



# CHANGES TO JDC METHODOLOGY

JAWDA Data Certification



BUSINESS ASSURANCE

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# JDC METHODOLOGY- CHANGES

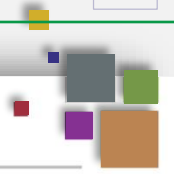
- CHANGE IN STRUCTURE
- SCOPE
- CLAIMS INFORMATION LINKING TO KPI
- CHANGES TO EXISTING DOMAINS
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- SCORING WEIGHTS
- RE-AUDIT PROCESS
- NEW IN AUDIT SCOPE:
  - DENTAL
  - SELF-PAY
  - MYSTERY PATIENTS



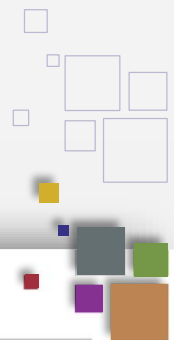
# CHANGES IN STRUCTURE



TOPIC	CURRENT	CHANGE	REMARKS
Structure of Methodology	Methodology includes Audit process & guidelines as Certification rules	Methodology has 2 parts- Part - 1) Standard Part - 2) Annexure-Certification Rules. <ul style="list-style-type: none"> <li>▪ Structure is based on PDCA style.</li> <li>▪ Certification rules are part of the methodology.</li> <li>▪ Documentation and Implementation requirements to facilities is mentioned in standard</li> <li>▪ Rules for certification process mentioned in Annexure.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Organized and provides details of requirements to healthcare facilities as:                             <ul style="list-style-type: none"> <li>✓ Leadership</li> <li>✓ Planning</li> <li>✓ Documentations &amp; implementation</li> <li>Review of performance,</li> <li>Monitoring,</li> <li>✓ Corrective actions</li> </ul> </li> </ul>

