Summary:

The Innovation being submitted by First Choice Physical Therapy is the development of a Documentation Chart Review Software (referred to as Checkmate). Our Company had been conducting audits using a paper checklist, manually computing scores and entering results into a Microsoft Excel worksheet. This audit method was very time-consuming and inefficient for both the reviewer and the clerical staff involved in data entry. The output data was less-than-effective, producing confusing and non-definitive results. We were looking for a more effective, time-efficient and green way to collect, scrub and store our documentation review data while providing our company and therapists with more substantive information.

The process began with our CEO, Compliance staff and an IT Programmer. A proof-of-concept was initiated to address an electronic version of our paper checklist system that would evolve into a meaningful documentation scoring system. The result of our efforts produced an electronic Chart Review application that promotes a more effective, efficient audit tool.

The software is customizable to meet the documentation needs and requirements of virtually any payer. It also allows for modification of the risk scoring values to satisfy our company's documentation risk appetite requirements based on our risk analysis. The summary reporting section identifies strengths and weaknesses of the various sections of the review as well as an overall score. This scoring system helps to identify those areas a therapist needs to improve, where they excel and produces a progression chart to monitor these scores over time. The data collected does not contain PHI and is stored in the cloud for ease of accessibility from virtually anywhere.

In summary, Checkmate saves time and produces meaningful output data that can be used as an educational tool for therapists to aid them in producing the highest quality documentation.

Narrative:

Describe how the opportunity was identified:

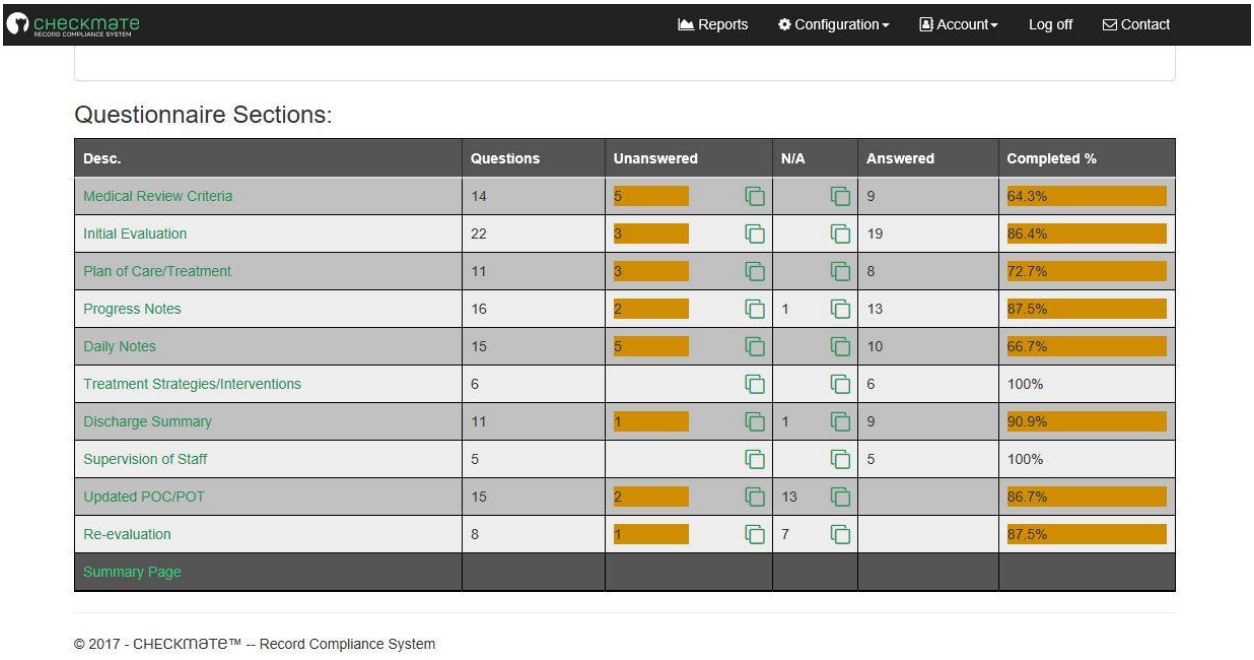
The development process began after a series of emails to/from NARA members inquiring about the usage of electronic chart review software. It became very apparent after receiving the responses from NARA members that a "one size fits all" system was not readily available, was not cost efficient, and/or did not meet the criteria for the reviewers' needs in their particular setting. Since compliance, and more particularly, chart documentation review for Medicare has become increasingly scrutinized, we decided to develop a proof-of-concept that would explore this need in more detail.

