The Right Care, the Right Reimbursement

Steven Savant RN, MSN, MBA, CPHQ, CCRN
Regional Consultant East Coast

Elizabeth Barnes RN, BSN, MS, CPHM
Regional Consultant Midwest
Objectives

- Attendees will be able to discuss the history and role of clinical documentation improvement (CDI) in healthcare
- At the end of the presentation, staff will be able to develop a process and plan for improving clinical documentation
- After reviewing reporting examples, clinical documentation specialists (CDS) will be able to develop result measures and reports
History of the Medicare IPPS

1983 — Congress mandated Medicare IP claims be paid based on CMS-DRGs
   - appropriate reimbursement for services rendered
   - accurately reflect expected cost of treatment

2007 — Medicare Severity DRGs
   - to better account for severity of illness and resource consumption
The Need for CDI is Clear

“...hospitals have a financial incentive under the MS-DRG system, which they did not have under the previous CMS DRG system, to ensure that they code ... as precisely as possible, consistent with the medical record.”

http://edocket.access.gpo.gov/2008/E8-17914.htm
Federal Register Vol73 No161 Page 48448
Clinical Documentation Improvement — the new imperative

“The documentation and coding adjustment was developed based on the recognition that the MS-DRGs, by better accounting for severity of illness in Medicare payment rates, would encourage hospitals to ensure they had fully and accurately documented and coded all patient diagnoses and procedures consistent with the medical record in order to garner the maximum IPPS payment available under the MS-DRG system.”

http://edocket.access.gpo.gov/2008/E8-17914.htm
Federal Register Vol73 No161 Page 48448
Why are hospitals implementing CDI?

Source: HCPro’s January 2011 Clinical Documentation Improvement program survey.
“A formal CDI Program...

...is one that insures dedicated staff available for concurrent review of patient charts to insure that the electronic medical record is accurate and complete.”

Egan, M (2011)
Definition

Clinical documentation is any manual or electronic notation made by a physician or other healthcare clinician related to a patient’s medical condition or treatment into the patient’s health record.
The Users of the Health Record

- Patients
- Physicians
- Healthcare Provider Organizations
- Insurers
- Government & Regulatory Agencies
- Researchers

Huffman, E.K. (1994)
Quality of Documentation

Documentation of the patient’s health history, present illness, and course of treatment

- Legible
- Complete
- Clear
- Timely
- Precise
- Reliable
- Consistent
# Documentation Criteria

<table>
<thead>
<tr>
<th>Criteria for High Quality Clinical Documentation</th>
<th>Example/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legibility</td>
<td>Required under all government and regulatory agencies</td>
</tr>
<tr>
<td>Completeness</td>
<td>Abnormal test results without documentation for clinical significance (JC requirement)</td>
</tr>
<tr>
<td>Clarity</td>
<td>Vague or ambiguous documentation, especially in the case of a symptom principal diagnosis (chest pain vs. GERD or syncope vs. dehydration)</td>
</tr>
<tr>
<td>Consistency</td>
<td>Disagreement between two or more treating physicians without obvious resolution of the conflicting documentation upon discharge</td>
</tr>
<tr>
<td>Precision</td>
<td>Nonspecific diagnosis documented, more specific diagnosis appears to be supported (anemia vs. acute or chronic blood loss anemia)</td>
</tr>
<tr>
<td>Reliability</td>
<td>Treatment provided without documentation of condition being treated (Lasix, no CHF documented; KCL administered, no hypokalemia documented.</td>
</tr>
</tbody>
</table>

Russo, R (2010) CDI Achieving Excellence
Five Attributes of a Formal CDIP

1. Staffed appropriately
2. 1° focus on accurate DRG capture
3. Focus chart reviews on all prospective payers
4. Develop robust tracking capability to insure accuracy and accountability
5. Bolster query compliance with physician education with clear goals and expectations

Egan, M (2011)
Conceptualize the CDI Process
Where to begin?

