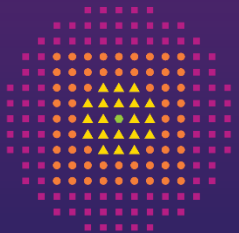
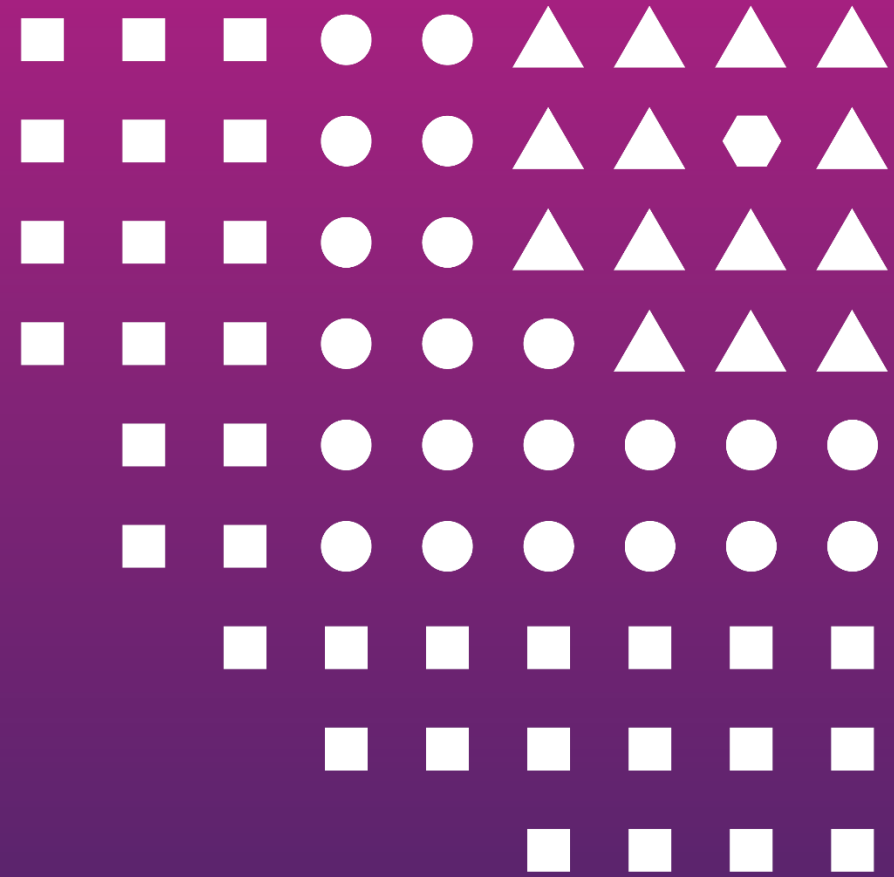


Streamline Health[®] eValuator[™]

Auditor Training

January 2019



Streamline
Health[®]

Quality is the New Revenue[™]

Learning Objectives

At the end of this training, you should be able to:

- ▶ Define the purpose of eValuator
- ▶ Describe the value of automated pre-bill analysis
- ▶ Recognize the financial significance of the likelihood of DRG change
- ▶ Explain the Auditing workflow
- ▶ Audit an encounter in eValuator, including
 - ▶ Logging in to eValuator
 - ▶ Reviewing advice and other information
 - ▶ Entering comments
 - ▶ Completing the Auditor stage



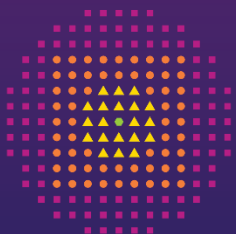
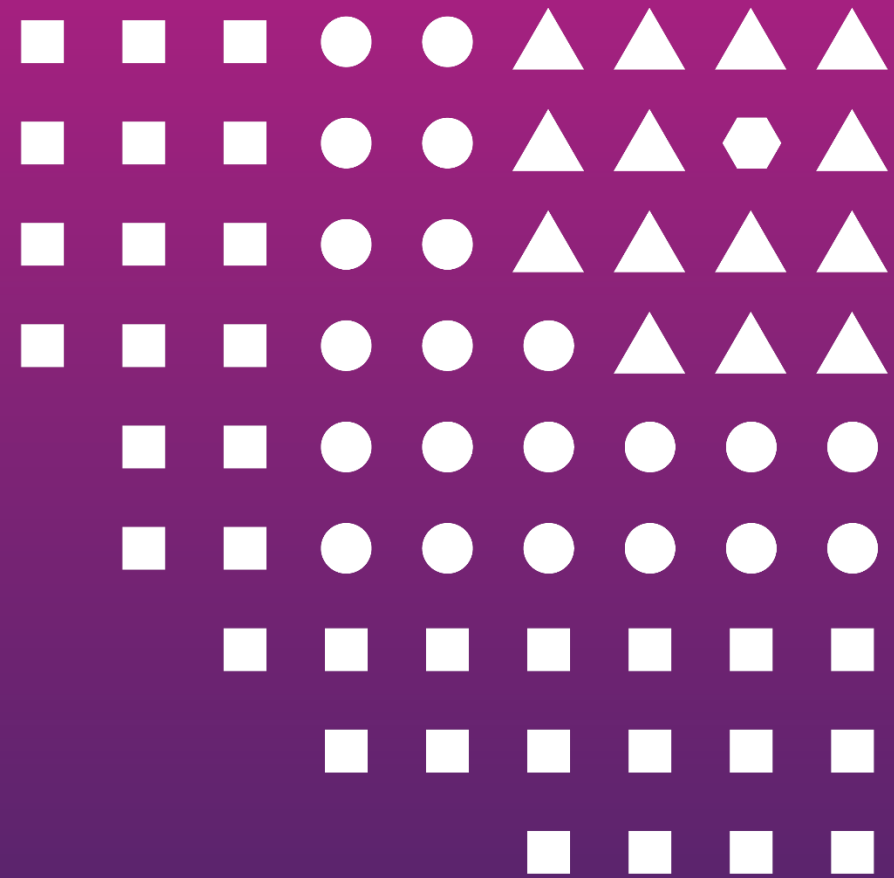
Overview

