

INGENIX®

Clinical Documentation Improvement Program with MS-DRG Emphasis

The Key Ratios Report

The Key Ratios report examines coding of the CC Capture Rate (coding of cases in DRGs with a CC, No CC split into the DRG with a CC).

CDIMP Reporting					
	Baseline ¹	Current Period ²	% Change	Benchmark ³	Reimbursement Benefit/Opportunity
Key Ratios					
Medical CC Capture Rate	66.02%	66.85%	0.83%	66.03%	(\$99,252)
Surgical CC Capture Rate	54.99%	73.26%	24.5%	69.47%	(\$281,291)

The Case Mix Index Report

The Case Mix Index report tracks how Case Mix Index has changed from the baseline to the current period. It also includes a benchmark against current MedPAR data.

CDIMP Reporting					
	Baseline ¹	Current Period ²	% Change	Benchmark ³	Reimbursement Benefit/Opportunity
Case Mix Index					
No exclusions:					
Overall CMI	1.0645	1.9041	2.22%	1.5747	N/A
Medical CMI	1.1416	1.5479	0.55%	1.0664	N/A
Surgical CMI	2.9117	3.0238	0.38%	2.6992	N/A
Fract, Rehab and Unreimbursable DRGs Excluded (425-432, 442, 478)³					
Overall CMI	1.0686	1.9078	2.10%	1.5747	N/A
Medical CMI	1.1439	1.5502	0.55%	1.0664	N/A
Surgical CMI	2.9117	3.0238	0.38%	2.6992	N/A
High-weighted DRGs Excluded (DRGs 103, 406, 443, 492, 493, 542, 543)³					
Overall CMI	1.7207	1.7377	0.49%	1.5747	N/A
Medical CMI	1.1838	1.1550	0.55%	1.0664	\$35,421

Executive Summary

Coding accuracy will be more important than ever now that the Medicare Severity Diagnosis Related Group (MS-DRG) payment system is a reality. Concurrent clinical documentation provides an internal mechanism for achieving more complete and accurate documentation during inpatient encounters.

← Identify how MS-DRGs influence your revenue cycle

← Determine where to focus resources to mitigate risk

← Compare your facility against a peer group using key indicators

← Train hospital medical staff members to bridge medical nomenclature with correct coding and compliance initiatives

← Promote more focused audit studies that identify RAC issues of medical necessity, coder performance, and complete medical documentation

Overview

Medicare's payment and severity methodology should provide Medicare with a better way to classify and categorize patient illness. It will also impact all areas of the revenue cycle. Ingenix offers a Clinical Documentation Improvement Program specifically designed to help hospitals navigate under this new methodology.

Impact Assessment

Ingenix provides data and consulting solutions to help hospitals ascertain the financial impact of the transition to MS-DRGs, identify financial risk by service line, and determine how to drive coding improvement. The Inpatient MS-DRG Impact Reports identify areas where a hospital's diagnosis coding may affect the severity level of the DRG. The reports also show comparative data for your facility against a peer group, summarizing more than 500 million data elements in an easy to understand, useful management tool.

Data Quality and Operational Assessment

Inpatient data quality reviews will determine coding accuracy as it relates to over-coding and under-coding, appropriateness of diagnostic and procedural sequencing, as well as compliance with internal policies and external rules and regulations. Ingenix also will incorporate an on-site review of current coding and documentation processes and procedures at the hospital to determine their effect when implementing a concurrent documentation process. This also will assist us in developing customized educational sessions.

Education and Monitoring

The program includes materials and educational sessions to inform nurses, coders, and documentation specialists on how to properly incorporate MS-DRGs into case management. Conversely, a complete physician education program provided in a peer-to-peer format allows physicians to understand and bridge their differences between medical terminology and coding guidelines.

Key Features

Here's what you get out of each phase in the Ingenix Clinical Documentation Improvement Program:

Phase I—Case Mix data analysis

- Excel spreadsheet containing data elements for your hospital and comparative peer group
- Data analyses in PDF format containing data for your hospital and the peer group

Phase II—Inpatient data quality review

- Comprehensive report reviewing all findings and recommendations, including data quality, present on admission indicators (POA), discharge disposition, compliance, and financial opportunities
- Case summary work sheet copies, if requested

Phase III—Operational and staffing assessment

- Interviews and questionnaires of physicians, case managers, nurses, and coders responsible for concurrent documentation process
- Timetables for completing all aspects of Concurrent Documentation Improvement Program

Phase IV—Education of nurses, coders, documentation specialists, and management

- Physician education program provided in a peer-to-peer format

Phase V—Follow-up and monitoring

- Follow-up program begins three months post implementation
- Recommended monitoring consists of quarterly three-day visits by Ingenix staff for one year to identify progress and, if needed, institute quality improvement initiatives such as additional education, modifications to computerized and manual tools, or logistical modifications

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