officially opened on 16 August, 2003.
- Hospital Type: Secondary Care
- Total Bed Capacity: 163 Beds, Operational Beds: 141 Beds
- First Public Hospital in United Arab Emirates accredited by Joint Commission International in May 2006
- Effective July 2008, managed by Johns Hopkins International under patronage of SEHA & HAAD
- Work Force is composed of internationally qualified & experienced staff members from 37 different nationalities.
- Distance to Abu Dhabi City: 50 KM
- Distance to Dubai: 110 KM
- Full HIS and ERP implementations
Scope of Services

- Cardiology
- Dentistry
- Dermatology
- Dialysis
- Dietetics
- Ear, Nose and Throat
- Emergency Medicine
- Endocrinology
- Gastroenterology
- General Surgery
- Internal Medicine
- Intensive Care Services
- Lab. Medicine
- Neonatal Intensive Care
- Nephrology
- Neurosurgery
- Obstetrics and Gynecology
- Ophthalmology
- OMS
- Orthopedics
- Pediatrics
- Pharmacy
- Physiotherapy
- Radiology
- Rheumatology
- Speech Therapy
- Trauma Care
- Vascular Surgery

Hospital Volumes

<table>
<thead>
<tr>
<th>Area</th>
<th>2010 Totals</th>
<th>% Increase from 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Visits</td>
<td>77,397</td>
<td>46%</td>
</tr>
<tr>
<td>Inpatient Days</td>
<td>36,620</td>
<td>6%</td>
</tr>
<tr>
<td>Births</td>
<td>1,767</td>
<td>10%</td>
</tr>
<tr>
<td>ED Visits</td>
<td>70,918</td>
<td>1%</td>
</tr>
</tbody>
</table>
### Outpatient Volumes

<table>
<thead>
<tr>
<th>Area</th>
<th>2009 Totals</th>
<th>2010 Totals</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB/GYN</td>
<td>14,766</td>
<td>21,458</td>
<td>45%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2,845</td>
<td>8,864</td>
<td>212%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>896</td>
<td>3,150</td>
<td>252%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>3,959</td>
<td>6,586</td>
<td>66%</td>
</tr>
</tbody>
</table>

### HIS Structure

- All government owned hospitals and clinics on a single database
- Any enterprise changes must go through enterprise change control
- HIS housed in external datacenter
Government Requirement

- The Health Authority Abu Dhabi (HAAD) mandated that E&M codes begin appearing on claims beginning January 2011 for the following services:
  - Outpatient Clinic Visits
  - Emergency Room Visits

- Can bill but not subject to reduced rate penalty
  - Consultations (IP & OP)
  - Confirmatory Consultation
  - Hospital Observation Services

Government Requirement

- Services Not Scheduled:
  - Inpatient Unit Visits & Discharge Services
  - Case Management Services
  - Observation Services
  - Preventive Services
  - Newborn Care Services
  - Prolonged Care Services
  - Neonatal Intensive Care Services
Revenue Opportunity

- As of September 1st, billing could begin with E&M codes.
- 45 day requirement to have the codes appear on an e-Claim
- Required to pass audit before billing

Financial Challenge

- Audit Passed: Bill by E&M Rates as per the appropriate fee schedule
- Audit Not Passed: GP/Specialist Rates or Blended Rate (Lowest)
- August 2010: Training & Rolling out
- 1st September to January 2011: Implementation
**Revenue Implications**

### Current Visit Charges Vs E&M Charges

<table>
<thead>
<tr>
<th>Current Codes</th>
<th>Range of Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>100</td>
</tr>
<tr>
<td>10</td>
<td>190</td>
</tr>
<tr>
<td>11</td>
<td>250</td>
</tr>
</tbody>
</table>

### After New Billing Implementation

<table>
<thead>
<tr>
<th>E&amp;M codes</th>
<th>Published Price (Basic Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>126</td>
</tr>
<tr>
<td>99202</td>
<td>219</td>
</tr>
<tr>
<td>99203</td>
<td>321</td>
</tr>
<tr>
<td>99204</td>
<td>492</td>
</tr>
<tr>
<td>99205</td>
<td>620</td>
</tr>
<tr>
<td>99211</td>
<td>68</td>
</tr>
<tr>
<td>99212</td>
<td>130</td>
</tr>
<tr>
<td>99213</td>
<td>211</td>
</tr>
<tr>
<td>99214</td>
<td>318</td>
</tr>
<tr>
<td>99215</td>
<td>431</td>
</tr>
<tr>
<td>99281</td>
<td>68</td>
</tr>
<tr>
<td>99282</td>
<td>130</td>
</tr>
<tr>
<td>99283</td>
<td>211</td>
</tr>
<tr>
<td>99284</td>
<td>318</td>
</tr>
<tr>
<td>99285</td>
<td>431</td>
</tr>
</tbody>
</table>