Shortly after the initial development stage of the proof-of-concept, we were "fortunate" to have the Illinois Department of Health and Human Services show up at our door for a Medicare Survey. One of the concerns that the Surveyor presented was "How do you track improvement in your chart reviews?" Little did she know that she was in for an exciting dissertation of the proof-of-concept, "Checkmate". She was very excited to see the developing process and the reporting capabilities to compare peer-to-peer as well as track the progress of training following less-than-desired results. We were energized by her encouragement to continue the proof-of-concept. We devoted more resources to the project and picked up the pace of development.

Several templates were developed to allow varying documentation requirements for unique

payer sources, including Medicare (Part A & B) and Commercial Insurance. The proof-of-concept began with our perception of the highest documentation risk exposure, Medicare manual paper documentation. The Medicare Chart Review was broken into 10 sections, ranging from Initial Evaluation through Discharge.

The screenshot below summarizes the completion progress of the various review sections. This allows the reviewer, after an interruption, to quickly resume a chart review without a lot of wasted time trying to remember where they left off.



Each section contains a number of questions to satisfy the needs of Medicare/Commercial Payer documentation requirements. Each question contains a “Met” and a “Risk” factor (see below). The Reviewer identifies each question with a “Met”, “Partially Met”, “Not Met” or “NA”. The “Risk” factor can be preset by the Compliance Officer to reflect the calculated risk of non-compliance for each payer source. If not, the reviewer is allowed to pick the appropriate risk factor, from a drop down list, identifying the risk associated with non-compliance. A numerical value has been assigned to each “Met” and “Risk” factor. The product of these numerics results in a “Score” for each question. Each Section produces a percentage value of the overall score and is included in the Summary Section of the review. Comments can be included for any and all questions. If the numeric score falls outside of a preset range, a comment is required and is automatically included in the Summary Section. Comments not automatically transferred to the Summary Section can be added by checking the box titled “Comment In Summary.” This allows the reviewer to offer up positive feedback to the therapist.

The following screenshots represent 2 of the 10 sections of Checkmate. Each of the Questionnaires needs to be completed in full or be identified as NA in order for the application to recognize the review as complete.

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Section - Initial Evaluation

Desc.	Cat.	Met	Risk	Comments	Comment In Summary	Score
Identifying Information	M	--			☐	Droplist choice rqd.
Health Status	Q	Not Met	High	not addressed	☑	0
Diagnosis(es) clearly identified	M	Met			☑	3
Precautions/Contraindications	M	Met			☐	3
Relevant Medical Background	M	Met			☐	3
Prior diagnostic imaging/testing results	Q	Met			☐	3
Prior therapy history for the same diagnosis, illness or injury	M	Not Met	High	not addressed	☑	0
Psychosocial History	Q	Not Met	Moderate	not addressed	☑	0.5
Cognitive Status	Q	Met			☐	3
PLOF	Q	Met			☐	3
CLOF	Q	Met			☐	3
Objective Tests and Measurements	M	Met			☐	3
Therapist Assessment	M	Met			☐	3
Medical Necessity	M	Met			☐	3
Functional Outcomes	M	Met			☐	6
G-codes/Modifiers	M	Not Met	Moderate-H	Required Comment	☑	0.25
KX Modifier	M	Met			☐	3
$3700.00 Threshold	M	Met			☐	3
Patient aware of diagnosis	M	Met			☐	3
Patient aware of prognosis	M	Met			☐	3
OT Evaluation Code is supported by documentation	Q	--			☐	Droplist choice rqd.
PT Evaluation Code is supported by documentation	Q	Not Met	--	participation	☑	Droplist choice rqd.