- ▶ Streamline Health's eValuator™ solution can help increase revenue certainty by substantially **improving coding accuracy** and **enabling pre-bill audits**.
- ▶ eValuator also leverages post-bill auditing to **identify trends and opportunities for improvement**.

Training Agenda

- ▶ Automated Pre-bill Analysis Workflow
- ▶ Likelihood of DRG Change
- ▶ eValuator Rules
- ▶ Logging in
- ▶ Home Screen Review
- ▶ Auditor Workflow
- ▶ eValuator Icons
- ▶ Q & A

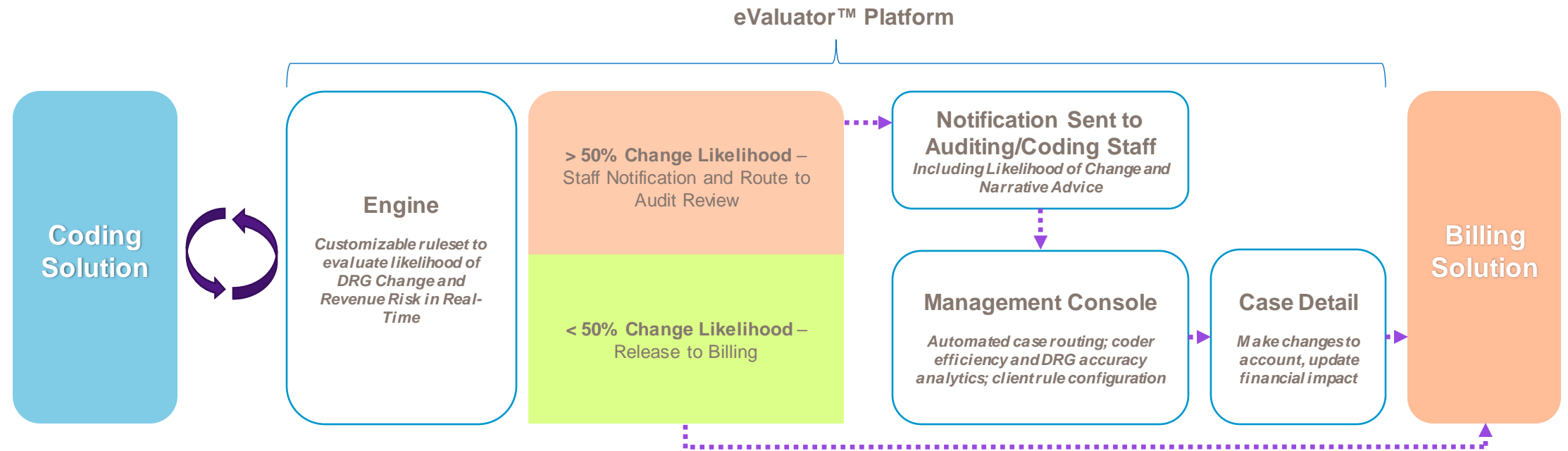
eValuator Pre-bill Analysis Workflow



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The Solution: eValuator - Automated Pre-Bill Analysis



Augmented Intelligence that Evaluates Likelihood of DRG Change and Revenue Opportunity/Risk in Real Time

Likelihood of DRG Change

- 100% certainty of error
 - Dehydration as PDX w/ Acute Renal Failure as SDX
- 90% certainty of error
 - Osteomyelitis as PDX with Diabetes as SDX
- 70% certainty of error
 - Acute Respiratory Failure w/ Pneumonia & COPD as SDX
- 50% certainty of error
 - Lung Cancer as PDX with Bronchoscopy w/Biopsy (versus Lung Biopsy)
- 10% certainty of error
 - Sepsis as PDX with pneumonia as SDX

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Rules

1,200+ Total Rules

Rules Development

- Created by auditing experts each with decades of experience
- Leveraged data from more than 84K audited cases
- Implementing machine-learning framework to pressure-test validity scores and take into account claims-based information

Rules Editor

Custom Thresholds:

- Customizable DRG Validity Impact Score
- Customizable Notification Pop-up Thresholds

Sample Rule:

Rule #30015 - Incorrect Procedure

Rule Detail:

If DRG is (137) and PDX is (C01) and procedure exists as (0CB70ZX) and MCC count is ≥ 1 then,

Potential DRG: 157

Likelihood of DRG Change: 95%

Opportunity: 1.0

Narrative Advice:

Review procedure. Coding Clinic 2Q2018 addresses biopsy of the tongue base performed through scope. In I-10 PCS, no approach value is listed for natural or artificial opening endoscopic. Anatomically, the base of tongue is considered part of the oropharynx.

