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CPAs & Advisors

Documentation Integrity (CDI) Programs Pitfalls

February 20,2020

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Objectives

- Identify CDI Goals
- Classify the structure of a successful CDI program
- Review work flow and associated Metrix for success
- Examine collaboration
- Discuss continuing education
- Review Implementation strategies

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Agenda

- CDI goals
- Case study examples
- CDI structure
- CDI staff skills
- Staffing models
- Medical staff
- Workflow
- Collaboration
- Education
- Implementation

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Clinical Documentation Integrity (CDI) Goals

Successful CDI Programs enable accurate representation of a patient's clinical status in the patient health record

- Accurate and comprehensive **patient health records**…if it isn't documented, it wasn't done and can't be coded
- Accurate and specific **coding**
- Supports patient **acuity**, severity of illness (**SOI**) and risk of mortality (**ROM**)
- Documents and supports services provided
- Support **medical necessity** and **quality** of care
- Appropriate length of stay (**LOS**) and care management
- Minimizes **clinical denials**
- Timely and accurate **reimbursements**
- Maintain **compliance** with regulatory and governmental agencies
- Utilize clinical terms recognized by physician/providers and necessary by Medicare, Medicaid and other payors for coding, billing and reimbursement accuracy
- Translation of clinical terms into numeric terms (Dx, Px, DRG) for reimbursement

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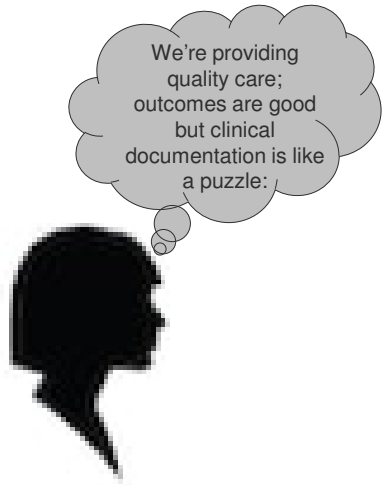
Goals :Common Symptoms to Address



- Missing and/or Inaccurate
- Cut and paste
- Non-specific
- Conflicting
- Unclear
- Not organized

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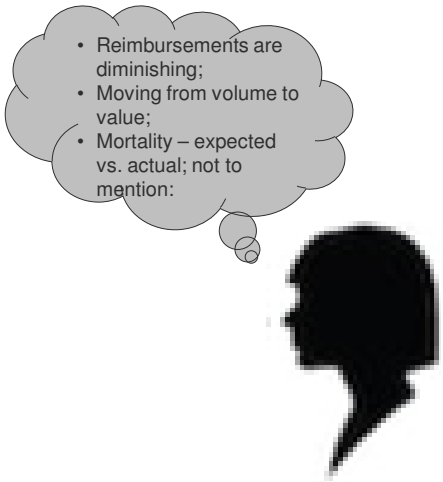
Goals: Common Symptoms to Address

- CMI is all over the place or deteriorating
- Query fatigue
- EHR opportunity
- Process flows & prioritization
- Communication gaps & duplication of efforts
- LOS is longer than expected or desired



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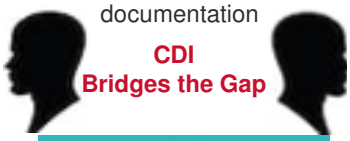
Goals: CDI Bridges the Gap

CDI programs facilitate accurate representation of patient's clinical status

Nurses/CDSs (clinical documentation specialists) have strong clinical background to assist in translating, interpreting and identifying gaps in clinical evidence and documentation

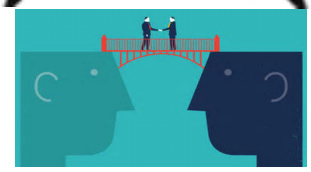
Concurrent queries

Transparency



CDI Bridges the Gap

Physician/provider communicates the evaluation, plan of care and outcomes utilizing clinical terms



Coder translates physician/provider clinical terms utilizing diagnosis & procedural terms to communicate externally

Retrospective Queries

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CDI Case Study #1 – Words Make a Difference

Patient admitted with "**exacerbations of *chronic obstructive pulmonary disease (COPD) with heart failure***." The type of heart failure a patient has will affect payment under MS-DRGs. Note: The patient stays four days.

COPD with MCC – correct DRG assignment if documentation indicates patient has acute (or acute-on-chronic) heart failure (MCC)

MS-DRG: 190
Weight: 1.1907
GMLOS: 3.8
Reimb: $6,548

COPD with CC – correct DRG if documentation indicates patient had chronic, but not acute, heart failure (CC)

MS-DRG: 191
Weight: .9139
GMLOS: 3.1
Reimb: $5,026

COPD **without CC/MCC** – correct DRG if documentation only indicates "**heart failure**" or "**congestive heart failure**"

MS-DRG: 192
Weight: .7241
GMLOS: 2.5
Reimb: $3,982

MS-DRG	FY 2019 FINAL Post-Acute DRG	FY 2019 FINAL Special Pay DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
190	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1907	3.8	4.7
191	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9139	3.1	3.7
192	Yes	No	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7241	2.5	3.0

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CDI Case Study #1 – Words Make a Difference

Patient admitted with "**exacerbations of COPD with *chronic* heart failure**." The type of heart failure (physician documentation) a patient has will affect payment under MS-DRGs. Note: The patient stays four days.