- Identify baseline Case Mix Index
- Review distribution of cases in 3-tiered DRG’s
- Benchmark with “like” hospitals
Engage Key Stakeholders

- Health Information Management
- Case Management
- Medical staff and physician leadership
- Executive leadership
- Patient Financial Services
- Finance and revenue cycle
- Quality Management
- Nursing leadership
- Compliance
Recruit Physician Champion

It is *ideal* if the physician is:

- A respected medical staff leader
- Able to devote a minimum of 6-10 hours per week
- Willing to serve on the Utilization Review and CDI oversight committee
- Willing to conduct in-house education and training
Physician Communication
Factors for Success

• Gain & maintain the support of physician champions
• Promote honest, comprehensive dialogue
• Regular presentations to all clinical departments
• Develop a documentation handbook for physicians that outlines basic documentation requirements
• Monthly educational sessions
• Provide data that demonstrates the program’s effectiveness
Prepare for the CDI process: Put it in Writing

- Establish CDI Oversight Committee
- Define the CDI Mission Statement
- Document Policies and Procedures
  - Oversight Committee members and responsibilities
  - Chart Review and Documentation
  - Query Process
- Document Job Descriptions and Competencies
  - Coder
  - Physician Champion
  - CDS
CDS Qualifications

Current acute care clinical experience with extensive clinical knowledge

• Pathophysiology of disease
• Typical course of treatment
• Anatomy and Physiology
• Pharmacology
• Lab result significance analysis
• Radiology findings interpretation
• Medicare Severity DRGs (MS-DRGs)
• Medical and clinical staff documentation responsibilities
• IPPS diagnosis and procedure reimbursement
• Coding concepts and guidelines
• Case-mix index
• Disease-specific medications
• Strong verbal and written communication skill
Ideally the CDS will possess:

- Critical thinking skill
- Strong interpersonal relationship building
- Excellent communication, verbal & written
- Investigative ability
- Computer skill

"an ability to read between the lines"
Document the CDI Workflow

New Admit

Complete

Meet CDI review criteria?

Yes

Complete Chart Review w/ 24-48 hrs

Query?

Yes

Place Query on Chart

No

Assign Working DRG

Consult w/HIM as needed

If no query response w/ 48 hrs, refer to Physician Champion

Assign Goal DRG based on query responses

Assign Next Review Date + 5 days

Validate Final DRG

Complete Documentation

Review next day

Discharge?

Yes

No
Set Reasonable Goals

- All DRG payers
- 80% of Major Disease populations
- 30-35 charts reviewed per reviewer per day
  - 25% with queries, and
  - 85-90% with Physician response
- Improve CMI
- Improve documentation to reflect quality and outcome scores

*Start small.......*
The Documentation Difference: Initial to Final

- Abdominal hysterectomy
- Age 72
- Weight 92lbs
- Anorexic
- MS-DRG 743
  Uterine & Adnexa Proc for Non-Malignancy w/o CC
  GMLOS 1.8
  RW 0.9079 = $4393

- Abdominal hysterectomy
- Age 72
- Weight 92lbs
- Body Mass Index less than 19
- MS-DRG 742
  Uterine & Adnexa Proc for Non-Malignancy w/ CC/MCC
  GMLOS 3.2
  RW 1.3883 = $7219
The CDI Formula:
Each additional codeable condition/procedure reflects:

- Physician interventions
  +
- Resource Utilization
  +
- Severity of Illness and Risk of Mortality

= IMPROVED PROFILES
Define the Measures of Success

✓ Count of Queries by Provider
✓ Sum of Relative Weight Delta - Initial to Final DRG
✓ Count of CC/MCC by MDC
✓ Rate of Positive Query Responses by Provider
✓ Count of Queries by Type
Assure CDI program compliance

- Review all payers
- Establish compliant practices
- Develop internal auditing processes
- Build competencies and track continuing CDI education
Operationalize the CDI Process with Midas+
Build CDI Dictionaries
Worklist Build: Step 1

Define the CDI staff work assignment rules in the HCM-STAFF ASSIGNMENT RULES Dictionary #172
Worklist Build: Step 2

Assign, prioritize and activate/deactivate rules for the CDI Staff Work Assignment Definitions

- MIDAS General Hospital
- MIDAS Medical Center

Assignment Rules - MIDAS General Hospital

- Ref Source, Loc, Enc Type
- Prin Payer, Adm Service, Enc Type

Assignment Rules - MIDAS Medical Center

- Payer-Enc Type-Location-Room

Active  Priority
- 1
Apply Rules to CDS
CDI Staff Work Assignment
Based on documentation present in MR at time of review, the reason the patient came to the hospital.

Based on review of all information available in the MR at time of review.

Anticipated Final DRG based on clinical expertise and outstanding queries agreement.

Principle and secondary diagnoses are entered to document the assessment and critical thinking that led to the capture of the initial, working and goal DRGs.

