

INTRODUCTION

IMPROVE RCM
INCREASED CASE
MIX INDEX BY 35%

PREPARE FOR AUDITS
INCREASING CC/MCC
CAPTURE RATE BY 12%

BOOST CMI SCORES
IMPROVED CMI
SCORE BY 15%

EMBRACE CHANGE



Health IT Manager's Journal

Building Agility for the Future of Healthcare



Mede/Analytics®

Begin >

Building Agility for the Future of Healthcare

The right analytics can offer a clearer window into the healthcare revenue cycle – even during times of great volatility

Even before the COVID-19 pandemic, hospitals and health systems often struggled to manage their revenue cycles. Inaccurate clinical documentation, loss of elective surgeries, incomplete reimbursements, claim denials and workforce shortages all led to significant decreases in revenue for healthcare organizations (HCOs). The pandemic only exacerbated these issues, leaving providers scrambling to recoup every reimbursable dollar.¹

It's now clear that data from electronic health records (EHRs) is necessary but not sufficient to help drive effective revenue cycle management (RCM). As provider organizations look toward the future, they will need to integrate data from different enterprise systems, as well as actionable analytics, to provide a more accurate picture of the entire revenue cycle. Successful organizations now understand that self-service analytics solutions powered by clinical and claims data can provide data-driven insights to help them increase reimbursements while also improving clinical care.

Leveraging the power of analytics and artificial intelligence (AI)

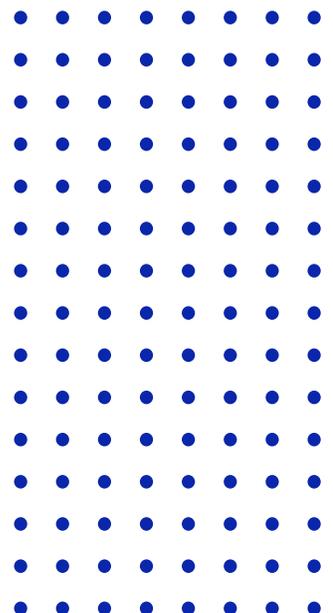
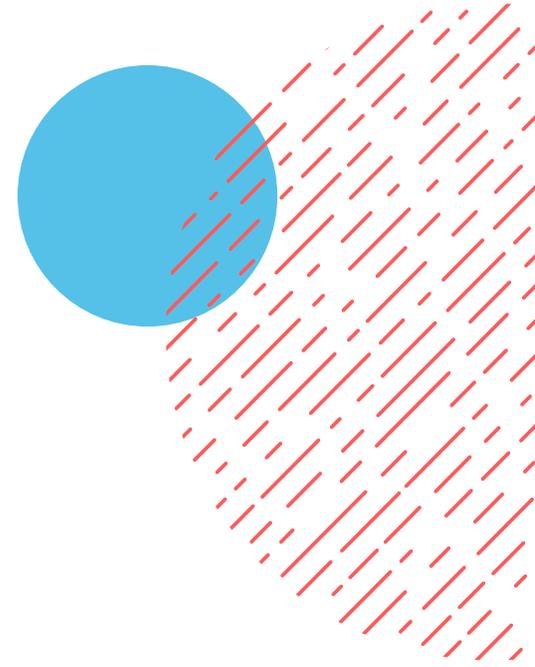
There is no lack of data in the healthcare industry. What is lacking, however, is the ability to effectively aggregate and analyze the data within EHRs, claims and other enterprise systems in order to more accurately understand an organization's financial standing in the moment – and forecast how that might change in the future.

New RCM Analytics solutions offer a variety of features that rely on the latest AI/ML capabilities to provide these insights. Those features include smart narrative functionality to help translate data into a cohesive story with the goal of more easily identifying opportunities for improvement, as well as clustering algorithms to get more out of your clinical and financial data.

When [Wise Health System](#), a community health system in Wise County, Texas, was looking for ways to improve its revenue cycle management, it partnered with MedeAnalytics to implement a self-service analytics platform. This solution was designed to integrate clinical and financial data across the entire system, providing the revenue team with the insights they needed to improve their denials and appeals processes and improve how they cared for their community. The built-in AI Capabilities also highlighted areas where Wise could make the vital enhancements that were needed. These insights ultimately helped Wise increase their case mix index by 35%, improve CC/MCC capture rates by 129%, reduce re-admission rates for heart failure patients by 83% over one year and reduce ED utilization for the highest risk (top 5%) patients by 11%, while improving patient satisfaction scores by 11%.