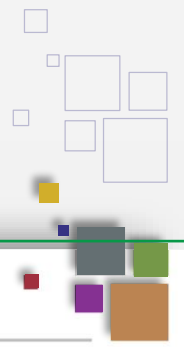


# METHODOLOGY STRUCTURE

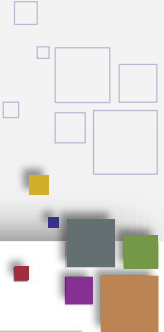
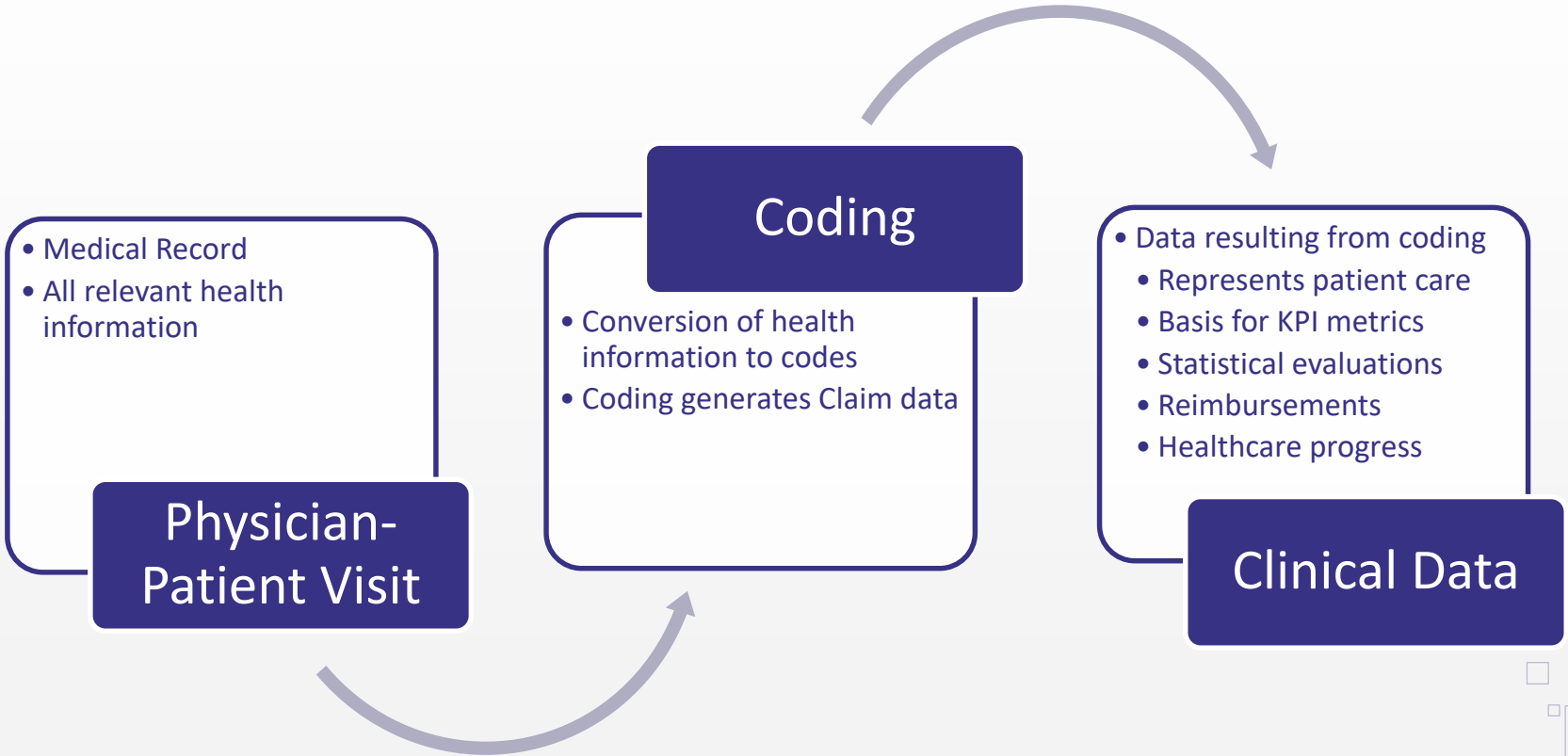


# SCOPE AND EXPANSION

TOPIC	CURRENT	CHANGE	REMARKS
Expansion of Applicability	Centers/Clinics Hospitals, Home Care Centers, Long Term Care Centers, Rehabilitation Centers and Hospitals	Addition of Dental, Self-Pay facilities and Mystery Patients to the current applicability	Clinical Coding Process Review and Claims Review for Dental and Self-Pay services.
Extension of Scope	<ul style="list-style-type: none"> <li>Clinical Coding Process Review</li> <li>Claims Review</li> <li>KPI Process Review</li> <li>KPI Data Validation on Waiting time indicators (Hospitals only);</li> </ul>	<p>In addition to current,</p> <ul style="list-style-type: none"> <li>KPI Process review and Data validation is applicable for 26 JAWDA Clinical Quality indicators in addition to Waiting time</li> <li>Also applicable to Home Health care Long Term Care and Rehabilitation providers.</li> </ul>	Mystery patients applicable to all the facilities in scope of audit.



# CLAIMS INFORMATION LINKING TO KPI



# CLINICAL CODING PROCESS REVIEW CHECK LIST

## CLINICAL CODING PROCESS REVIEW

- **Coding & Claims process flow and effectiveness of process implementation**

- ✓ Coding Process Flow Chart/Map & Comparison to the implemented process
- ✓ Effectiveness of mentioned processes of involved functions

- **Policies and Implementation review**

- ✓ Healthcare Documentation Policy & Implementation
- ✓ Medical Records Policy and implementation
- ✓ Coding policies and Processes Implementation

- **Training, orientation and continuing education maintenance policy**

- ✓ New employee orientation & training
- ✓ Training Manuals
- ✓ Accessibility of regulatory guidance
- ✓ Ethical policies, quality policy
- ✓ Health information system user training

