



CONTINUING CDI INTEGRATION WITH STRONG LEADERSHIP: A CONNECTICUT CASE STUDY

Linda Gomes, RN
Clinical Reimbursement Manager
Bridgeport Hospital
Yale New Haven Health System

Bridgeport Hospital

- Member of Yale New Haven Health System
- 383 licensed beds
- 60 subspecialties
- Connecticut Burn Center
 - Only burn center in Connecticut
- 19,000 admissions/year
- 207,000 outpatient visits/year including:
 - 76,000 emergency visits
 - 36,000 clinic visits
 - 7,500 same day surgery

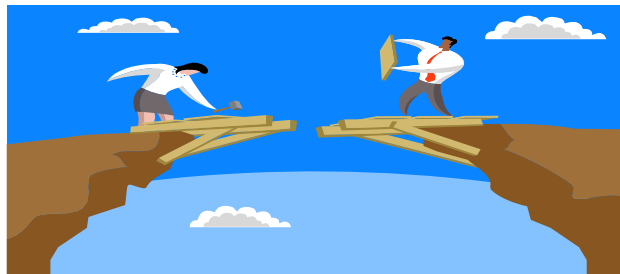
From Nursing to Finance – My Story

- Pediatric Nurse
- Nurse Manager
- Denial Coordinator - 2004-2006
 - Under Case Management
 - New role for organization
- Director of Case Management - 2006-2008
- Clinical Reimbursement manager
 - Moved to Finance



Clinical Reimbursement Manager

- Report to Director of Revenue Cycle
- Chief responsibilities:
 - Commercial Denial Management/Appeals
 - Oversee regulatory audit activities (RAC)
 - CDI program (traditional)
 - Utilization Review
 - Build and maintain a bridge
- between clinical providers and finance



Correct Coding

- Clinical Documentation Specialists – 5 RNs
- ACDIS members
 - Certified CDI nurses

Concurrent record review and query process

Query for

DRG Assignment

P4P measures

SOI/ROM

PHYSICIAN ENGAGEMENT

Patient Status

- Utilization Coordinators – 8 RNs
 - 2- psych, 4-med/surg, 2-ED (YAHOO!)

With the 2 Midnight Rule, we:

Implemented ED Utilization Review process

Prioritized timely review of obs cases for conversion

Separated UR from Case Management/Discharge Planning

Challenge – shift of focus from “meeting criteria”
to “telling the story”

PHYSICIAN ENGAGEMENT

Charge Capture/Revenue Cycle

- Denial Committee
 - Finance, Billing, Charge Master, Access, Physicians, UCs, Ancillary Depts – recently added HIM/coding
 - Detailed review of denials per payer, location
 - Action plans developed at meetings to fix issues up front
- Denial Management Trends
 - Patient Status, DRG/Coding impact denials
 - Shift from medical necessity to inappropriate setting
 - Pre-bill review vs retro appeal
- **PHYSICIAN ENGAGEMENT**

PHYSICIAN ENGAGEMENT

- FIND A CHAMPION !!!!
- Evolution of Physician Advisor at Bridgeport Hospital
 - 2005 – Medical Director of ED assigned as part time
 - 2010 – Full time PA to Care Coordination and CDI
 - Interacted with UR, CDI, Coding, contracting, billing
 - 2015 – Formal CDI training completed for physician advisor



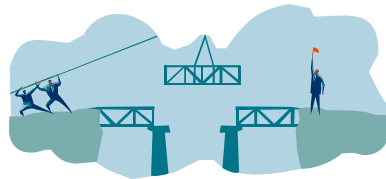
Physician Tips

- Separate billing status from clinical care in conversations with physicians
 - Scripting for UR staff gives the same overall message to docs
 - Consistent query process for CDI staff
- Physicians Love Data !!
 - SOI/ROM
 - CMI
 - RAC/Commercial denial trends
 - Physician report cards



Feedback Loop for Continued Improvement

- Denial Committee – action plans developed and monitored
- Patient Care Review – UR committee based on COP
- Two EXCITING new groups (no names yet!)
 - Progression of Care – since Oct 2013
 - ED, Hospitalists, Team Care, Surgery, UCs
 - Recently added nursing – ED and Critical Care
 - PATIENT STATUS REVIEW – since Oct 2013
 - Finance, MDs, UCs – review and monitor monthly patient stats



Integrated Approach at BH

- Not a department but a team !!
 - Clinical Reimbursement Manager
 - Physicians
 - CDS/UR Teams
 - Finance/Billing/Charge Capture
 - Access – verifications/authorizations
 - Ancillary Departments – i.e., Radiology
 - Compliance
 - Contracting
 - HIM – Correspondence and Coding



Some Wins!!

- Interventional Cardiology Procedures
- Psych observation
- ED observation vs Treat & Release
- NGS Mobile Medical Review
- Denials below budget



Next Steps/Challenges

- Engage with Contracting for commercial denial issues
- Increase UR role in ED to 24/7
- Implement Dedicated Observation Unit
- Embrace technology – EMR
 - Pre-bill reviews – Stop the bill until it is right
- Continuous Physician Education
 - Train the Trainer approach
 - Documentation to support status and SOI/ROM
- Continue to integrate CDS and UC staff
 - Consistent POSITIVE message to docs
 - Challenge - Traditional CDI centralized at system level 6/2015

Teamwork to Build the Bridge



So I can do this!



Contact Information

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