DEPARTMENT OF HEALTH

JAWDA DATA CERTIFICATION (JDC) FOR HEALTHCARE PROVIDERS

Part-5 (2022)

Technical Clarifications to Methodology 2019, 2020 & 2021

December 01

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Technical Clarifications to Part-1 *of* JDC Methodology

1 INTRODUCTION

The purpose of this document is to provide clarifications on specific aspects of Part-1, Part-2, Part-3 and Part-4 of JDC methodology 2019, 2020 & 2021.

A Half-yearly update can be made if further clarifications are seen necessary to be published based on the updates received from the regulatory authorities. Any such updates or clarifications that is impacting the course of actions from part-2 will be applicable effective from the date of such clarification received.

2 METHODOLOGY SCOPE

The scope of JDC Methodology 2020 remains the same however, as new KPI profiles are published by DoH, such KPIs will be under the audit scope and accordingly KPI Domain may be applicable also to centers.

8. Documentation Requirements and Implementation

8.2 Claims Review Records Implementation requirements

(Performance and Operational Controls of Processes Execution)

8.2.2 Claims Review Aspects (All other points mentioned in previous Methodologies remain valid)

Representative from registration desk of a healthcare facility to be involved in audit as part of Medical Tourism process evaluation.

8.3.2 Clinical Coding Process Review Aspects

- During the clinical coding process review, Major non-conformities identified for any of the below will impact claims review scores as an underlying cause affecting the claims documentations:
  a. Access to medical records after closure/ locking time
  b. Date and time of computer is editable
  c. Audit log is not available for the claim requested reflecting with any modifications or updates are on audit log status
  d. Non-Physician staff having create/add/modify/delete access to Physician documentations
  e. Any other finding affecting the privacy, confidentiality, or information security of patient electronic as well as Paper Medical Records
  f.

9 AD-HOC KPI Audits

Ad-Hoc KPI audits shall be conducted on all the hospitals under the scope of Jawda KPI and on all other KPI applicable facilities as per DOH instructions.

Every facility in the scope of KPI data submission will undergo an ad-hoc KPI audit at least once in a year and it would be the responsibility of the facility to demonstrate their compliance status and to co-operate for the audit process as soon as the auditor arrives.

11 RE-AUDITS

- If a failed facility could not complete re-audit within six months, then they must go for complete audit with all applicable domains.

Technical Clarifications to Part-2

JDC Methodology

CERTIFICATION REQUIREMENTS AND GUIDELINES FOR CRITERIA

4.2 Claims Review

4.2.1 Claims Review

Narrative Diagnosis/Final impression/ Final diagnosis & dental progress notes should be in physician' s own words instead of copy paste of ICD code description.

4.2.3 Claims Review Audit Verification Points and Scoring Criteria:

- During the clinical coding process review, if Major non-conformities are identified for any of the below, it will result in deduction of five-point **(5.00)** score from over all claims review score:
    a. Access to medical records after closure/ locking time
    b. Date and time of computer is editable
    c. Audit log is not available for the claim requested reflecting with any modifications or updates are on audit log status
    d. Non-Physician staff having create/add/modify/delete access to Physician documentations
    e. Any other finding affecting the privacy, confidentiality, or information security of patient electronic as well as Paper Medical Records

4.5 KPI Validation for Collection and Submission of Jawda Quality Indicators

4.5.1 Audit Verification Points and Scoring Criteria

For KPI Data validation scoring, Validation is inclusive of numerator and denominator validations

Example 1:
QI001: Total score points assigned -100,
• Count/Numerator-33.33 points.
Calculation criteria applied-33.33 points,
Traceability-33.33 points.

• **Example 2:**
QI005: Total score points assigned -100
• Numerator: 20 points
• Numerator exclusion: 20 points
• Denominator: 20 points
• Denominator exclusion: 20 points
• Traceability: 20 points

Ad-Hoc audits are not limited to Hospitals, as per DOH instructions it is applicable to all KPI applicable facilities

6 AUDITS ON SELF-PAY SERVICES/PROFORMA SERVICES

6.1 Audit Verification Points: Claims review

- 5 points score will be deducted from Self-Pay claims generated score if self-pay submission is not done consistently for at least 6-8 months or not done complete claims.
- Facilities that are in providing services to patients as self-pay (non-insurance) and does not submit the claims to DoH, shall have the 5-points deduction applied to the overall claims score generated from all other audited insurance claims.
- Facilities that have no insurance claims and do not make submissions of self-pay services to DoH, shall have 5- points deduction on overall claims score generated from samples selected manually from the facility.

APPENDIX-III

Scoring Tables

Table 1: Error Scoring: Inpatient /Long Term Care (LTC) – Accuracy

ERROR SCORING TABLE FOR INPATIENT / LTC - ACCURACY ERRORS			
Category-Score		Accuracy Error	Example and Explanation
1. Moderate Procedure Error-10			
Moderate	10	Missed / Incorrect Modifier usage	As per DOH instruction facilities are to be used modifiers with 2018 code sets. If missed to use or used incorrect modifier will come under this error category

Table 3: Error Scoring: Outpatient/ER/Day case – Accuracy

ERROR SCORING TABLE FOR OP, ER, DAY CASE – ACCURACY ERRORS			
Category - Score		Accuracy Error	Example and Explanation
2. Moderate Per-Diem code error-5 (Billing Related Error)			
Moderate	5	Coded Per-Diem or Service Code without documentation	Coded Per-Diem / Service code codes with no supporting documentation
4. Moderate Procedure Error-10			
Moderate	10	Missed / Incorrect Modifier usage	As per DOH instruction facilities are to be used modifiers with 2018 code sets. If missed to use or used incorrect modifier will come under this error category

Table 5 Error Scoring: Home Health Care – Accuracy

SCORING TABLE FOR HOME CARE – ACCURACY ERRORS			
Category-Score		Accuracy Error	Example and Explanation
5. Moderate Procedure Error -10			
Moderate	10	Missed / Incorrect Modifier usage	As per DOH instruction facilities are to be used modifiers with 2018 code sets. If missed to use or used incorrect modifier will come under this error category