Section:
Initial Evaluation

Links:
- Demographics
- Prev Section, Medical Review Criteria
- ⏮ ⏭
- Next Section, Plan of Care/Treatment
- Summary
- Save

Chart Info:

Review Qtr:	'17 Q1
SoC:	2/1/2017
DC:	3/22/2017
Chart ID:	010203
Type:	DC
Fac:	Quincy Clinic
Discipline:	PT
Payer:	Medicare A
Therapist:	Smith, Ryley
Questionnaire:	Medicare A

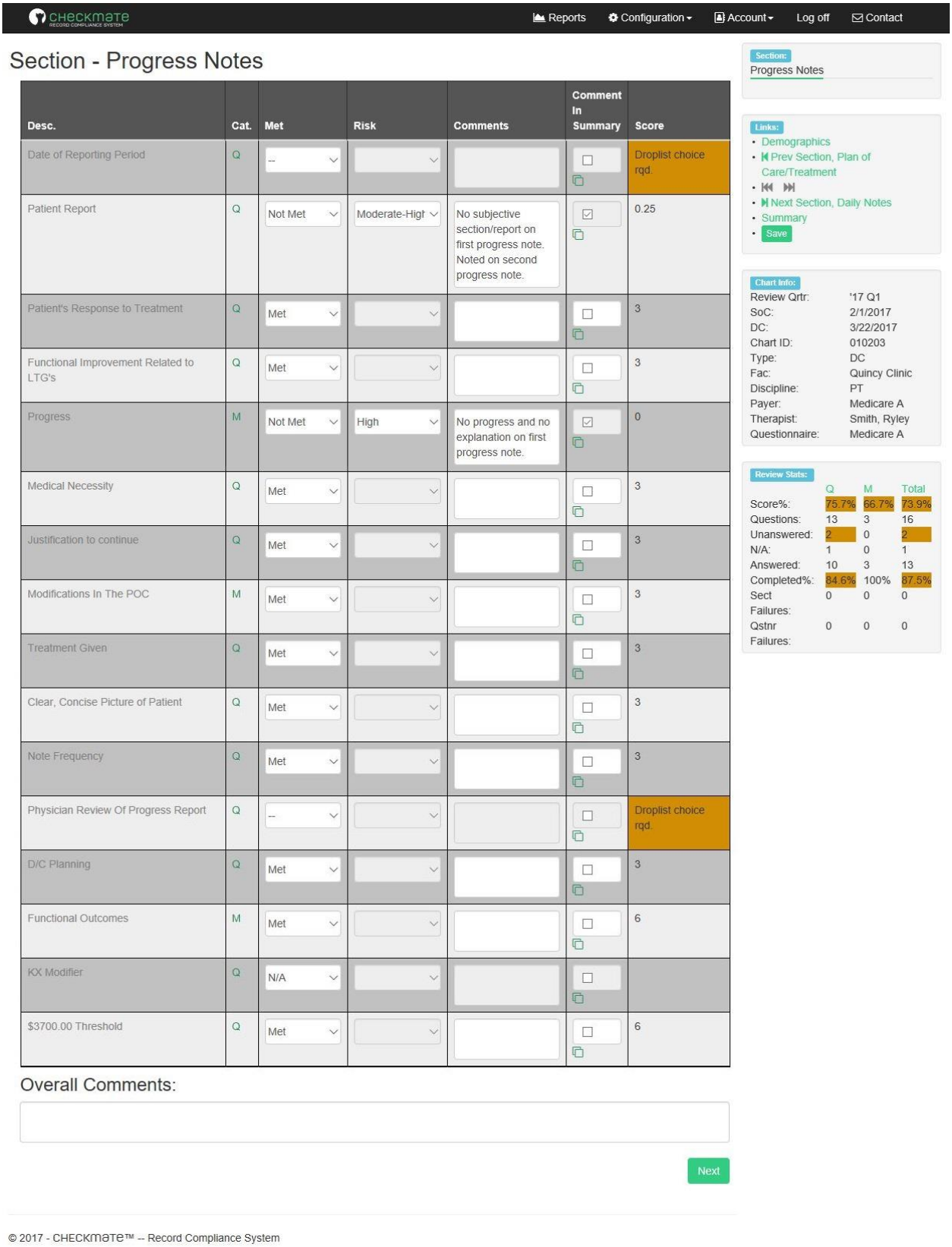
Review Stats:

	Q	M	Total
Score%:	52.1%	79.2%	69.3%
Questions:	8	14	22
Unanswered:	2	1	3
N/A:	0	0	0
Answered:	6	13	19
Completed%:	75.0%	92.9%	86.4%
Sect Failures:	0	0	0
Qstnr Failures:	0	0	0

