



Building a Resilient CDI Program by Creating a Second-Level Review Team

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With special thanks to Julie Alverson, BSN, RN, CCDS, CDIP, for her contributions to this presentation.



Presented By



Marie G. Mathieu, MS, RN, NE-BC, CDIP, CCDS, is the vice president of CDI at Hackensack Meridian Health Network based in Hackensack, New Jersey. She directs the regional managers working with the CDMP team of clinicians, coding professionals, physicians, and registered nurse practitioners to ensure accurate and timely clinical documentation. She plans and supports ongoing communication and education to staff and physicians, creates and disseminates reports and action plans, and is accountable for the CDMP success as reflected in case-mix index. Due to this success, senior leadership appointed her to handle the department across the network and now adopts the same practice.

Presented By



Alette Castor, CCS, CCDS, is supervisor of CDI at Hackensack Meridian Health in Hackensack, New Jersey. She is a foreign medical graduate who has been working in the HIM and CDI management program for over 26 years. She has worked as a second-level review supervisor, CDI/DRG coordinator and lead CDI, quality officer, and coding supervisor at various organizations.

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Learning Outcomes

- **At the completion of this educational activity, the learner will be able to:**
 - Explain how the new process of Second-Level Review (SLR) improved the quality review process at Hackensack University Medical Center
 - Describe the process in EPIC and the collaboration with HIM and Quality
 - Integrate the use of Vizient Calculator to identify the risk variables
 - Describe the metrics used to track SLR and the Mortality /HAC/PSIs
 - Recognize the challenges and the benefits of collaborative review with SLR CDI , Coding, and Quality

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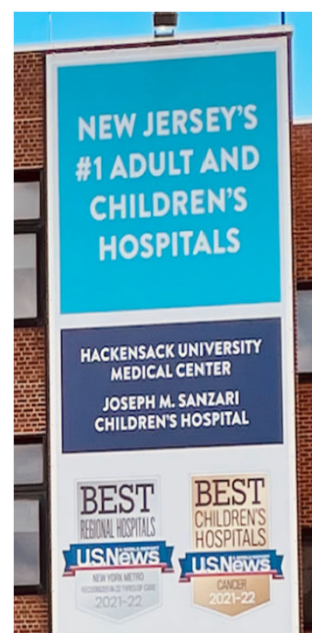
Hackensack University Medical Center (HUMC)

- One of the four academic medical centers in New Jersey
- ★ #2 Hospital in New Jersey
- ★ #7 Hospital in the New York metro area by U.S. News & World Report's 2021-2022 "Best Hospitals"
- Honor Roll
- Founded in 1888 with just 12 beds, HUMC was Bergen County's first hospital.
- Today this nonprofit, teaching and research hospital has grown to become the largest provider of inpatient and outpatient services in New Jersey.
- Hackensack University Medical Center enjoys numerous clinical, research and academic affiliations with world-renowned partners. Our medical and dental staff represent the full spectrum of specialties and subspecialties and are international leaders in health care.
- We are proud to also serve as the "Hometown Hospital" of the New York Giants and the New York Red Bulls soccer team.
- The medical center remains committed to the community through fundraising and community events, such as its annual Life & Liberty event, health fairs and Healthy Heart events.

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Awards and Accreditations

- Rated as High Performing by U.S. News & World Report's 2021-2022 "Best Hospitals" Honor Roll in 14 procedures and conditions including: New Jersey's only nationally-ranked Neurology & Neurosurgery and Urology programs; ranked nationally in Cardiology & Heart Surgery; New Jersey's Best Urology and Neurology & Neurosurgery programs since 2013; with Cardiology & Heart Surgery, Gastroenterology & GI Surgery, Geriatrics and Orthopedics ranked among the top in New Jersey.
- Home to the John Theurer Cancer Center, a consortium member of the NCI-designated Georgetown Lombardi Comprehensive Cancer Center and recognized as the #1 hospital for cancer care in New Jersey by U.S. News & World Report's 2021-22 "Best Hospitals" Honor Roll.
- Home to Joseph M. Sanzari Children's Hospital recognized as being in the top 1% of children's hospitals in the nation and #1 children's hospital in New Jersey by U.S. News & World Report's 2021-22 "Best Hospitals" Honor Roll



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Awards and Accreditations

- Only hospital in New Jersey with the #1 adult and #1 children's hospital rankings.
- One of only five major academic medical centers in the nation to receive Healthgrades America's 50 Best Hospitals Award for five or more years in a row.
- Ranked among the top hospitals in the Newsweek's 2021 World's Best Hospitals list
- First and only hospital in New Jersey — and one of only a few in the country — to offer noninvasive MRI-guided focused ultrasound, called Exablate® Neuro platform, to treat hand tremors, or involuntary and rhythmic shaking that affects people with certain neurological conditions.