Recommend changing procedure code to 0CBM8ZX *Excision of Pharynx, Via Natural or Artificial Opening Endoscopic, Diagnostic*

eValuator Rules - Concept & Logic

- ***Deductive reasoning*** using clinical coded, financial & demographic data to identify those instances where error(s) impacting MS-DRG, APR-DRG, APC and Pro-Fee revenue likely occur
 - Coded data
 - ICD-10-CM, ICD-10-PCS, CPT/HCPCS
 - Existing or missing
 - Financial data
 - Total charges, line item charges
 - Existing or missing
 - Demographic data
 - Length of stay (LOS), discharge disposition, admit source, gender

Rules - Examples

➤ MS-DRG – Risk - Compliance

➤ Single MCC DRG

➤ Acute Tubular Necrosis

- Review secondary diagnosis acute tubular necrosis. If clinical indicators and/or documentation do not support acute tubular necrosis as a secondary diagnosis, then query the physician for clarification.

➤ Single CC DRG

➤ Acute Renal Failure

- Review secondary diagnosis acute renal failure. If clinical indicators and/or documentation do not support acute renal failure as a secondary diagnosis, then query the physician for clarification.

Rules - Examples

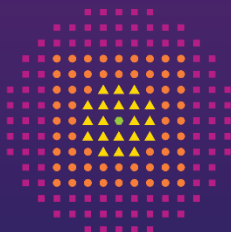
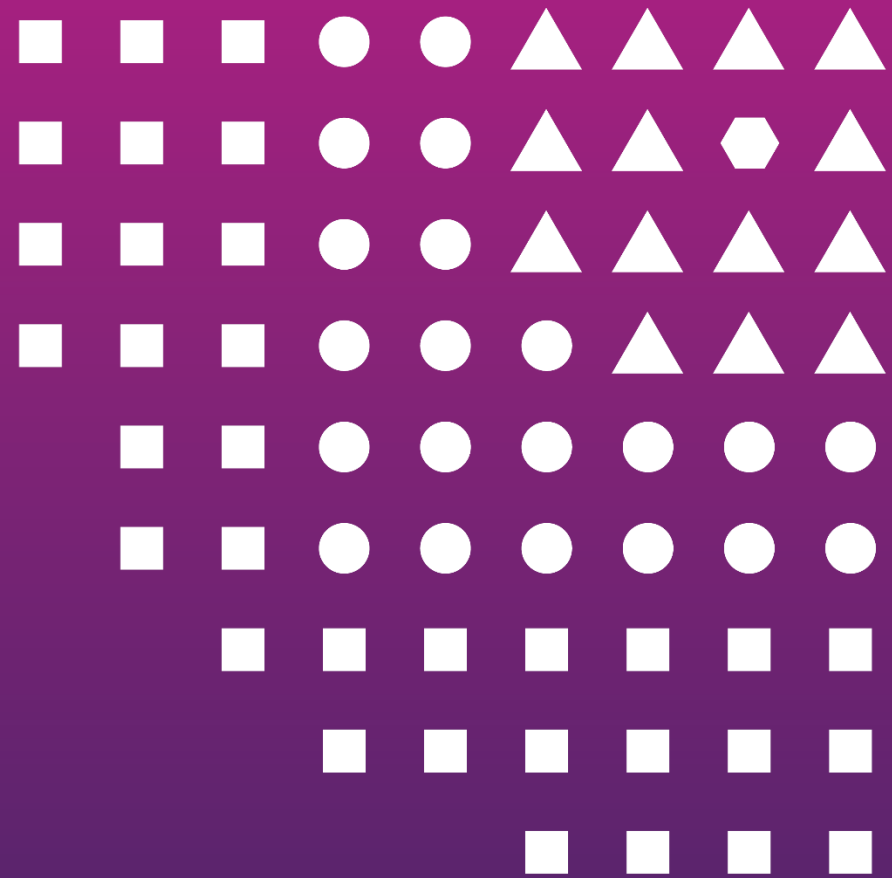
➤ MS-DRG - Reward

➤ Non-CC/MCC DRG

➤ Visual hallucinations

- Review secondary diagnosis visual hallucinations. If documentation supports auditory and/or other hallucinations, then assign codes to report all types of hallucinations.