### Benefits of E&M Codes?

- New regulation from HAAD & SEHA for implementation from September 1st and onwards across all facilities in the Emirate of Abu Dhabi.
- Ability to know the charge for level of service according to the new fee schedules.
- Financial benefits by implementing E&M Codes, improved Revenue.
- Integrate revenue generation with physician productivity and compensation.
- Improve Clinical documentation to ensure standard of care.
E&M Stands for…

- Evaluating patients/problems/needs
- Planning, executing & coordinating treatment/wellness activities

Evaluation and Management coding was introduced by the American Medical Association and CMS in 1993.

Ever since, providers have been confused about how to best document and bill for these services.
**History**

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Review of System (ROS)
- Past, Family & Social History (PFSH)

**Examination**

- Multiple Organ System
  Or Multiple Body Area

- Or

- Single Organ System
  Or Single Body Area
Medical Decision Making

1. Diagnoses
   List of Diagnoses; yet specify self limited, improving or worsening, new problem with or without additional work etc.

2. Data
   Not an additional task. Data means, all your routine reviewing and/or ordering investigations (lab/Imaging), Medicine etc. Do not forget to document about any discussion with other physician about coordinating the patient care or with a radiologist, because, it adds up points if you make documentation that substantiate these activities.

3. Risk
   Indicate mortality/morbidity risk of diagnoses/problems documented, diagnostic tests and management options ordered or planned as per the Risk Matrix. Even though this is an additional task to your usual documentation, yet, it is much easier with ‘Cerner E&M tool’ to select the risk levels.

E&M Components & Sub components

Each E&M Code

- History
  - CC
  - HPI
  - ROS

- Physical Exam
  - PFSH

- Medical Decision Making
  - Diagnosis
    - Single Organ System Or Body Area
  - Risk
    - Multi Organ System Or Body Area
  - Data

See slides
The Anatomy of E&M Codes

- Every E&M service is represented through a 5 digit & starts with “99” (Example 99201).
  - The code also identifies the types of services (IP, OP, ED, Critical Care)
  - New or established patient.
  - Contributory factors such as counseling or coordination of care, that impacts the service
  - Average time required to provide different levels of physician professional services.

The Anatomy of E&M Codes & Examples

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99202</td>
<td>Outpatient Clinic, New patient, Level 2</td>
</tr>
<tr>
<td>99223</td>
<td>Inpatient Initial Care (At Admission) Level 3</td>
</tr>
<tr>
<td>99242</td>
<td>Outpatient Consultation Service, Level 2</td>
</tr>
<tr>
<td>99251</td>
<td>Inpatient Initial Consultation Service, Level 2</td>
</tr>
<tr>
<td>99381</td>
<td>Preventive service (Wellness Clinic), New patient up to 1 year old</td>
</tr>
</tbody>
</table>
Educating Ourselves

- Outsource Training
  - False Path

- Understanding the HIS functionality
  - Note entries, including H&P, are automatically mapped to E&M Assistant

- Positioning with Clinical Leadership

- Positioning with Enterprise Financial Leadership
  - Single Database

Timeline:

- 08 Aug: Training Commences
- 09 Aug: Overview & Exercises
  - Session Duration: Four Hours
  - Target: 120/120 Physicians
  - Time Frame: 1 ½ Month
  - One-on-one training
  - Just in time training
  - Elbow-to-elbow support
  - Additional training
- 17 Aug: Internal Audits Begins
- 20 Sept: EM Go Live
- Oct-Nov: HAAD External Audit
  - Chart Audits
  - Physician Interviews
- Dec 2010: E&M Billing Starts
  - After passing Audit
- 20 Sept: Physician to start from day following training

Target: 120/120 Physicians
Training Commences
**Gap Analysis**

- **Workflow Redesign**
  - Coders and Billing system

- **Training**

- **IT Gaps**
  - Reporting – this takes time
  - Extract to billing – picking up the E&M codes
  - Templates built out in HIS – prior didn’t support E&M codes

