JAWDA Data Certification (JDC)

2017 Methodology

Tasneef® | BUSINESS ASSURANCE

TASNEEF-RINA Business Assurance
www.tasneefba.ae

The Objective (Addition)

Previous Methodology

- Confidence between payers and providers
- Focus on Reimbursement

New Methodology

In addition to Previous objectives:

- Improve Data Quality System
- Focus on Data Quality and process of Clinical Coding and healthcare data

The Scope (Extension)

Previous Methodology

- Voluntary Audits
- Low Level Consultation – No audits
- No Consultation Billing - No Audits

New Methodology

- Mandatory Audits for all providers
- All Consultation Levels
- Consultation Reporting - Mandatory

Example

The Sample Type (Specific)

Previous Methodology

- Outpatient Hospital Claims
- 50 sample include
  - Out Patient Visit
  - Day Case Surgery (High Revenue)
  - Home Health Care (High Revenue)

New Methodology

- Encounter Type Based Sample
- Hospital Outpatient Sampling to be segregated as the following:
  - Out-Patient Visit
  - Day Case - Per Diem
  - Home Care

The Sample Size (Scientific Approach)

Previous Methodology

- Sample size for all providers are
  - Out-Patient (OP) – 50 Claims
  - In-Patient (IP) – 50 Claims
  - Emergency Department (ED)- 50 Claims

New Methodology

- Scientific sampling method
- Tier System
- Proportional to Claim Volume
- Meaningful Distribution

New Sample

Audit Process (Enhanced)

Previous Methodology

Methodology for Previous Audits is only on **Claims Review**

New Methodology

Assessment on:

- Facility Coding Process
  - Coding Process Flow chart
  - Coding Adherence (Interview)
  - Coding Policies
- Claims Review
- KPI Process Review (For Hospitals only)
- KPI Data Review (For Hospitals only)

New Steps

Impact of Audit Process

Audit Process (Enhanced)

Impact

- No scoring done for coding Policies and adherence review during the first year of audit with new methodology.
- No change in accuracy percentage
- Higher accuracy in Certification decisions
- Best practices in coding
- Better control of internal claims data process
- Coding Process standardization
- Increased Provider responsibility
- Increased cost of audit for TRBA

Mandatory Coder Requirement (Specific)

Previous Methodology

- Is Mandated for new facilities

  Or
- Coding Out Sourcing

New Methodology

Dubai Mandated Coder: Eclaim Link

- Mandatory coder for all facilities
  - To get the coder certified in 1 year

    or
  - Coding Out sourcing

New Error Categorization (Addition)

Previous Methodology

- No such Categorization

New Methodology

To categorize each identified error as

Coding related

or

Documentation Deficient

Audit Report (Enhancement)

Previous Methodology

- Audit Report has only the claim details and score details.

New Methodology

New Audit Reporting includes:

- Gaps in Coding Process Flow
- Identified non-conformities
- Process Review details
- Claims review details
- KPI Data Review details(Hospitals)
- Recommendations
- Scoring
- Grade

Passing Grade system (Addition)

Previous Methodology

- Passing score of 86% on claims evaluation
- No grading system
- Validity for 1 year, for all scores

New Methodology

- Scores with Grades
- Validity based on grading
- Flag facilities with Poor Scores

Failed facilities (Insight)

Previous Methodology

- Wait 60 claim days for re-audit.
- May inform facility to undergo training

New Methodology

- Flagged for an uninformed audit
- Definitive action plan from Provider
- Follow-up Audit conducted on Major non-conformities

Thank You!!

New Steps

Back

Guidance

Start

POLICIES & GUIDANCE

PROCESS

DOCUMENTATION

Clinical Coding AWARENESS

Certification Process

Facility Coding Process

Adherence

Claims review

Output

Recommendations

CERTIFIED Tasneef BUSINESS ASSURANCE CLINICAL CODING FACILITY ACCORDING TO HAAD STANDARDS

Result

PROGRESS

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New Methodology

Back

Home Care Centers Sample

Tier	Billing Volume/Year	Claim Sample
Tier 2-HC	15,001 to 26,000	55
Tier 1-HC	<15,000	40

Hospital Sample

Tier	Billing Volume/Year	Claim Sample
Tier 6-H	700,001 to 1,000,000	350
Tier 5-H	400,001 to 700,000	290
Tier 4-H	200,001 to 400,000	220
Tier 3-H	100,001 to 200,000	220
Tier 2-H	50,000 to 100,000	110
Tier 1-H	<50,000	80