- **Coder Credentials status and maintenance**



# CLAIMS REVIEW – SAMPLE

TOPIC	CURRENT	CHANGE	REMARKS
Sample Type	Current sample is per settings as Outpatient, Inpatient, Emergency, Day case, Home Care	In addition to current, distinct sample for Dental and Self-Pay claims	
Random / Focused Sample	Random sample as per scientific formula	50-60% - Random selection 40-50% - Quality focused selection (To apply additional criteria from JAWDA indicators)	Focus on the quality of claims submission in relation to JAWDA indicators
Random sample sharing time	24 hrs. prior to audit	On the Day of audit (Except for Inpatient and Home Care/Long Term Care Centers)	Process of mapping the claim to visit record should be made pre-available
Focus on Documentation	Current claims scoring criteria does not have deduction for gaps in documentation	Documentation gaps are scored as completeness errors without impact on passing criteria	This gives facilities ample time to focus & improve on documentation aspects





# CLAIMS SAMPLE SIZE

## Hospitals

Tier	Claims Volume/Year	Claim Sample
Tier 6-H	700,001 to 1,000,000	263
Tier 5-H	400,001 to 700,000	218
Tier 4-H	200,001 to 400,000	165
Tier 3-H	100,001 to 200,000	120
Tier 2-H	50,001 to 100,000	83
Tier 1-H	<=50,000	64

## Centers/Clinics

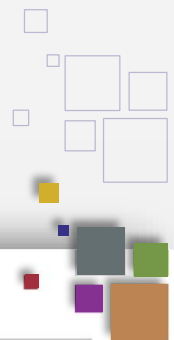
Tier	Claims Volume/Year	Claim Sample
Tier 6-M	150,001 to >=250,000	100
Tier 5-M	100,001 to 150,000	80
Tier 4-M	50,001 to 100,000	65
Tier 3-M	25,001 to 50,000	45
Tier 2-M	10,001 to 25,000	32
Tier 1-M	<=10,000	25

## Home Health Care/Long Term Care/Rehabilitation

Tier	Claims Volume/Year	Claim Sample
Tier 2-HC	15,001 >= 26,000	33
Tier 1-HC	<=15,000	24

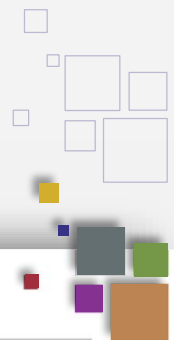
## Dental

Tier	Claims Volume/Year	Claim Sample
Tier 4-D	50,001 to >=100,000	35
Tier 3-D	30,001 to 50,000	30
Tier 2-D	15,001 to 30,000	25
Tier 1-D	<=15,000	20



# CLAIMS REVIEW – HOME HEALTH CARE

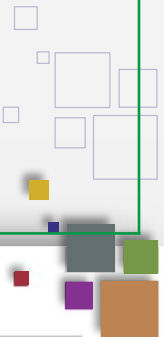
TOPIC	CURRENT	CHANGE
Home Health Care	<ul style="list-style-type: none"><li>Same scoring criteria as Out patient</li></ul>	<ul style="list-style-type: none"><li>Distinct error scoring criteria for Home Health Care</li><li>Efforts to minimize the claim sample from same authorization period</li></ul>
	<ul style="list-style-type: none"><li>Claims from same authorization period</li></ul>	<ul style="list-style-type: none"><li>Portion of sample is related to KPI indicators</li><li>KPI Process Review and KPI Data validation is included</li></ul>