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What Is Resilience?

Dictionary definition of word resilience:

**“Selective focus. Staying optimistic.
Perseverance, adaptation and dealing with
failure concept.”**



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“Resilient behavior is trying to take a positive perspective on situations viewing challenges and learning opportunities. Regulating emotions and expressing feelings in appropriate ways focusing on the things you can control instead of dwelling in what you can not change.”

~ Unknown

“Life is not going to be a smooth ride so we have to develop resiliency”

~ Tom Brady
People Magazine
January 2023



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Why did HUMC CDI decide to implement a second-level review team (SLR) post coding and to drop the bill?

What made HUMC CDI a resilient department?



Hackensack
Meridian Health

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- In 2018, HUMC engaged a company, led by a physician, to perform second-level review post coding and to drop the bill. Its goal was to improve the quality data.
- The company was there for 18 months when I submitted a business proposal to insource their function.



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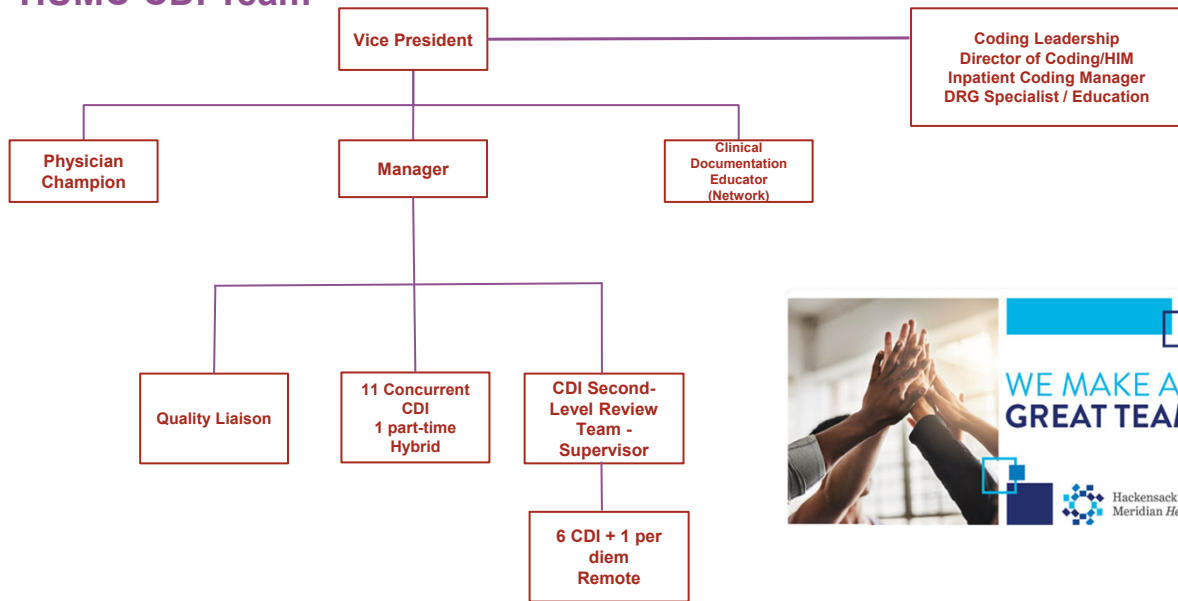
In 2019, a Business Proposal Was Submitted and Approved to Insource a Second-Level Review:

- Engage Vizient consultant to provide risk adjustment education
- Create a process flow in EPIC to track CDI performance since 3M was unable to provide retro query reports and data for the SLR
- ROI
 - cost effective
 - accurate reimbursement
 - improve expected mortality
 - appropriate risk adjustment
 - accurate reflection in quality rating
- Review of 100% Medicare / Managed Medicare
- Keep the company until they are unable to find any opportunities (5% less)



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HUMC CDI Team



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Second-Level Review Process

This process uses a combination of WorkQueue and Activity codes to perform the tasks.