- **Audit Preparation**
  - Scheduling
  - Putting a plan in place

---

**Workflows**

- **Intermediate State**
  - Loosely coupled HIS/Billing systems
  - Enterprise Battles
    - Coders versus E&M Assistant

- **Future state**

- **Future Future State**
  - Integrated system
Training

- Develop collateral
  - View Training Slides
- HIS Tool
- Scheduling

Reporting

<table>
<thead>
<tr>
<th>E &amp; M Compliance by Physician</th>
<th>Total MRN</th>
<th>E &amp; M Done</th>
<th>% of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>MRN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*******</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>*******</td>
<td>18</td>
<td>18</td>
<td>100%</td>
</tr>
<tr>
<td>*******</td>
<td>13</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>*******</td>
<td>26</td>
<td>25</td>
<td>96%</td>
</tr>
<tr>
<td>*******</td>
<td>20</td>
<td>19</td>
<td>95%</td>
</tr>
<tr>
<td>*******</td>
<td>18</td>
<td>17</td>
<td>94%</td>
</tr>
<tr>
<td>*******</td>
<td>18</td>
<td>17</td>
<td>94%</td>
</tr>
<tr>
<td>*******</td>
<td>21</td>
<td>19</td>
<td>90%</td>
</tr>
<tr>
<td>*******</td>
<td>8</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>*******</td>
<td>23</td>
<td>20</td>
<td>87%</td>
</tr>
<tr>
<td>*******</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>*******</td>
<td>20</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>*******</td>
<td>13</td>
<td>9</td>
<td>69%</td>
</tr>
<tr>
<td>*******</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td>*******</td>
<td>11</td>
<td>7</td>
<td>64%</td>
</tr>
<tr>
<td>*******</td>
<td>18</td>
<td>8</td>
<td>44%</td>
</tr>
<tr>
<td>*******</td>
<td>12</td>
<td>3</td>
<td>25%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>278</td>
<td>234</td>
<td>84%</td>
</tr>
</tbody>
</table>
### E & M Compliance by Medical Service

<table>
<thead>
<tr>
<th>Medical Service</th>
<th>Total MRN</th>
<th>E &amp; M Done</th>
<th>% of Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med-Dermatology</td>
<td>13</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Surgery-Neurosurgery</td>
<td>13</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Surgery-Peripheral Vascular</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Paediatrics-General</td>
<td>44</td>
<td>42</td>
<td>95%</td>
</tr>
<tr>
<td>Surgery-Otolaryngology</td>
<td>18</td>
<td>17</td>
<td>94%</td>
</tr>
<tr>
<td>Surgery-General</td>
<td>28</td>
<td>26</td>
<td>93%</td>
</tr>
<tr>
<td>Med-General</td>
<td>21</td>
<td>19</td>
<td>90%</td>
</tr>
<tr>
<td>Surgery-Orthopedics</td>
<td>38</td>
<td>32</td>
<td>84%</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>94</td>
<td>64</td>
<td>68%</td>
</tr>
<tr>
<td>Med-Nephrology</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>278</strong></td>
<td><strong>234</strong></td>
<td><strong>84%</strong></td>
</tr>
</tbody>
</table>

### The Audit Process

**Audit Company, Criteria & Scores**

- **Audit Company**: must choose an authorized agency by Health Authority Abu Dhabi
- **The Coding Audit will give:**
  - A coding accuracy score for the facility, which will range from 0-100.
  - A coding completeness score for the facility, which will range from 0-100.
  - An E&M coding score, if the facility has taken the E&M audit option, from 0-100
The Audit Process

- **Phase 1: Selection of Charts for review and individual staff members for online & onsite Interviews**
  - Facility to provide list of all physicians by volume of OP, IP & ED as per recent three months of activities. Auditor selects five physicians at random based on volume and specialties.
  - Facility to provide list of Coders & Finance department staffs: Auditor Selects, Head of Medical Records/HIM Department, one Coder & one Finance staff member

- **Phase 2: Online Questionnaire & chart review**
  - Auditor directly contacts selected individual and complete online questionnaire. Links to online questionnaire will be send directly to the individual staff members
  - Based of type of Patient Records (Paper Based / Electronic) Auditor prefers online or offline chart reviews.
The Audit Process

- Phase 3. Onsite Audit & Interviews
  - Coding Workflow, Quality Assurance, Policy Procedures
    - Auditor review relevant policies & procedures, coder qualifications, workflows, quality indicators along with the Head of Medical Records Department.
  - Interviews
    - Head of Medical Records Department, 1-2 Coders, 1-2 Finance Staff members
    - The purpose of the interview is to understand adherence with workflows and procedures depicted in relevant policies, and standards depicted in Health Authority coding audit guidelines.
  - Coding observation
    - Auditor observe coding process within Clinical coding section in real-time. Adherence to workflows, coding guidelines, physician communication etc. will be assessed.