COPD with MCC – correct DRG assignment if documentation indicates patient has acute (or acute-on-chronic) heart failure (MCC)

MS-DRG: 190
Weight: 1.1907
GMLOS: 3.8
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COPD **with CC** – correct DRG if documentation indicates patient had **chronic, but not acute**, heart failure (**CC**)

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COPD without CC/MCC – correct DRG if documentation only indicates "heart failure" or "congestive heart failure"

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CDI Case Study #1 – Words Make a Difference

Patient admitted with "**exacerbations of COPD with *acute-on-chronic diastolic* heart failure**." The type of heart failure a patient has will affect payment under MS-DRGs. Note: The patient stays four days.

COPD **with MCC** – correct DRG assignment if documentation indicates patient has **acute (or acute-on-chronic)** heart failure **(MCC)**

MS-DRG: 190
Weight: 1.1907
GMLOS: 3.8
Reimb: $6,548

COPD with CC – correct DRG if documentation indicates patient had chronic, but not acute, heart failure (CC)

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COPD without CC/MCC – correct DRG if documentation only indicates "heart failure" or "congestive heart failure"

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CDI Case Study #1 – Words Make a Difference

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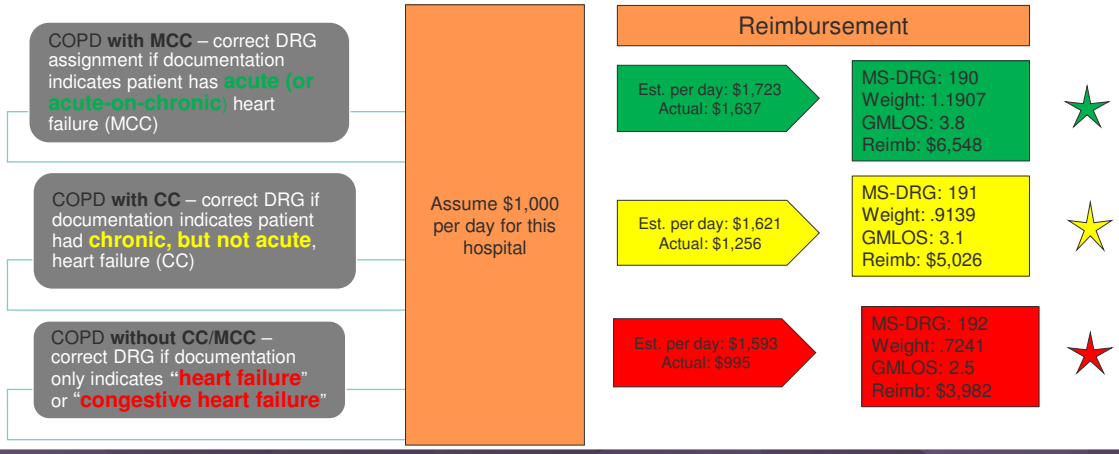

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CDI Case Study #2 – CDI & Coding for Pneumonia

Initial documentation

85 y/o female presented from nursing home to Hospital's ER – cough, fever, weakness, fatigue, confusion. Chest x-ray in ER demonstrated right lower lobe pneumonia, principal Dx. Pt admitted to IP status – 7/15/19 to 7/19/19 (Four day LOS)

MS-DRG 195 – Pneumonia w/o CC or MCC (GLOS 2.6) $4,793

Concurrent query

Day two of admission, CDS identified low serum blood sodium levels in lab results and physician ordered PO sodium replacement. CES queried physician to determine if low sodium levels pertain to kidney failure hypothyroidism, adrenal insufficiency or hyponatremia. Physician responded, "Hyponatremia."

MS-DRG 194 – Pneumonia with CC (GLOS 3.3) $5,992

Retrospective query

Three days > discharge – HIM reviewed H&P and identified patient had a history of valvular heart disease and current medications included ace inhibitors and beta blockers. Patient also admitted with SOB and swelling of extremities. Physician ordered EKG and continued patient's home medications.

Coder queried physician to determine if patient's medications were to treat high blood pressure, previous stroke or heart failure/type. The physician responded, "Acute systolic congestive heart failure."