1. After final coding, all Medicare and Medicare managed care cases will go to WorkQueue #1 entitled initial review. CDIs have up to 4 days to perform their review from that WQ. After 4 days, the accounts will fall off the WQ and drop to Billing. During this review:
 - a. With no query, CDIs will perform any change in the DRG, add and remove codes, change POA status based on existing documentation, add activity codes and remove the case from the WQ to send to the next level (Billing).
 - b. CDIs may issue clarification queries to providers.
2. If query is necessary, CDIs will move the account from WQ#1 to WQ#2. WQ #2 contains only cases with pending queries. Accounts can stay up to 7 days in WQ#2. During this time CDI contacts providers to ensure they respond to the queries. Provider's response will be part of the legal medical record.

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Second-Level Review Process (cont.)

3. After 48 hours with no response, CDIs and the manager will attempt to resolve the query. If unsuccessful, the manager will escalate the query to the Physician Documentation Lead for resolution of cases in which physicians repeatedly refuse to respond to queries. The Physician Documentation Lead and the CDI Manager may collaborate in clinical documentation improvement initiatives.
4. After the queries are answered:
 - a. If the provider agrees, the CDI updates the codes based on the response provided, and the existing documentation. Then CDI will add the activity codes and remove the case from WQ#2.
 - b. If the provider disagrees, the CDI will simply update the codes based on existing documentation, add the activity codes and remove the case from WQ#2.
5. In case a provider cannot respond because he/she is on vacation, an activity code will be placed in the chart to hold it (Bill Hold) in WQ#2 until the provider is back and responds.

After 7 days any account in WQ#2 will fall off and drop to bill, with the exception mentioned in point 5

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Activity Codes

CATEGORY	STATUS	CODE
CDI Coding/quality review	No review Needed	1850
CDI Coding/quality review	Risk adjustment	1847
CDI Coding/quality review	Severity of illness	1841
CDI Coding/quality review	Present on Admission	1843
CDI Coding/quality	Risk of Mortality	1842
CDI Coding/quality	No action needed	1840
CDI Coding/quality	Review Needed	1837
CDI Coding/quality	Review Complete	1838
CDI Coding/quality	Revenue Enhancement	1846
CDI Coding/quality	Incorrect Point of Origin	804
CDI Coding/quality	Doctor on Vacation	1928

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Monthly Dashboard – Second-Level Review / Vendor

April 2021

Metric	Source	Comments	HUMC Goals	HUMC											
				Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
SOI Changes Rate (%)	Vendor	Reflects CDI effects on publicly-reported quality metrics		8%	7%	6%	X	X	X	X	X	X	X	X	X
	CDI			5%	4%	6%	16%	17%	17%	18%	13%	13%	16%	15%	
POA Changes Rate (%)	Vendor	Reflects CDI effects on publicly-reported quality metrics		3%	3%	3%	X	X	X	X	X	X	X	X	X
	CDI			3%	3%	3%	51%	41%	31%	28%	27%	23%	29%	24%	
ROM Changes Rate (%)	Vendor	Reflects CDI effects on publicly-reported quality metrics		7%	6%	8%	X	X	X	X	X	X	X	X	X
	CDI			5%	4%	7%	16%	15%	15%	15%	12%	14%	12%	14%	
%Cases with Risk Adjustment Codes Added	Vendor	Reflects CDI effects on publicly-reported quality metrics		11%	10%	11%	X	X	X	X	X	X	X	X	X
	CDI			11%	10%	11%	44%	43%	52%	53%	51%	53%	50%	48%	

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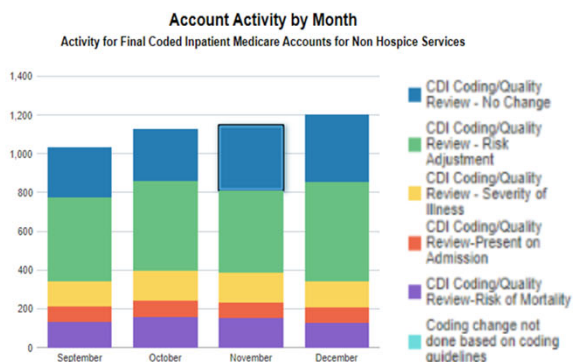
EAI Report – CDI Account Detail With User Activity Summary