Overall Comments:

add more about status changing/body parts/systems addressed for moderate complexity

Next



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Section - Progress Notes

Desc.	Cat.	Met	Risk	Comments	Comment In Summary	Score
Date of Reporting Period	Q	--			☐	Droplist choice rqd.
Patient Report	Q	Not Met	Moderate-High	No subjective section/report on first progress note. Noted on second progress note.	☑	0.25
Patient's Response to Treatment	Q	Met			☐	3
Functional Improvement Related to LTG's	Q	Met			☐	3
Progress	M	Not Met	High	No progress and no explanation on first progress note.	☑	0
Medical Necessity	Q	Met			☐	3
Justification to continue	Q	Met			☐	3
Modifications In The POC	M	Met			☐	3
Treatment Given	Q	Met			☐	3
Clear, Concise Picture of Patient	Q	Met			☐	3
Note Frequency	Q	Met			☐	3
Physician Review Of Progress Report	Q	--			☐	Droplist choice rqd.
D/C Planning	Q	Met			☐	3
Functional Outcomes	M	Met			☐	6
KX Modifier	Q	N/A			☐	
$3700.00 Threshold	Q	Met			☐	6

Overall Comments:

Next

Section: Progress Notes

Links:
- Demographics
- Prev Section, Plan of Care/Treatment
- Next Section, Daily Notes
- Summary
- Save

Chart Info:

Review Qrtr:	'17 Q1
SoC:	2/1/2017
DC:	3/22/2017
Chart ID:	010203
Type:	DC
Fac:	Quincy Clinic
Discipline:	PT
Payer:	Medicare A
Therapist:	Smith, Ryley
Questionnaire:	Medicare A

Review Stats:

	Q	M	Total
Score%:	75.7%	66.7%	73.9%
Questions:	13	3	16
Unanswered:	2	0	2
N/A:	1	0	1
Answered:	10	3	13
Completed%:	84.6%	100%	87.5%
Sect Failures:	0	0	0
Qstnr Failures:	0	0	0

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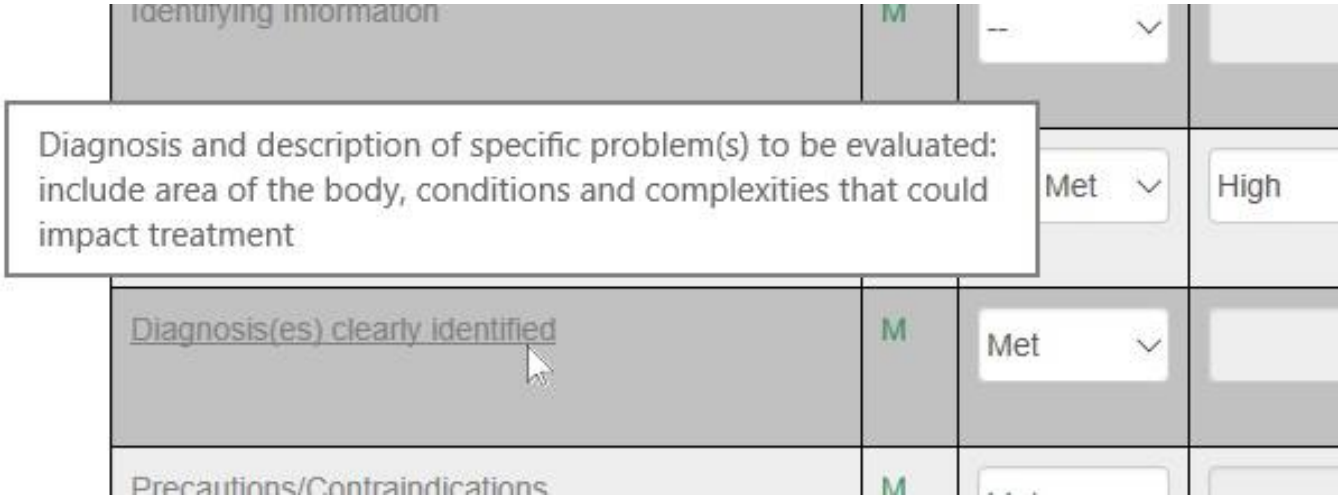
For an inexperienced reviewer, as a peer review or as a refresher, we also included links to CMS, Conditions of Participation and other pertinent sites providing definitions and explanations for the questions and sections. Hovering over the question description will display the definition and any associated links. Specific criteria have been built into Checkmate to highlight substandard or exceptional scoring which is included in the Review Summary.