# KPI PROCESS REVIEW CHECK LIST

## KPI PROCESS REVIEW - ROBUSTNESS (50 POINTS)

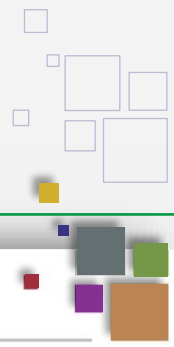
- Applicable KPI
  - Approved KPI profiles
- Data collection personnel
  - Lead(s)
  - Data collectors
  - Training records
  - Roles and responsibilities
- KPI Report
  - Reliable data
  - Approval panel and authorizations
  - Clear organized report
- Data Submission
  - Data checklist
  - Submission logs
  - Authentications
- Data Collection
  - Collection plan
  - Source
  - Forms
  - Tools
  - Responsibility
  - Approval
- Policies and forms
  - Quality policy
  - Adverse and sentinel events
  - Incident Reporting
  - Corrective / Preventive action
- Data Integrity and Backup plan
  - Data privacy
  - Confidentiality
  - Data Security
  - Approved backup plan



# KPI PROCESS REVIEW CHECK LIST

## KPI PROCESS REVIEW - QUALITY GOVERNANCE (50 POINTS)

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>▪ Management review</li><li>▪ Quality monitoring</li><li>▪ Committees and actions (Quality Committee)</li><li>▪ Internal Audits</li><li>▪ Staff Awareness</li><li>▪ KPI Risk Management</li></ul> | <ul style="list-style-type: none"><li>✓ Approved Management Review Policy, Committee Policy, Quality policy, Internal Audit Policy, risk Assessment Policy</li><li>✓ Meeting plans, Meeting agenda, Approved minutes of meeting with clear actions, responsibilities and target dates</li><li>✓ Approved regular data collection plans, Calculation, Trend analysis, Progress</li><li>✓ Quality records / report</li><li>✓ Records of previous minutes (at least last quarter) and review of progress and actions.</li><li>✓ Internal audits, records</li><li>✓ Corrective / Preventive actions</li><li>✓ Annual regular internal communication plan</li><li>✓ Approved Mitigation Plan for all identified risks</li></ul> |
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# KPI DATA VALIDATION CHECKLIST

## KPI - DATA VALIDATION

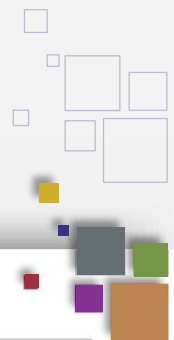
- Domains and Sub-Domains of KPI
- Validation of applicable indicators
  - Numerator
    - Inclusions
    - Exclusions
  - Denominator
    - Inclusions
    - Exclusions
  - Calculation
  - Traceable to source and Regeneration of report
  - Timelines of Submission
- Tracking to the source
- Random sampling method to verify any single KPI.



# NON-CONFORMITIES/ CORRECTIVE ACTIONS

## CONFORMITY – NON CONFORMITY – CORRECTIVE ACTION

<p><b>1. Conformity:</b></p> <p><b>2. Non-Conformance:</b></p> <ul style="list-style-type: none"><li>○ Major Non-Conformity</li> <li>○ Minor Non-Conformity</li></ul> <p><b>3. Corrective Action:</b></p> <ul style="list-style-type: none"><li>○ Root cause</li><li>○ Corrective Action</li><li>○ Responsible Person</li><li>○ Target Date</li></ul>	<ul style="list-style-type: none"><li>▪ Has an objective evidence of conformity to standard requirement</li><li>▪ is categorized to Major and Minor<ul style="list-style-type: none"><li>○ A fundamental or important issue that requires an action as soon as possible without which a process may result in unproductive or ineffective outcome</li><li>○ An issue, resolution of which would improve overall effectiveness / efficiencies of the process</li></ul></li><li>▪ Corrective actions are steps that are taken to eliminate the causes of existing nonconformities in order to prevent recurrence</li></ul>
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# CHANGES IN SCORE WEIGHTS BY DOMAIN

## Current weights by Domain

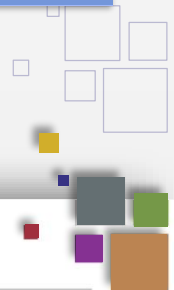
HOSPITALS	
SCOPE	WEIGHT
Claims Review Score	60
Clinical Coding Process Review Score	20
KPI Process Review Score	15
KPI Data Validation Score	5