January	CDI Coding/Quality Review - No Change	31
	CDI Coding/Quality Review - Revenue Enhancement	7
	CDI Coding/Quality Review - Risk Adjustment	37
	CDI Coding/Quality Review - Severity of Illness	12
	CDI Coding/Quality Review Complete	72
	CDI Coding/Quality Review-Present on Admission	4
	CDI Coding/Quality Review-Risk of Mortality	13
January Total		176

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EAI – Account Activity By Month



		CDI Coding/Quality Review - No Change		CDI Coding/Quality Review - Risk Adjustment		CDI Coding/Quality Review - Severity of Illness		CDI Coding/Quality Review - Present on Admission		CDI Coding/Quality Review - Risk of Mortality		Coding change not done based on coding guidelines		HAR Count (Unique)
Activity Year	Activity Month	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	HAR Count (Unique)	% of Total	
2022	September	258	33.2%	435	56.0%	127	16.3%	80	10.3%	135	17.4%			777
2022	October	270	33.3%	483	57.1%	153	18.0%	85	10.6%	159	19.6%			811
2022	November	338	39.0%	423	49.6%	158	18.2%	79	9.1%	153	17.8%			870
2022	December	350	37.4%	510	54.5%	138	14.5%	80	8.6%	127	13.6%			855
Grand Total		1,217	35.9%	1,831	54.0%	574	16.9%	324	9.6%	574	16.9%			3,388

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CDI Liaison and Metric

Clinical Documentation Quality Liaison is responsible for promoting high-quality clinical documentation by collaborating with CDI, HIM, Quality Department as well as with the Medical and Surgical Service Lines across the region of Hackensack Meridian Health (HMH).

- Review within 4 days all cases populated in the Pre-coding Mortality Work Queue / HAC/PSIs Report to ensure the documentation reflects the appropriate severity of illness (SOI) and risk of mortality (ROM). Review 100% of all insurances
- Review concurrent and post coding pre-billing medical records every 24-48 hours as appropriate for completeness and accuracy to ensure the level of services and acuity of care are accurately reflected.
- Update DRG worksheet to reflect any changes in patient status, procedures/treatments, and confers with physician to finalize diagnoses, and changes in DRG and/or APR assignment.

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PSI Pre-billing With CDI Quality Liaison

Although AHRQ PSI numerator cases comprise a small fraction of encounters coded and billed, their reputational import is especially significant, as they are analyzed as part of many external rating and ranking schemes. For this reason, special review processes are in place.

- AHRQ PSI numerator cases are flagged to coders in 3M
- Coders refer all flagged cases to CDI in WQ.
- CDI reviews coding for each record, in context of AHRQ PSI analysis logic; 3 possible findings:
 1. Coding is correct, case is removed from WQ.
 - a. CDI determines that no documentation improvement and notes in abstracting field in EPIC.
 - b. CDI determines that exclusion is coded, however, the code is below the 25th codes and notifies coding/HIM in the abstracting field in EPIC to move it up to reverse the PSI.
 2. Coding is not correct. Record is returned to coding, 2 possible outcomes:
 - a. If Health Information determines codes are incorrect, coding is revised, verifying that flag no longer fires, and AHRQ PSI is reversed.
 - b. If Health Information determines codes are correct based on coding guidelines, Health Information cites specific guidelines; coding is not changed. (For this scenario, Health Information appends the appropriate code denoting coding correct based on coding guidelines – codes not changed.) AHRQ PSI is not reversed.
 3. Documentation not clear. Documentation query to physician initiated by CDI, 2 possible outcomes:
 - a. Physician responds in two ways: documented in the query or include in the discharge summary, record is recorded by HIM, flag no longer fires (AHRQ PSI reversed)
 - b. Physician does not respond, CDI Liaison will escalate the query to the physician documentation lead for Resolution.