Abu Dhabi Clinical Coding Audit - Scoring Process Template: ALR-HOS

<table>
<thead>
<tr>
<th>Process Map</th>
<th>Weightage</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no written Process - deduct 100 points</td>
<td>Outpatient Unit 40 %</td>
</tr>
<tr>
<td>There is no coder-physician feedback loop - deduct 10 points</td>
<td>Emergency Dept 20 %</td>
</tr>
<tr>
<td>There is a minimum of two quality control check points - if less deduct 20 points</td>
<td>Inpatient Unit 40 %</td>
</tr>
<tr>
<td>Coders and Coding are independent of, and do not report directly to, the Insurance, Billing &amp;/or Accounts Departments - if not deduct 50 points</td>
<td>Total 100 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scoring Process Understanding and Adherence</th>
<th>Process Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no credentialed coders, i.e., a coder who has completed a coding course in ICD-10CM and CPT with a certificate as proof CCA, CCS, CCS-P or CRC from AHIMA or AAPC - deduct 10 points</td>
<td>0</td>
</tr>
<tr>
<td>There is no evidence of coding continuous education - deduct 5 points</td>
<td>0</td>
</tr>
<tr>
<td>There was a discrepancy between what was observed and the process diagram - deduct 15 points</td>
<td>0</td>
</tr>
<tr>
<td>There was a discrepancy between what was articulated during the interviews and the process diagram - deduct 5 points</td>
<td>0</td>
</tr>
<tr>
<td>The head of the Medical Records Department was unable to explain the current state process - deduct 20 points</td>
<td>0</td>
</tr>
</tbody>
</table>
The Audit Results

- **Audit Report**
  - Auditor will send preliminary Audit Report to the facility for clarifications, along with list of all chart reviews and recommendations.

- **HAAD review & Publishing**.
  - After confirmation from the facility, the Auditor will send the final report to HAAD Clinical Coding Committee for review & approval.
  - When approved the result will be published in Health Authority Website.

### Coding Quality of (Al Rahba - Hospital)

<table>
<thead>
<tr>
<th>Work Types</th>
<th>Score</th>
<th>Weights</th>
<th>Points</th>
<th>E&amp;B (%)</th>
<th>Completeness Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatients clinics - (50)</td>
<td>96.10</td>
<td>40</td>
<td>38.44</td>
<td>100.00</td>
<td>97.10</td>
</tr>
<tr>
<td>Outpatient clinics - (50)</td>
<td>97.70</td>
<td>40</td>
<td>39.08</td>
<td>98.00</td>
<td>96.60</td>
</tr>
<tr>
<td>Emergency dept - (50)</td>
<td>97.30</td>
<td>20</td>
<td>19.46</td>
<td>100.00</td>
<td>99.00</td>
</tr>
<tr>
<td>Accuracy</td>
<td></td>
<td></td>
<td>96.98</td>
<td>99.00</td>
<td>97.57</td>
</tr>
<tr>
<td>Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coding Quality of (Al Rahba - Hospital)</td>
<td></td>
<td></td>
<td>96.98</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Audit Results

Results against the criteria:

<table>
<thead>
<tr>
<th>Coding Certification Criteria</th>
<th>Passing Score – 1 Year Certification</th>
<th>Passing Score – 2 Year Certification</th>
<th>Al Rahba Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coding Completeness</td>
<td>80%</td>
<td>85%</td>
<td>98%</td>
</tr>
<tr>
<td>Coding Quality*</td>
<td>80%</td>
<td>85%</td>
<td>97%</td>
</tr>
<tr>
<td>E&amp;M Coding</td>
<td>90%</td>
<td>95%</td>
<td>99%</td>
</tr>
</tbody>
</table>

*Coding accuracy and coding process

Current State

Major Outstanding Issues

- The extract that to pull codes from our HIS for eClaims and not picking up the E&M code. We are still doing this manually.
- Our coders can’t get to the ED charts into the system in time so many bills are still going out without proper E&M coders.
  - This is a resource issue
- Doctors concerns:
  - Taking too much time to document
  - Can’t get above a level one