Ready, willing and able to respond to audits

With the rapid growth of telehealth services in response to the pandemic, HCOs now also face an additional threat to their revenue cycle – an increase in external audits. Federal agencies like the Office of Inspector General (OIG) and the Centers for Medicare & Medicaid Services (CMS) are paying careful attention to how, where, when and why virtual services are used.



When [Ardent Health Services](#), a health system employing more than 26,000 employees across 30 hospitals, adopted MedeAnalytics, telemedicine and remote patient monitoring (RPM) services were not a major focus for their CDI and audit teams. As the pandemic caused changes in where and how they delivered care, the team was able to quickly shift the rules engine in MedeAnalytics to focus more on telehealth services and the claims that the OIG workplan had targeted.

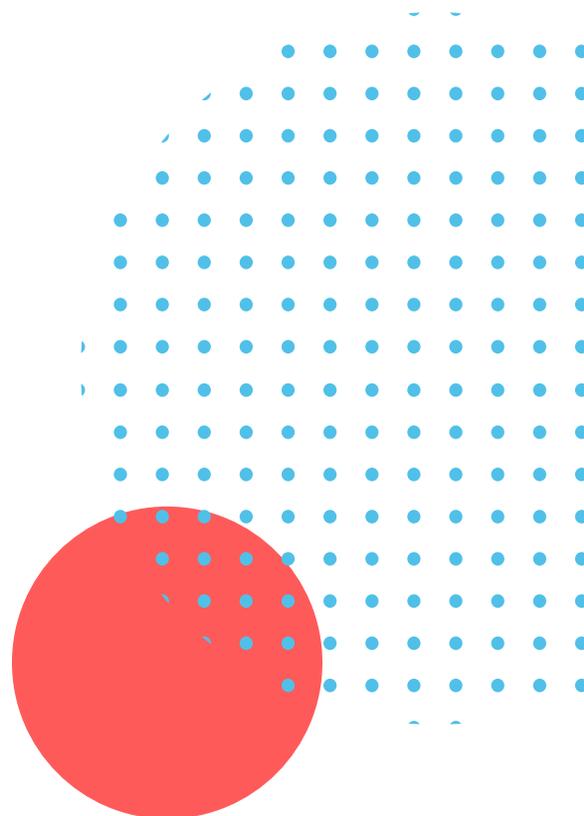
Their MedeAnalytics RCM Analytics solutions not only allowed Ardent to rapidly adapt to regulatory changes, but also to rapidly embrace remote working opportunities. This provided a structure where Ardent could easily assign tasks to remote case managers and clinical documentation integrity (CDI) specialists across the country to deal with potential issues wherever they were, allowing the entire RCM team to work together efficiently. Even amid all these changes, Ardent was able to improve the accuracy with which they recouped payments for services through increasing their CC/MCC capture rate by 12% and reducing the time they spent building and analyzing reports by 95%.

More reliable case mix index (CMI) scores

CMS relies on a case mix index (CMI) score to help determine reimbursement rates for patients on Medicare or Medicaid health plans. Incomplete or inaccurate documentation, however, often leads to artificially low CMI scores – which negatively impact the amount of revenue a provider can recoup for the care of patients with complex or severe medical conditions.

After noticing that their CMI score was not what it should be given their caseloads, [Oregon Health & Science University \(OHSU\) Hospital](#), a 576-bed teaching hospital in Portland, Oregon, collaborated with MedeAnalytics to make targeted improvements across their revenue cycle. After implementing a comprehensive self-service analytics and reporting solution, they gained the insight needed to remedy several issues that were contributing to their low CMI score. Not only did OHSU's overall CMI score improve by 15% (and counting), but their CC/MCC capture rates also increased by over 5%. In fact, the average rate of return per CDI specialist increased by over 100%, going from roughly \$40,000 to \$90,000 every month, positively impacting margins.

Realizing every possible dollar of revenue starts with accessing and integrating the right data. When HCOs implement self-service analytics solutions, they gain access to a single source of truth about their financial standing. This puts them in a much better position to drive cost efficiencies that will allow them to keep providing the highest quality care to their patients – no matter what the future holds.