The Auditing Workflow

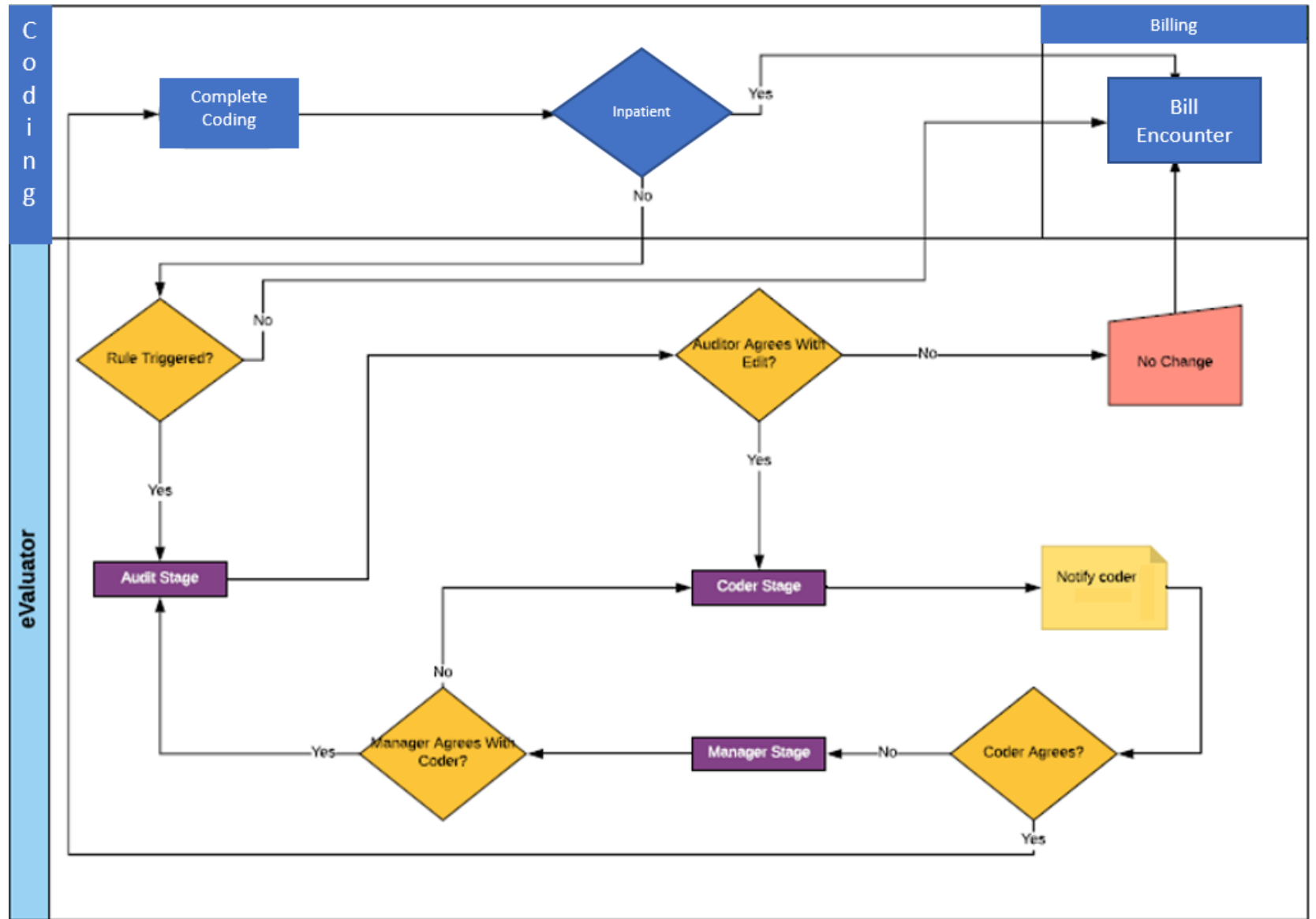


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eValuator Auditing Workflow

Note: Workflows vary slightly from client to client. Yours might differ from what is shown here.



Logging In (1 of 2)

▶ <https://evaluator.streamlinehealth.net/Account/Login>



Remember to
bookmark
this link!

Logging In (2 of 2)

1. Enter your **User name**. Your user name is **firstname.lastname**.
2. Your initial password is **Welcome1**. When logging in for the first time, you will be prompted to change your password and verify your email address.
3. Click the **Log in** button.

https://evaluator.streamlinehealth.net/ - Log in - eValuator - Windows Internet Explorer

Home Get Started Contact

Home » Work Pool Details » Login Log in

Log in

Use a local account to log in.

User name
firstname.lastname

Password

Remember me?

Log in Forgot Password

Auditor Workflow - Your Home Screen

Your Work Pool includes encounters assigned to you by a Service Administrator.

Click the encounter to begin your audit.

Your email has not been verified. Please [click here](#) to confirm your email.

Welcome Test Auditor!

The Coding Opportunity Report Engine was designed to help you be more efficient in your day-to-day operations. Please use the links below to begin working on an encounter or work pool.