Random sample: Medical Centers Clinics

Tier	Billing Volume/Year	Sample for audit
Tier 6-M	150,001 to >=250,000	125
Tier 5-M	100,001 to 150,000	100
Tier 4-M	50,001 to 100,000	80
Tier 3-M	25,001 to 50,000	55
Tier 2-M	10,001 to 25,000	40
Tier 1-M	<10,000	30

Previous Methodology

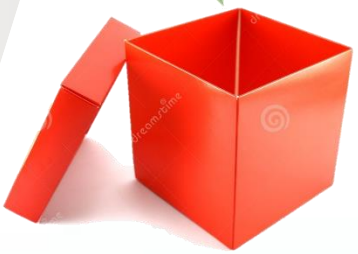
Back

Hospitals
100,000 Claims / Year

Hospitals
600,000 Claims /Year

Small facility
25,000 Claims/ Year

Same Sample Size



Passing Grade system

Back

Grades assigned based on Accuracy scores:

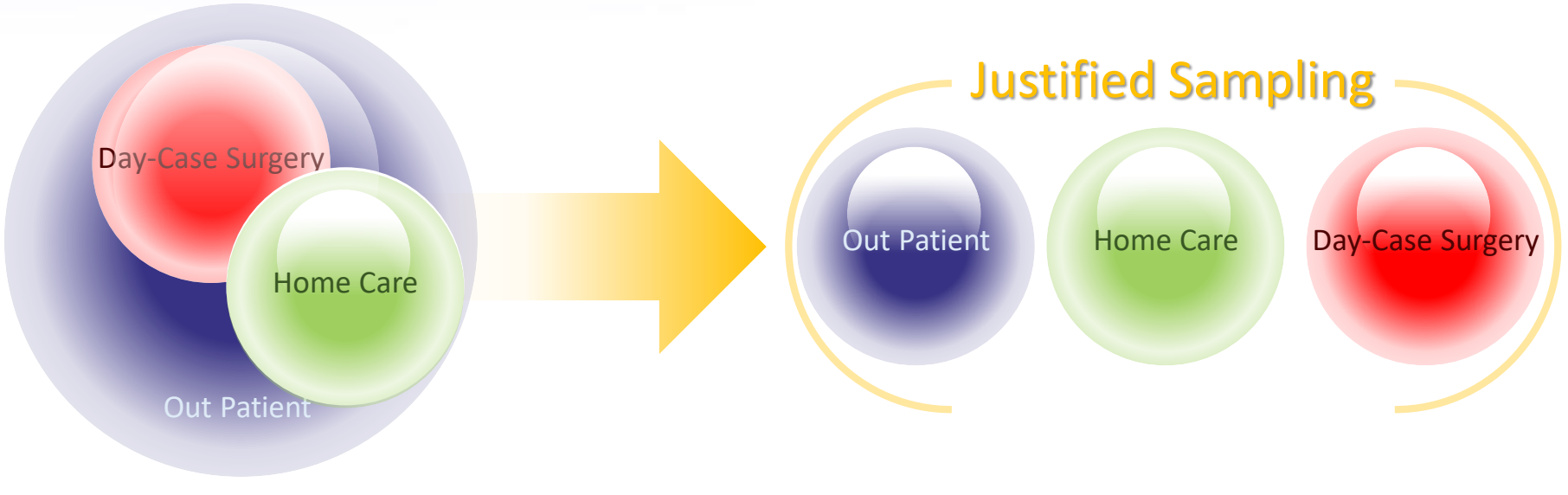
Accuracy Score	Grade	Validity
96-100	"A"	18 months
90-95	"B"	12 months
86-89	"C"	9 months
<86	Failed	Re-audit

Re-Audit Score after 60 days

Accuracy Score	Grade	Validity
96-100	A	12 months
90-95	B-"R"	12 months
86-89	C-"R"	6 months – Un informed Audit
<86	Failed	Revoke coding certification

- Grades with "R" is for internal flagging
- Not published on Shafafiya

Change Sample for Hospitals- Specificity



Example – Mandatory Audits Impact

- 99211
- 99212
- 99213
- 99214
- 99215

Service	Charge in AED
99211	45
10061	582
10060	341

Reason

- To review all Providers on accuracy of reported services

Impact

- Reliable data
- Review will be able to identify any discrepancy