MS-DRG 193 – Pneumonia with MCC (GLOS 4.2) $8,332

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CDI Structure

Steering committee

- Medical staff support
- Funding
- Key metrics
- Communication

Program committee

- Staffing, management and staff, structure
- Training of medical staff and organization communication
- CDI functions
- Report key metrics to steering committee

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CDI Structure

- Departments
  - Inpatient
  - Rehab
  - Psych
  - Skilled nursing facilities
  - Outpatient/ambulatory

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CDI staff skills

- Social
- Communication style
- Clinical knowledge
- Coding knowledge
- Computer skills

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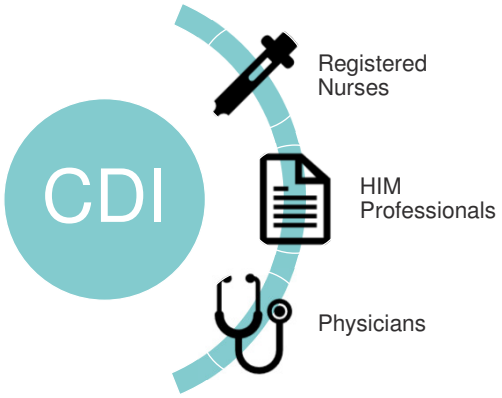
Staffing Models



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Medical Staff

- Physician leader, advisor, champion role:
  - Educate medical staff
  - Support CDI staff
  - Peer-to-peer interactions
  - Policies and procedures
  - Escalation policy

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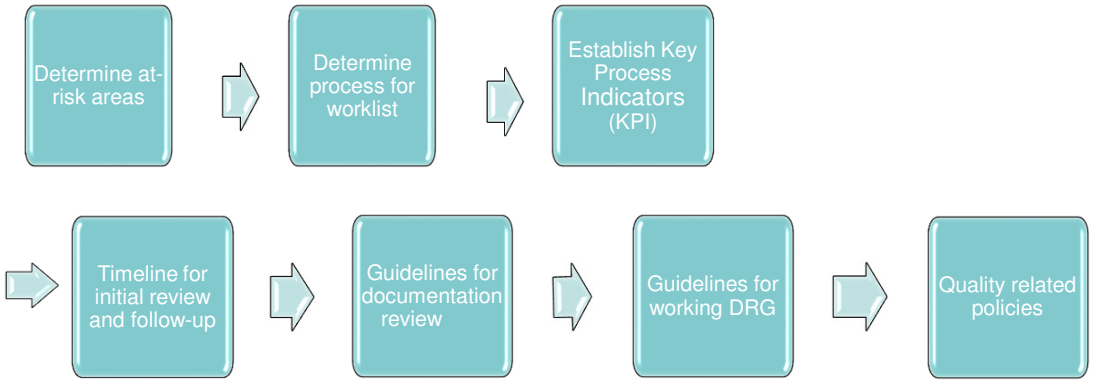
Workflow



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Workflow

- At-Risk areas
  - Diagnoses
    - Sepsis, pneumonia, altered mental status
  - Specialty
    - Ortho, neuro, surgical
  - Quality
    - PSI, readmissions
  - Case management/UR
    - Covered days

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Workflow

- Workflow process
  - Payor
  - Department
  - Specialty
  - Floor
- KPIs
  - Review rate
  - Query rate
  - Query response rate
  - Query response time
  - Query agreement rate
  - DRG reconciliation rate
  - Case mix index (CMI)
  - Denials

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Workflow

- Review Time
  - Initial (within 24 hours)
  - Follow up (every 48 hours)
- Guidelines for documentation review
  - Defining the process
- Working DRGs
  - How to use these
- Quality policies
  - What should CDI review

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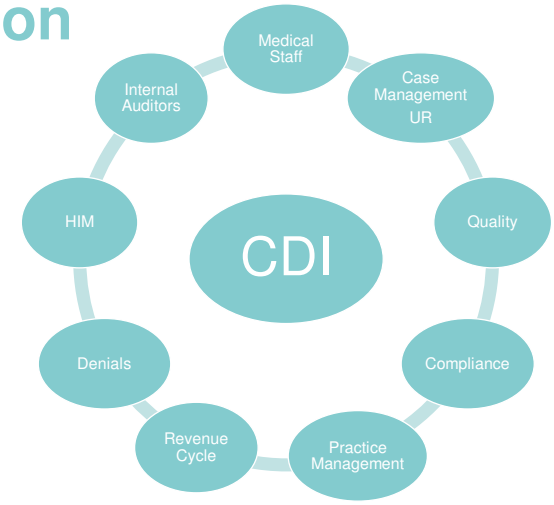
Collaboration



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Education

- Physician Education
  - Documentation practices
  - Trends and benchmarks
  - CDI orientation for new medical staff
  - Determine best medium for education
    - Short face-to-face
    - Medical staff meetings
    - Newsletter
  - Competition
    - Best improved documentation

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Education

- Coding and CDI collaborative education monthly meetings:
  - Documentation practices
  - Trends and benchmarks
  - Coding practices
  - New technologies and techniques
  - New federal regulations
  - Denials
  - Audit findings

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Questions?

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