My Encounters

Encounter Number	Category	Stage	Reserved Until
Work Pool: Pre-bill Audits			
83187730	Inpatient DRG Audit (ICD-10)	Audit	May 08, 2018 13:44 PM

4. Select an encounter from your Work Pool.

My Workpools

Facility	Work Pool	Items Remaining	Total Charts	Due Date
Sarasota Memorial Hospital eValuator Data	Pre-bill Audits	71	90	Dec 31, 2799

Encounter Search

Auditor Workflow – eValuator Advice/Audit Detail screen

Rule # 2014 90% 23.2

Likelihood of DRG change Financial Impact

Advice:
Review principal diagnosis. If respiratory failure is the condition after study to be chiefly responsible for the admission, then re-sequence respiratory failure as PDX.

	Change Likelihood	Financial Impact
responsible for the admission, then re-sequence respiratory...	90%	23.2

TruCode Edits

- Code I50.33 assigned. Code also end stage heart failure, if applicable (I50.84)
- Code I50.33 assigned. Code first ...
- Code J18.9 assigned. Code first associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
- Mechanical ventilation code 5A1955Z assigned. code also any associated endotracheal tube insertion (0BH17EZ or 0BH18EZ)

5. Review the rule Advice. This advice is also on the Audit page.

- If a rule meets or exceeds the threshold, the **eValuator Advice** window displays.
- It shows the rule, the Likelihood of DRG Change, Financial Impact, and the recommended action.
- The rule info is also located in the center of the Audit page, and can also be accessed by clicking the **eValuator Advice** button at the bottom of the screen.

Auditor Workflow – Audit Detail screen

6. After reviewing the Rule and the DRG section, review the documentation in the record to determine if it supports the change/advice.
7. Assume that it does and you follow the Advice. In this example, re-sequence the item in question (#3, J96.00) as the PDX.



My Home Coding Get Started Contact Help
Home » Work Pool Details » Audit » Audit Hello mikek.auditor Log off

Encounter Notes
There are no comments for this encounter.

INPATIENT_IMPORT - Pre-bill Audits
D160761
Inpatient DRG Audit (ICD-10) - Completed: 4/17/2018

GORDON BARLOW M 22
12/8/2016 - 12/14/2016 (6 days)
LANTIS II, JOHN C

DRG 291
Reimbursement \$8,317.70
Relative Weight 1.4796

Discharge Disposition
03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certifi...

Name	Advice	Change Likelihood	Financial Impact
1 2014	Review principal diagnosis. If respiratory failure is the condition after study to be chiefly responsible for the admission, then re-sequence respiratory...	90%	23.2

Diagnosis

1. I50.33 Acute on chronic diastolic (congestive) heart failure
2. J18.9 Pneumonia, unspecified organism
3. J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
4. N17.9 Acute kidney failure, unspecified
5. I48.92

Press F4 to open the chart in sandbox mode. eEvaluator Advice Reset [1] No Change [2] CM/RAC Issue [3] Comments [8] Rev

TruCode Edits
Code I50.33 assigned. Code also end stage heart failure, if applicable (I50.84)
Code I50.33 assigned. Code first ...
Code J18.9 assigned. Code first associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
Mechanical ventilation code 5A1955Z assigned, code also any associated endotracheal tube insertion (OBH17EZ or OBH18EZ)

Review the chart to validate the discharge, diagnosis, and procedure(s).

Auditor Workflow – Audit Detail screen: Auditing

- After resequencing the suggested diagnosis, notice the new DRG and reimbursement amount.
- You can make any changes or re-sequence codes as needed.

Encounter Notes

There are no comments for this encounter.

TruCode Edits

Code I50.33 assigned. Code also end stage heart failure, if applicable (I50.84)

Code I50.33 assigned. Code first ...

Code J18.9 assigned. Code first associated influenza, if applicable (J09.X1, J10.0-, J11.0-)

Mechanical ventilation code 5A1955Z assigned, code also any associated endotracheal tube insertion (0BH17EZ or 0BH18EZ)

INPATIENT_IMPORT - Pre-bill Audits

D160761
Inpatient DRG Audit (ICD-10) - Completed: 4/17/2018

GORDON BARLOW M 22
12/8/2016 - 12/14/2016 (6 days)
LANTIS II, JOHN C

DRG

DRG	291	207
Reimbursement	\$8,317.70	\$24,270.91
Relative Weight	1.4796	5.3364

Discharge Disposition

03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certific...

Rule

Name	Advice	Change Likelihood	Financial Impact
1 2014	Review principal diagnosis. If respiratory failure is the condition after study to be chiefly responsible for the admission, then re-sequence respiratory...	90%	23.2


Diagnosis

1. J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia	Coding > Resequenced code
2. I50.33	Acute on chronic diastolic (congestive) heart failure	Resequenced code
3. J18.9	Pneumonia, unspecified organism	

Your change is always noted and can be reversed if needed.

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Knowledge Check

Question: Based on what you know about DRG and Likelihood of change, what do the highlighted numbers represent?

DRG	291	207
Reimbursement	\$8,317.70	\$24,270.91
Relative Weight	1.4796	5.3364

Provide as much detail as possible.