Capture procedures confirmed in the chart and procedures with outstanding queries.
Generate Queries and Document Query Outcomes

Tuesday, April 28, 2009

Dear Doctor Smith,

I have been reviewing this patient’s record for documentation supporting applicable diagnoses and procedures. The following diagnosis has been identified but I am unable to determine if this condition was or was not present prior to the patient being admitted to the hospital.

Diagnosis: GI Bleeding

Please provide documentation in the patient chart that clarifies whether or not this condition was present on admission to the acute care setting.

Thank you in advance for your support of the CDI program.
Lois Thoman RN
Clinical Documentation Improvement Specialist
The Coding tab can be used by HIM coding staff to enter comments related to either a query placement and/or response, or CDS DRG/final coded DRG discordance.

Rebecca Wood
OhioHealth Clinical Excellence
**Document Outcomes**

Weight Delta calculates difference between Relative Weight Initial, Working and Goal DRG assignments compared to Final DRG.

<table>
<thead>
<tr>
<th>DRG</th>
<th>Weight</th>
<th>GLOS</th>
<th>ALOS</th>
<th>Weight Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial: 293 Heart failure &amp; shock w/o CC/MCC</td>
<td>0.7220</td>
<td>3.1</td>
<td>3.7</td>
<td>.7381</td>
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<tr>
<td>Working: 292 Heart failure &amp; shock w CC</td>
<td>1.0069</td>
<td>4.1</td>
<td>5.0</td>
<td>.4532</td>
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<tr>
<td>Goal: 291 Heart failure &amp; shock w MCC</td>
<td>1.4601</td>
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<td>0.0</td>
</tr>
<tr>
<td>Final: 291 Heart failure &amp; shock w MCC</td>
<td>1.4601</td>
<td>5.0</td>
<td>6.5</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis**

- 428 HEART FAILURE
- 426.6 OTHER HEART BLOCK
- 427 CARDIAC DYSRHYTHMIAS

**Procedure**

- 99.61 ATRIAL CARDIOVERSION

Provider: Brown, Lisa
Date: 4/15/2009
Status: Pending
"My question is: Are we making an impact?"
Reporting Success with Midas+
Key Metrics

- Communication Effectiveness
- Process Advances
ROI Metrics

- Overall CC Capture Rate
  - Medical & Surgical
- Query Volume
  - Response Rate
  - Agreement Rate
- Case Mix Index
- Review Volume
- Review Frequency
- DRG Match Rate
- AR Days
- Denial Rate
Quantifying ROI

To compute the dollars gained as a result of CDI interventions, one practice is to multiply the difference between the initial DRG and the coded DRG Relative Weights by the hospital reimbursement rate.

To do this in Midas+, build a computed field at the CDI Series User Field level. The Weight should be the hospital’s Medicare Base Rate – this example uses $5000.
Create ROI Profile

In the CDI module, the final DRG comes across the DAB interface and the HCM CDI: Initial Weight Delta is automatically computed. In turn, the computed User Field will fill in as well.

It will display the dollars gained as a result of the CDI staff interventions to assign an appropriate DRG.

The added benefit is that this value then becomes a sum variable in SmarTrack so you can put the total dollars gained from your CDI program on a CDI profile.
SmarTrack™ CDI Metrics: Measure Success

Example Indicators

• Count of Queries by Provider

• Sum of Relative Weight Delta - Initial to Final DRG

• Count of CC/MCC by MDC

• Rate of Positive Query Responses by Provider

• Count of Queries by Subject
Case Mix Index Report by Physician Group

**Purpose:** A report that will allow the CDS to review CMI for individual providers and their practices

- Case mix index monitors potential fluctuations in a severity of illness by provider
- May identify those providers requiring additional documentation/coding education
### SmarTrack™ Indicator Profiles