Following the Review, the results are delivered to the therapist in a consistent format (see screenshot on next page) with the results of the review as well as any education/training requirements requested by the Reviewer. A summary of the therapists' prior results is also sent to the Therapist to show progress from review to review and peer ranking. The reporting module also allows the inter-company comparisons of Facilities and peer-to-peer scoring comparison to highlight positive results and effective education and training methods.

The Review Summary allows the Reviewer to give positive feedback as well as a corrective action plan as needed. The data collected does not contain patient information, therefore allows the database to be stored in the cloud for easy accessibility. Subsequent template developments revised the paper documentation template to apply to EMR systems, which reduced the number of questions needed due to edit constraints and validation rules built into the EMR software.

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Chart Review Summary

Chart Info:

Review Date:	9/1/2017
Review Qrtr:	'17 Q3
SoS Date:	7/12/2017
DC Date:	
Reviewer:	Wardlow, Megan
Chart ID:	2525
Therapist:	Brumley, Rodney
Questionnaire:	Medicare B

Links:
- Demographics

Section Scores:

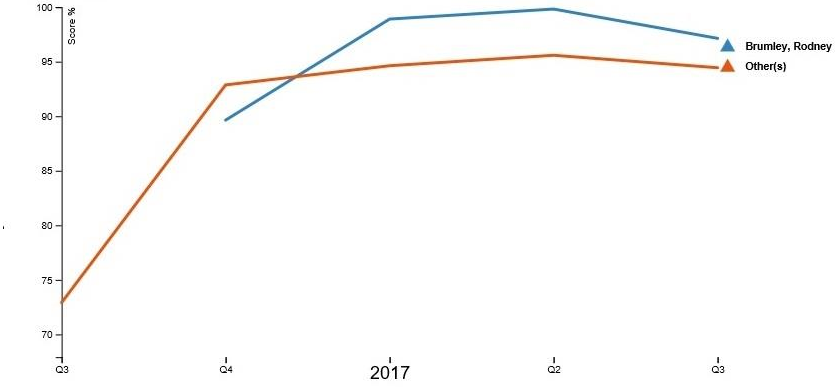
	Q	M	Total	Avg.
Med Rvw Criteria	100%	100%	100%	99.3%
Initl Eval	95.2%	94.7%	94.9%	95.2%
POC/POT	100%	100%	100%	93.7%
Prog Notes	100%	100%	100%	98.1%
Daily Notes	92.9%	83.3%	90.0%	92.3%
TX Strat	100%	100%	100%	100%
D/C Smry				99.0%
Supr Stf Uptd POC/POT Re Eval	100%	100%	100%	100%
Total	97.5%	96.7%	97.1%	96.1%

Questions for Questionnaire:

#	Section	#	Question	Comment	Score
2	Initial Evaluation	7	Prior therapy history for the same diagnosis, illness or injury	said "no" but then said yes, no listed outcomes.	1.25
	Plan of Actions +				
2	Initial Evaluation	10	PLOF	did not address sleep in PLOF and have a goal	2
	Plan of Actions +				
5	Daily Notes	5	CPT Codes correspond to skilled services	Sean and Robbie need to include more skill in the Objective portion of note.	1.5
	Plan of Actions +				
5	Daily Notes	7	Treatment Strategies reflect progression/skill	why no gait training?	1.5
	Plan of Actions +				

Reviewer Comments:

Progress Notes: make sure to edit and take out extras before saving document (aka knee flexibility, etc) Daily Notes: Assessment piece of daily notes very good for all therapists.



Sign-off:

Therapist Comments:

Therapist Signature:

SIGN HERE

Therapist Name:

Therapist Date:

How did the solution make a difference with your customers or staff?

This product has a staff focus and is critical in different ways for three staff groups (management, compliance team, providers/therapists). Management is able to use tracking within the reporting portion of Checkmate to monitor employee growth and award therapists' financially during annual reviews. It also allows a manager to see the scope of risk associated with certain providers or disciplines. It has had a positive impact for our compliance team by shaving off an average of 16.25 minutes per chart review. Checkmate completely eliminated the manual task of collecting the scoring and compiling it into an Excel worksheet. The Compliance team can also easily print and/or review chart audits with therapists, and data is stored indefinitely for use in comparisons. The Compliance team is also more easily able to identify areas of risk for the company and provide immediate education to therapists. Therapists are able to see their own audit results and review all comments made by the compliance team. They can monitor their progress in simple-to-understand percentages (grades). This allows them to see which areas they have difficulty with and can help them improve their documentation quality.