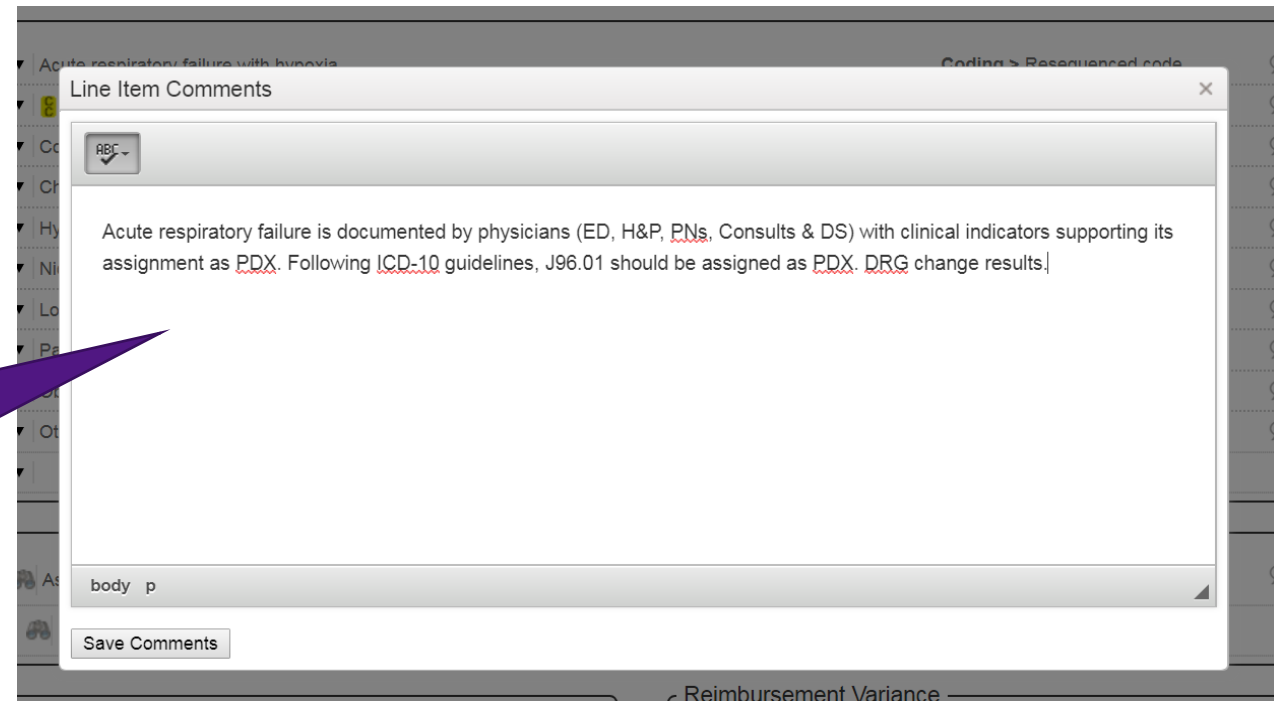


Auditor Workflow – Validate and Enter Detailed Comments

8. Enter detailed comments next to the individual code changes by clicking the Comment bubble to the right of the code. 

Note: Comments may be made to the procedure, diagnosis item, or at the encounter level.

Enter comments to explain your changes, then click **Save Comments**.



Line Item Comments

ABC

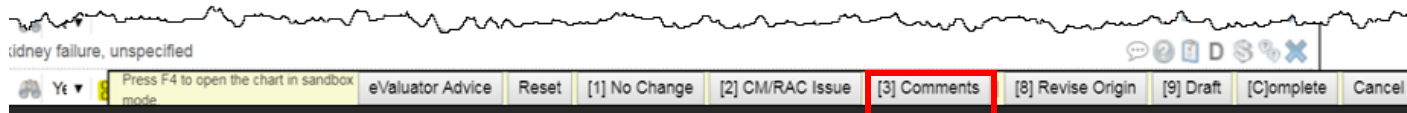
Acute respiratory failure is documented by physicians (ED, H&P, PNs, Consults & DS) with clinical indicators supporting its assignment as PDX. Following ICD-10 guidelines, J96.01 should be assigned as PDX. DRG change results.