**Profile: CDI INFORMATION**
**Facility: All Facilities**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Bench Mark</th>
<th>2009</th>
<th>2010</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>C-ENC-TOTAL INPATIENT ADMISSIONS</td>
<td></td>
<td>34000</td>
<td>38000</td>
<td>72000</td>
</tr>
<tr>
<td>C-CDI REVIEWS OF TOTAL INPATIENT ADMITS COMPLETED</td>
<td></td>
<td>27880</td>
<td>31920</td>
<td>59800</td>
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<tr>
<td>R-RATE OF CDI REVIEWS COMPLETED TOTAL INPATIENT ADMISSIONS 80%</td>
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<td>82%</td>
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<td>83%</td>
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<tr>
<td>C-CDI REVIEWS ASSIGNED (BENCHMARK 30-35/DAY)</td>
<td></td>
<td>28800</td>
<td>28800</td>
<td>57600</td>
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<tr>
<td>Brasher, Martha</td>
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<td>7200</td>
<td>7200</td>
<td>14400</td>
</tr>
<tr>
<td>Thoman, Lois</td>
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<td>7200</td>
<td>7200</td>
<td>14400</td>
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<tr>
<td>Barnes, Elizabeth</td>
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<td>7200</td>
<td>7200</td>
<td>14400</td>
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<tr>
<td>Savant, Steven</td>
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<td>7200</td>
<td>14400</td>
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<tr>
<td>C-CDI REVIEWS COMPLETED</td>
<td></td>
<td>27800</td>
<td>31920</td>
<td>59720</td>
</tr>
<tr>
<td>Brasher, Martha</td>
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<td>8340</td>
<td>8938</td>
<td>17278</td>
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<tr>
<td>Thoman, Lois</td>
<td></td>
<td>6950</td>
<td>9576</td>
<td>16526</td>
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<tr>
<td>Barnes, Elizabeth</td>
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<td>8340</td>
<td>9576</td>
<td>17916</td>
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<tr>
<td>Savant, Steven</td>
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<td>3830</td>
<td>8000</td>
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<tr>
<td>R-RATE OF REVIEWS COMPLETED 80%</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Brasher, Martha</td>
<td></td>
<td>115.83%</td>
<td>124.13%</td>
<td>119.98%</td>
</tr>
<tr>
<td>Thoman, Lois</td>
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<td>96.53%</td>
<td>133.00%</td>
<td>114.76%</td>
</tr>
<tr>
<td>Barnes, Elizabeth</td>
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<td>115.83%</td>
<td>133.00%</td>
<td>124.42%</td>
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<tr>
<td>Savant, Steven</td>
<td></td>
<td>57.92%</td>
<td>53.20%</td>
<td>55.56%</td>
</tr>
</tbody>
</table>

Develop the indicators and create the profiles for your process.

Monitor efficiencies and set goals.
### SmarTrack™ Indicator Profiles

<table>
<thead>
<tr>
<th>Metric</th>
<th>Location 1</th>
<th>Location 2</th>
<th>Location 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-CDI REVIEWS BY REVIEW LOCATION</td>
<td>27800</td>
<td>31920</td>
<td>59720</td>
</tr>
<tr>
<td>3100 East</td>
<td>11120</td>
<td>12768</td>
<td>23888</td>
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<tr>
<td>3100 West</td>
<td>8340</td>
<td>9576</td>
<td>17916</td>
</tr>
<tr>
<td>3300 East</td>
<td>8340</td>
<td>9576</td>
<td>17916</td>
</tr>
<tr>
<td>C-TOTAL ENCOUNTERS WITH QUERIES</td>
<td>20400</td>
<td>24320</td>
<td>44720</td>
</tr>
<tr>
<td>R-RATE OF ENCOUNTERS WITH QUERIES GENERATED</td>
<td>60%</td>
<td>64%</td>
<td>62%</td>
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<tr>
<td>C-TOTAL NUMBER OF QUERIES</td>
<td>31250</td>
<td>33450</td>
<td>64700</td>
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<tr>
<td>C-TOTAL NUMBER OF QUERY RESPONSES</td>
<td>29688</td>
<td>28433</td>
<td>58121</td>
</tr>
<tr>
<td>R-RATE OF QUERY RESPONSES</td>
<td>90%</td>
<td>95.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td>C-TOTAL NUMBER OF QUERIES IN AGREEMENT AND DOCUMENTED</td>
<td>11875</td>
<td>14049</td>
<td>25924</td>
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<tr>
<td>C-TOTAL NUMBER OF QUERIES DISAGREED</td>
<td>1335</td>
<td>2002</td>
<td>3337</td>
</tr>
<tr>
<td>R-RATE OF QUERY AGREEMENT</td>
<td>40.0%</td>
<td>42.1%</td>
<td>41.6%</td>
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<tr>
<td>C-CDI REVIEWS OUTCOMES - FINAL DRG MATCHED GOAL DRG</td>
<td>9730</td>
<td>23940</td>
<td>33670</td>
</tr>
<tr>
<td>M-CASE MIX INDEX</td>
<td>1.55</td>
<td>1.68</td>
<td>1.61</td>
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<tr>
<td>M-A/R DAYS</td>
<td>57</td>
<td>42</td>
<td>50</td>
</tr>
<tr>
<td>C-TOTAL NUMBER OF DENIALS</td>
<td>125</td>
<td>152</td>
<td>277</td>
</tr>
</tbody>
</table>