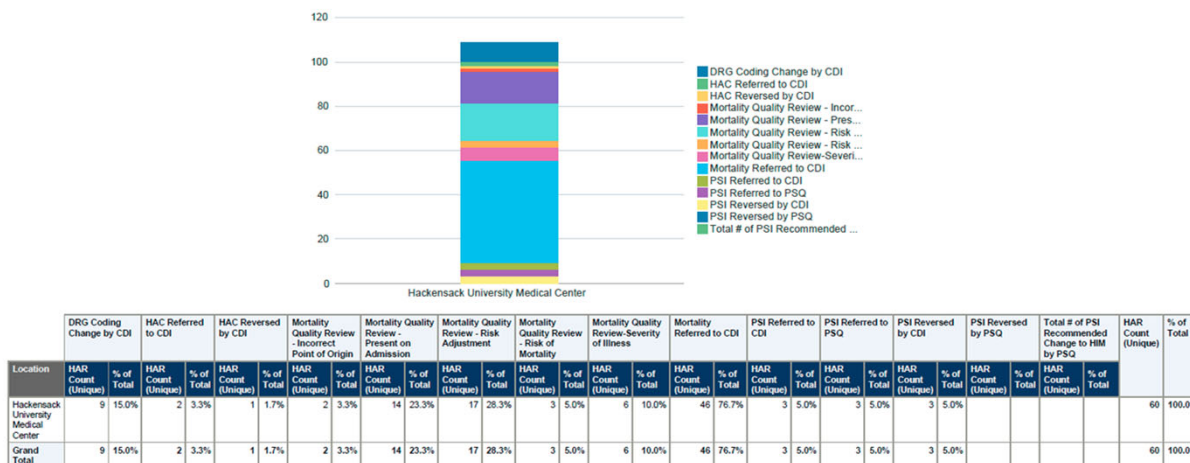
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PSI Pre-billing With CDI Quality Liaison (cont.)

- CDI communicates to PSQ all cases flagged, with outcomes after CDI review:
 1. AHRQ PSI reversed (2a or 3a)
 2. AHRQ PSI remains
 - a. CDI determined no possible exclusion
 - b. CDI physician query did not result in effective documentation (query denied, no response, ineffective documentation)
- Bill is placed on 4-day hold, bill is dropped after 4 days, unless PSQ requests extension (rare, number of extension days to be specified, up to 7).
- PSQ reviews a sample of flagged cases during 4-day bill hold, communicates with physician if additional documentation may reverse the AHRQ PSI. If physician adds record, PSQ communicates with coding/CDI to recode the record. Sample is determined by PSQ resource availability and leadership direction.
- After bills are dropped and records closed, PSQ ascertains all AHRQ PSI numerator cases using Vizient and/or BI reports programmed to produce them, justifies against CDI communications, reviews a sample of cases not reviewed by CDI. Sample is determined by PSQ resource availability and leadership direction.
- Each quarter, PSQ reports number of cases reviewed and number of cases reversed.

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BI Report



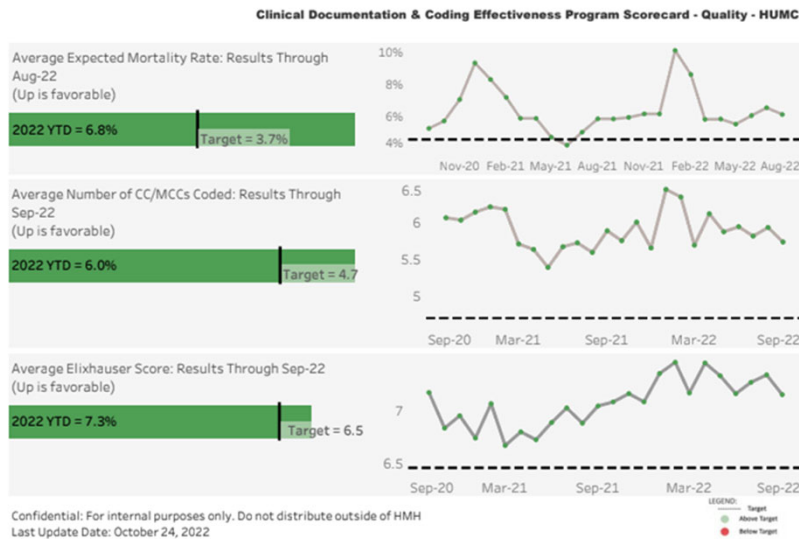
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Monthly Report