body p

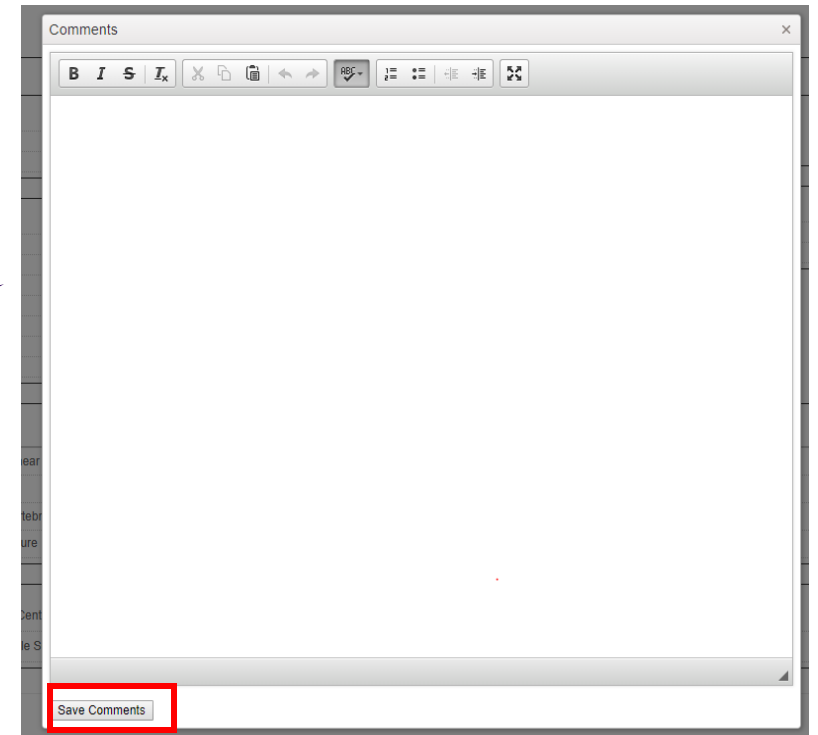
Save Comments

Auditor Workflow – Validate and Enter Comments

9. For general comments about the overall encounter, click the **[3] Comments** button at the bottom of the screen.



Enter comments to explain your changes, then click **Save**.



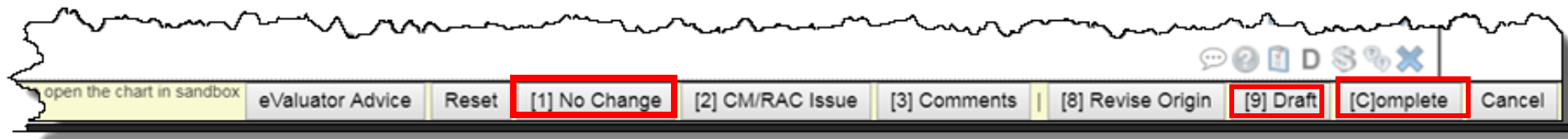
Auditor Workflow – Complete the Audit

10. Click **[9]Draft** to save all changes and to show your comments on the Audit screen.

OR

10. If **no** rules were triggered and everything looks fine AS IS, click **[1] No Change**.

11. Click **[C]omplete**. This moves the encounter to the Coder stage.



Knowledge Check

Question: A rule was triggered based on recently updated guidelines. What should you do to update the encounter and inform the Coder?

Answer by giving all necessary steps to complete the stage.



Code Change Reasons

150.9	Y†	Heart failure, unspecified	Query > Unclear documentation	?	D	\$	Ⓜ	ⓧ
C34.11	Y†	Malignant neoplasm of upper lobe, right bronchus or lung	Coding > Resequenced code	?	D	\$	Ⓜ	ⓧ
C18.2	Y†	Malignant neoplasm of ascending colon	Coding > Omitted code	?	D	\$	Ⓜ	ⓧ
I48.91	Y†	Unspecified atrial fibrillation		?	D	\$	Ⓜ	ⓧ
I10	Y†	Essential (primary) hypertension		?	D	\$	Ⓜ	ⓧ
E11.8	Y†	Type 2 diabetes mellitus with unspecified complications	Coding > Incorrect code	?	D	\$	Ⓜ	ⓧ
Z79.4	E	Long term (current) use of insulin		?	D	\$	Ⓜ	ⓧ
Z79.84	E	Long term (current) use of oral hypoglycemic drugs		?	D	\$	Ⓜ	ⓧ
J44.9	Y†	Chronic obstructive pulmonary disease, unspecified		?	D	\$	Ⓜ	ⓧ
Z85.46	E	Personal history of malignant neoplasm of prostate		?	D	\$	Ⓜ	ⓧ
Z79.01	E	Long term (current) use of anticoagulants		?	D	\$	Ⓜ	ⓧ
T81.82XA	N	Emphysema (subcutaneous) resulting from a procedure, initial encounter		?	D	\$	Ⓜ	ⓧ
Y83.8	N	Oth surgical procedures cause abn react/compl, w/o misadvnt		?	D	\$	Ⓜ	ⓧ
R00.0	N	Tachycardia, unspecified		?	D	\$	Ⓜ	ⓧ
J95.012	N	Postprocedural air leak	Coding > Unsupported code	?	D	\$	Ⓜ	ⓧ

Audit Toolbar



F4 sandbox mode/safe zone - Can make changes, re-sequence here with no changes made to audit.

eValuator Advice – Provides Rule guidance and shows how making the recommended change could impact reimbursement.

Reset – Returns the encounter to the original stage.

***No change** - Click this button when there are no changes/recommendations on the account; coding is correct. Comments will auto populate with “No changes or corrections on the account”. Encounter will then be sent to billing.

CM/RAC issue - Used for tracking RAC focus/targets.

Comments - Use bubble beside code to enter code changes; can click this button to see all comments. Can edit or enter other comments here. Disposition comments entered here.










Revise Origin - Use if you need to add or change anything to the original coded information; not for audit changes. Should rarely, if at all, be used.