Crosstab for locations and reviewers

Use manual indicators to trend and track CMI or days in A/R
## SmarTrack™ Indicator Profiles

<table>
<thead>
<tr>
<th>Category</th>
<th>Count 1</th>
<th>Count 2</th>
<th>Count 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-CDI Reviews Outcomes - Additional Comorbid Retrospectively</td>
<td>1390</td>
<td>1277</td>
<td>2667</td>
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<tr>
<td>C-CDI Reviews Outcomes - Discrep in POA ID by Coder</td>
<td>556</td>
<td>638</td>
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<tr>
<td>C-CDI Reviews Outcomes - Positive Financial Impact</td>
<td>11120</td>
<td>17556</td>
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<td>C-CDI Reviews Outcomes - Questionable Query</td>
<td>2780</td>
<td>957</td>
<td>3737</td>
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<table>
<thead>
<tr>
<th>Category</th>
<th>Count 1</th>
<th>Count 2</th>
<th>Count 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-CDI Total Comorbid Conditions Identified by CDI Specialist</td>
<td>19838</td>
<td>42675</td>
<td>62513</td>
</tr>
<tr>
<td>Diseases/Disorders of the Circulatory System</td>
<td>5560</td>
<td>6384</td>
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<tr>
<td>C-CDI Total Diagnoses POA</td>
<td>18904</td>
<td>28728</td>
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<tr>
<td>Diseases/Disorders of the Circulatory System</td>
<td>3780</td>
<td>5746</td>
<td>9526</td>
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</tbody>
</table>
Other indicators...

Volume
- Initial reviews
- Follow up reviews

Statistics
- Total population
- Physician rates
  - Queries
  - Responses
  - Agreement/disagreement
  - No responses

Outcome Analysis
- Count by Outcome Type
  - Coder to reviewer
  - Coding correction
  - Goal DRG met
  - Higher reimbursement
  - Increased severity
  - No change
Case Mix Index Trending

Capturing higher acuity reflected in CMI
Every discreet field has a story to tell...

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Change</td>
<td>4/18/2009</td>
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</table>

Summary Information from the Last Completed Review

<table>
<thead>
<tr>
<th>DRG</th>
<th>Weight</th>
<th>GLOS</th>
<th>ALOS</th>
<th>Weight Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial: 293 Heart failure &amp; shock w/o CC/MCC</td>
<td>0.7220</td>
<td>3.1</td>
<td>3.7</td>
<td>.7381</td>
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<td>6.5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date</th>
<th>Present On Admission</th>
<th>Status</th>
<th>CC</th>
</tr>
</thead>
<tbody>
<tr>
<td>428 HEART FAILURE</td>
<td>4/15/2009</td>
<td>Present on Admission</td>
<td>Confirmed</td>
<td></td>
</tr>
<tr>
<td>426.6 OTHER HEART BLOCK</td>
<td>4/16/2009</td>
<td>NOT Present on Admis</td>
<td>Probable</td>
<td>MCC</td>
</tr>
<tr>
<td>427 CARDIAC DYSRHYTHMIAS</td>
<td>4/16/2009</td>
<td>NOT Present on Admis</td>
<td>Probable</td>
<td>CC</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
<th>Provider</th>
<th>Date</th>
<th>Status</th>
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<tbody>
<tr>
<td>99.61 ATRIAL CARDIOVERSION</td>
<td>Brown,Lisa</td>
<td>4/15/2009</td>
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<tr>
<td>Patient</td>
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<td>Principal Payer</td>
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<tr>
<td>Crane, Christopher</td>
<td>240121883</td>
<td>Partners Health</td>
<td>07/14/2007</td>
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<td>De, Jessie</td>
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<td>Stark, Theresa</td>
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<td>Blue Shield</td>
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<tr>
<td>Savioe, Samantha</td>
<td>240114937</td>
<td>Blue Shield-AT&amp;</td>
<td>05/14/2007</td>
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<td>Blue Shield-AT&amp;</td>
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<td>Burks, Bambi</td>
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## Quantifying Results