From a financial perspective, the time savings per review multiplied by the number of chart reviews at the reviewer compensation rate plus the savings of eliminating the need of clerical staff for data input amounted to $1,713.40 per facility. We recognized a total annual savings of $11,993.80. From a compliance point of view, Checkmate is saving 16.25 minutes per review. The results and scoring of the review is immediate. Our Compliance Staff is able to electronically track progress and enable training and education as needed which has helped improve the quality of the documentation.

Describe how the innovation was tested:

Checkmate was tested in-house by our Compliance Staff. The beta testing consisted of conducting documentation reviews on charts that were previously reviewed under our manual review process. The summary results of both systems were compared to validate Checkmate's ability to demonstrate a legitimate scoring and summary system. After a number of modifications, we conducted a time study comparing the old manual review system to that of Checkmate.

What was the process for implementation?

After the beta testing was completed, the Compliance Staff began conducting all chart reviews using Checkmate. The results of the reviews were closely monitored to validate Company-established quality standards and the overall effect of risk in the area of documentation. Input from the reviewers has been collected for potential improvements and inclusions of additional tools that may be added to newer versions of the software.

Did your innovation produce any unexpected results?

When developing Checkmate we were hoping for a time savings for our Compliance team. What we did not anticipate was that we would be able to save many minutes per chart review.

Projected annual savings of $11,993.80 was far greater than initial estimates.

Describe any obstacles you may have encountered:

Human and financial resources were the biggest obstacles. Our Compliance Staff had to carve out extra time in their busy schedules to train on the software and to perform extra chart reviews for comparison and legitimacy purposes during the beta test phase. The IT programming took a lot more time than originally budgeted.

Provide examples of tools used to measure the success of the innovation:

We have measured the success of Checkmate primarily using engagement time as a benchmark. Checkmate chart reviews are saving an average of 16.25 minutes per review! This allows our Compliance Staff to devote more time to training and education of staff in the area of charting/documentation, which results in higher quality charts, less time to review and ultimately additional time savings. As a bonus, we are able to track the progress of the quality of the documentation of individual providers in real-time.

What were the long-term results of the innovation?

Although we are only a year and a half year into this project, we have already recognized huge time savings as mentioned above. We also know where to concentrate our reviews to help minimize compliance risk. Through the reporting system, we are able to hone in on repeat offenders and underperforming Facilities and conduct more reviews of these providers and fewer on those that consistently score well above our expected company standard.

Potential as a Model:

Checkmate provides results based on criteria established by CMS and other payer sources. The criteria being tested through Chart Review in Checkmate is consistently applied and will provide feedback that result in quality and completeness required by these payers. Checkmate's questionnaires can be modified to comply with individual payer requirements in all markets. Scoring models and risk levels can be modified to meet Company standards. Secondarily, through the scoring system, Providers can be compared objectively with their peers allowing for a meaningful evaluation of the Provider for employment, salary, and advancement purposes. Also, after visiting with a few EMR Software vendors, Checkmate could electronically collect data and complete portions of a chart review through an API that would allow data flow between the software applications. We have recently released Version 1.0 to a therapy provider as a BETA testing partner. We have received positive feedback that has allowed further development and improvements in all areas of Checkmate. In addition, we have entered into discussions with a Sales/Marketing group and a Software Programming firm to take Checkmate to the market. Our hope and long-term goal is Checkmate will become a household brand name that will become an industry standard that all providers will not want to live without.

Thank you for your time and consideration.

Additional Background:

President/CEO, Dennis Venvertloh CPA CHC, initiated the proof-of-concept with the help of the Compliance Team.

Chief Compliance Officer, Kathy Venvertloh PTA, was instrumental in developing and refining the templates and questionnaires.

Compliance Team Member, Megan Wardlow SLP-CCC, helped test the POC and provided meaningful input to shape the final product.

IT Consultant and Programmer, Rex Uzelac, guided us through the POC process and provided the technical support to transform a POC into a reality.