Metric	Source	Comments	HUMC Reviews	HUMC											
				Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Total # of HACs referred for review	BI report	N (#) referred to the CDI teams	N (goal = 100%)	X	X	X	2	3	4	3	4	5	3	4	
Total # HACs reversed by CDI	BI report	N (#) HACs reversed by CDI	N (#, FYI)	X	X	X	0	1	4	2	2	0	1	3	
% of HACs reversed by CDI	BI report	N (%) of reversed	N (% FYI)	X	X	X	0	33%	100%	67%	50%	0%	33%	75%	
Total # of PSIs referred for review	BI report	N (#) referred to the CDI teams	N (goal = 100%)	X	X	X	10	5	13	21	11	38	29	11	
Total # PSIs reversed CDI	BI report	N (#) PSIs reversed by CDI	N (#, FYI)	X	X	X	3	2	5	3	3	3	10	1	
% of PSIs reversed by CDI	BI report	N (%) of PSIs reversed by CDI	N (% FYI)	X	X	X	30%	40%	38%	24%	3%	8%	34%	9%	
# PSIs referred by CDI to PSQ	PSQ report	N (#) PSIs referred by PSQ	N (#, FYI)	X	X	X	8	5	13	21	11	38	29	9	
# PSIs with PSQ reversals	*PSQ report	N (#) of reviewed with coding change that reverses PSI	N (#, FYI)	X	X	X	0	0	0	0	0	0	0	0	
% of PSIs reversed by PSQ		N (%) of PSIs reversed by PSQ	N (% FYI)	X	X	X	0%	0%	0%	0%	0%	0%	0%	0%	
# of PSIs with recommended changes to HIM	BI report	N (#) of reversed	N (#, FYI)	X	X	X	0	0	0	0	0	0	0	0	
# of PSIs not changed HIM as per coding guidelines	BI report	N (%) not changed based on coding guidelines	N (% FYI)	X	X	X	0	0	0	0	0	0	0	0	
Volume of Mortality Cases referred for review	BI report		N (goal = 100%)	X	X	X	78	70	52	54	45	62	56	58	
Mortality Incorrect Point of Origin	BI report			X	X	X	X	X	X	1	0	2	2	2	
Mortality % of Changes	BI report			X	X	X	X	X	X	In Progress	In Progress	53%	4%	3%	
Mortality SOI Changes Rate (%)	BI report			X	X	X	X	X	X	In Progress	In Progress	2%	22%	9%	
Mortality POA Changes Rate (%)	BI report			X	X	X	X	X	X	In Progress	In Progress	29%	53%	62%	
Mortality ROM Changes Rate (%)	BI report			X	X	X	X	X	X	In Progress	In Progress	4%	17%	10%	
Mortality %Cases with Risk Adjustment Codes Added	BI report			X	X	X	X	X	X	In Progress	In Progress	18%	75%	75%	

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Scorecard



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Vizient Calculator

- Engaged Vizient consultants to educate SLR and CDI Liaison about risk variables
- Training on-site lasted six months
- CDI had to readjust thinking about querying not only for CC / MCC / SOI / ROM for risk variables
- This was a new paradigm shift for the staff
- The use of Vizient calculator is crucial in our success story

*CDI does not email the mortality cases since it involves the E/O based on the vizient calculator and well above

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Challenges and Benefits of Collaborative Work

- **Challenges**
 - The SLR team had to get use to adding the activity codes to each case to capture the data
 - They had to get use to open an additional application, the vizient calculator, and change the calculator from AMC to community when it is appropriate
 - CDI Quality Liaison has to wait for HIM for updates so they can add the correct activity codes to the case
- **Benefits**
 - CDI automatically sends quality all the cases, even the one they could not exclude
 - HIM uses the data for learning purposes

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In Summary:

- Second-Level Review CDI program is a significant contributor in improving HUMC performance under various entities such as CMS and US News world report
- Vizient has great tools to find how your organization performs
- Metric data definitions can identify areas with documentation and coding vulnerability
- Creating a team approach with coding, quality, and clinical documentation, HUMC improves expected mortality, direct cost and LOS, CMI, and reimbursement
- HUMC did not renew the contract with the company in April 2021 since the SLR team at HUMC was successful in all the metrics.

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Thank you. Questions?

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In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.