### CDI - Financial Impact for Positive DRG Changes

<table>
<thead>
<tr>
<th>Account #</th>
<th>PT Name</th>
<th>Admit Date</th>
<th>D/C Date</th>
<th>Principal Payer</th>
<th>Final DRG</th>
<th>Final DRG Weight</th>
<th>Working DRG</th>
<th>Working DRG Weight</th>
<th>Working DRG Weight Delta</th>
<th>Financial Weight Impact</th>
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Total Weight Diff:  
$40,728.88
Success stories from clients...
Why do Midas+ Clients use the CDI module?

- Improve documentation to allow for accurate and compliant reimbursement for services provided
- Generate and manage clinical queries
- Track physician queries and responses
- Enhance communication between the CDS and the Healthcare Team
- Worklists organize the CDS workflow
- Report clinical and financial impact of the CDI Program

Rebecca Wood
OhioHealth Clinical Excellence
Enhance communication between the CDS and Coder

- If the **Outcome**, “Coder to Review” is selected, this report is populated.
- Once the Coder has entered their comments, the **Outcome** is changed to “Coding Correction”.
- An Indicator Profile is used for monitoring and reporting activity.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Admit Date</th>
<th>Final DRG</th>
<th>Working DRG</th>
<th>Working DRG Weight</th>
<th>Final DRG Weight</th>
<th>Impact</th>
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</table>

Rebecca Wood  
OhioHealth Clinical Excellence
Track physician queries and responses
Daily report for CDS staff use to follow-up on outstanding Queries

<table>
<thead>
<tr>
<th>Account #</th>
<th>PT Name</th>
<th>Admit Date</th>
<th>D/C Date</th>
<th>Principal Payer</th>
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</tr>
</tbody>
</table>

Provides a report for CDS staff to ensure all queries got answered.

Rebecca Wood
OhioHealth Clinical Excellence
One site’s journey…

DCH Health System, Tuscaloosa, Alabama

– 2003 Began their CDI process
– 2008 Built Midas+ focus study to support the process
  • Extensive user fields
  • Access for coders as communication tool
– 2010 Transition to CDI Module
– 2011 Live with robust reporting
  • 40 Query Documents
  • Over 100 associated SmarTrack™ worklists and indicator profiles

Robin Holmes, RN, MSN
Director of Case Management & CDI
Indiana University Health

- Licensed for 355 beds
- Daily census of 200
- Began CDI process in mid-2007
- Include all DRG payers (Anthem, Medicaid, Medicare, Medicare replacement plans)
- Currently have 3 FTE nurses dedicated to Clinical Documentation Improvement (CDI)

Michelle Weaver
MIDAS System Administrator
Benefits of Midas+ CDI at Indiana University Health

- Track data on all payers
- Communication between nurse and coder
- Worklist drives the process
- CDI nurse receives timely feedback from coder
- Time saver for CDI nurse
- Cost savings by eliminating previous vendor

Michelle Weaver
MIDAS System Administrator
Worklist drives the process various ways to set up assignments

Michelle Weaver
MIDAS System Administrator

20th Annual MIDAS+ User Symposium • May 22–25, 2011 • Tucson, Arizona
Comments template directs clinical data gathering to support CDS DRG assignment

Also supports the Internal Audit process

Michelle Weaver
MIDAS System Administrator
Conclusions

• CDI Programs have increased in numbers since CMS’ release of MS DRG
• Formal CDI Programs insure adequate staff to maintain accuracy and completeness of EHR
• Engaging stakeholders and recruiting the right champion and CDI staff are crucial components
• Midas+ CM allows clients to customize according to institutional processes
• Key metrics, data capture, and reporting insure communication and process advancement
Midas+ Client Support

• Assigned Service Manager
  – Support for day-to-day technical issues
• Toll-free Support Line
• Regional Consultants
  – Coordinate regional user groups
  – Assist with process improvement and functional use
• Training
  – Computer-Based Training (CBT)
  – Regional Classroom training
  – Complete in-house training facility
• Clients Only Website
  – Knowledge Base
  – Listserv
• Product Managers
  – Responsible for overseeing product planning and enhancements
• National Midas+ Annual User Symposium
CDI Toolkit © 2010 AHIMA found online 4/1/2011 at http://www.ahima.org/resources/CDI.aspx