Draft – Use this option to save your work if you cannot finish an account.

***Complete** - When you have finished auditing and have made the changes/corrections, use this option. Do not use when there are no changes. This is only for accounts with changes. Use **No change** for accounts that are correctly coded.

Cancel – Allows you to leave or exit the account.

eValuator Icons

-  Allows you to add a physician or coder to the drop-down list in the header section of the Audit Detail page and QC Detail page.
-  Use this bubble to enter line item comments or recommendations
-  Click this icon to indicate that a physician query is needed
-  Use this icon to see the Code Change Reasons.
-  Click this to mark a procedure as having a data transfer error associated with it. This adds to the Data Transfer error count and removes an error from the standard procedure error count.
-  Allows you to be notified that a code change has impacted the reimbursement amount. The icon can be toggled.
-  Click this icon to view research or additional coding information
-  Use this icon to remove a code; however, you can un-do the action by clicking the reversal arrow 


Knowledge Check




Question: If you were reviewing a diagnosis and wanted to research to get additional information, what asset within the tool could you use? And how would you access it?

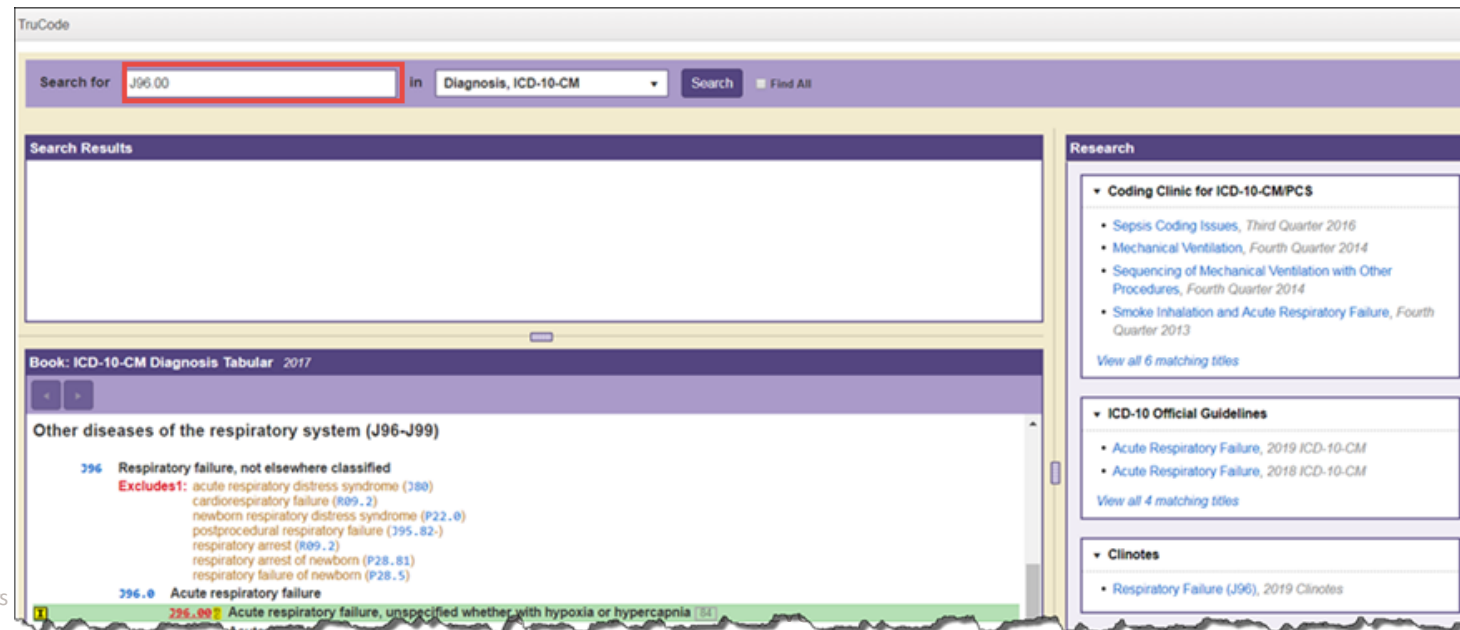


Knowledge Check

Answer: Click the binoculars icon next to the diagnosis in question to access TruCode to do more research.

Diagnosis 

1. A41.9  Yt ▼ Sepsis, unspecified organism
2. J96.00  Yt ▼  Acute respiratory failure, unspecified whether with hypoxia or hypercapnia



The screenshot shows the TruCode interface. At the top, there is a search bar with 'J96.00' entered and a dropdown menu set to 'Diagnosis, ICD-10-CM'. Below the search bar, the search results are displayed. The main content area shows the 'Book: ICD-10-CM Diagnosis Tabular 2017' and a section titled 'Other diseases of the respiratory system (J96-J99)'. Under this section, the code 'J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia' is highlighted. To the right of the main content area, there is a 'Research' sidebar with sections for 'Coding Clinic for ICD-10-CM/PCS', 'ICD-10 Official Guidelines', and 'Clinotes'.

Q & A