CENTERS/CLINICS/HOME CARE CENTERS	
SCOPE	WEIGHT
Claims Review Score	80
Clinical Coding Process Review Score	20

## New weights by Domain

HOSPITALS & HOME CARE /LONG TERM CARE/ REHABILITATION PROVIDERS	
SCOPE	WEIGHT
Claims Review Score	40
Clinical Coding Process Review Score	10
KPI Process Review Score	35
KPI Data Validation Score	15

CENTERS/CLINICS	
SCOPE	WEIGHT
Claims Review Score	80
Clinical Coding Process Review Score	20



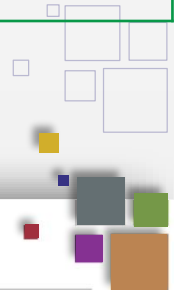
# CLAIMS REVIEW - CHANGES



TOPIC	CURRENT	CHANGE	REMARKS
Scoring weights per setting	Equal weights for all applicable settings	Total score weight is as per claim distribution ratio	This will eliminate the scoring concern of low claim in any particular setting

Current scoring method-Weightage per setting				
Type of Setting	Claim count	Actual Score	Score Weights	Final Score
Outpatient (100)	38	88	50%	44
Day case* (100)	2	80	50%	40
Final Score		40		<b>84.00</b>

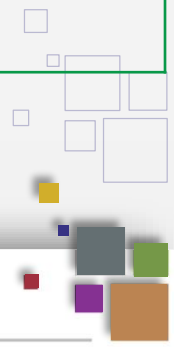
New method-Weightage as claim distribution				
Type of Setting	Claim Count	Claim distribution ratio	Actual Score	Final Score
Outpatient (100)	38	95%	88	$95 * 88 / 100 = 83.60$
Day case* (100)	2	5%	80	$80 * 5 / 100 = 4.00$
Final Score		40		<b><math>83.60 + 4.00 = 87.60</math></b>





# RE-AUDIT PROCESS

TOPIC	CURRENT	CHANGE	REMARKS
Re-Audit	Re-Audit Conducted in 2 phases. 1) Clinical Coding Process Review 2) Claims Review (uninformed) 3) KPI Process 4) KPI Data Validation	Re-audit only on the problem area <ul style="list-style-type: none"><li>• Process review or claims review or KPI;</li><li>• Sample size will be equal to sample size of the lowest tier of relevant Facility type.</li><li>• Re-Audit after 2 months instead of 6 months for Claims and KPI</li></ul>	Reduced Re-audit cost



# NEW INCLUSIONS - JDC

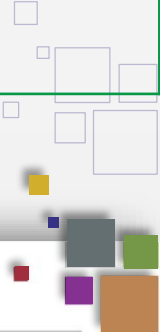
- Methodology Structure
- Scope
- **Applicability of New Domains**
  - Dental
  - Self-Pay
  - Mystery Patients



# NEW – DENTAL AND SELF-PAY



TOPIC	NEW IN SCOPE	REMARKS
Dental & Self-Pay	<ul style="list-style-type: none"> <li>▪ Scoring similar to coding process review and claims</li> <li>▪ No impact of not passing in the first Year</li> <li>▪ A distinct random sample shall be provided by DoH</li> <li>▪ Verification of documentations, patient consents and bills of the rendered services for self-pay</li> <li>▪ New facility listing and extension is a requirement</li> </ul>	Not passing or concern areas may result in follow up or Re-audit
Mystery Patients	<p>The audit of Mystery Patients shall be conducted to measure the patient experience as following but not limited to:</p> <ul style="list-style-type: none"> <li>▪ Patient waiting Time</li> <li>▪ Patient receiving and communication</li> <li>▪ Accessibility</li> <li>▪ Cleanliness</li> <li>▪ Facilities</li> <li>▪ Perception of quality of service</li> </ul>	This score is not added to the JAWDA Data Certification score but reported to DoH



Thank you