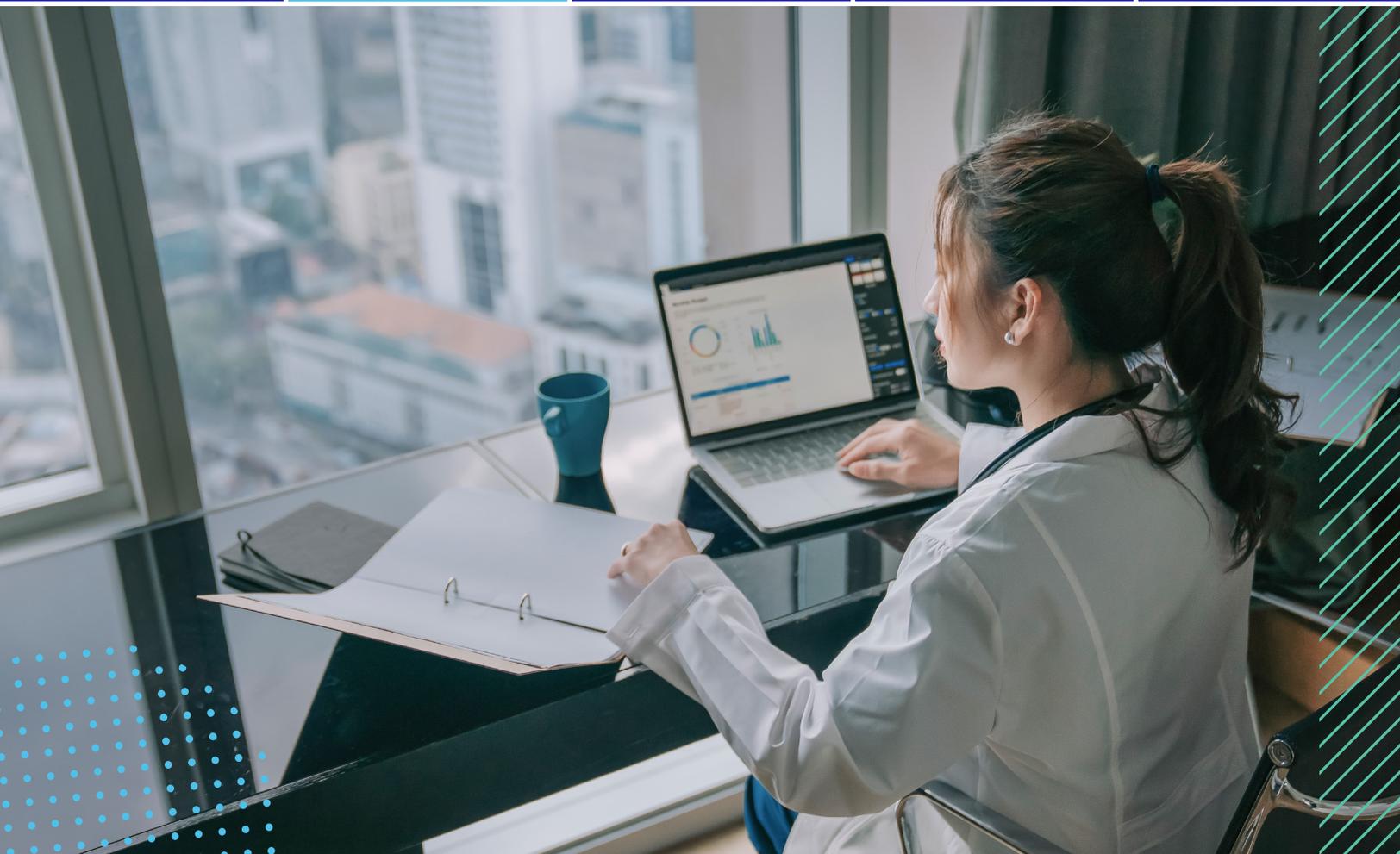
References

1. Kaufmann Hall. February 2021. COVID-19 in 2021: The Potential Effect on Hospital Revenues. <https://www.aha.org/guidesreports/2021-02-23-covid-19-2021-potential-effect-hospital-revenues>.

MedeAnalytics

About MedeAnalytics

MedeAnalytics is a leader in healthcare analytics, providing innovative solutions that enable measurable impact for healthcare payers and providers. With the most advanced data orchestration in healthcare, payers and providers count on us to deliver actionable insights that improve financial, operational, and clinical outcomes. To date, we've helped uncover millions of dollars in savings annually. To learn more, visit www.medeanalytics.com, [Twitter](#), [LinkedIn](#), and [The Impact Initiative: The MedeAnalytics Blog](#).



Enhancing Clinical and Financial Performance with Self-Service Analytics

Self-service analytics is helping healthcare organizations address post-COVID challenges – as well as identify new opportunities to improve clinical care and revenue cycle management

The COVID-19 pandemic presented unique challenges for both clinical care and revenue cycle management (RCM) in healthcare organizations (HCOs) across the country. As case counts increased, hospitals and health systems had to quickly pivot, reducing overall patient volume and canceling elective surgical procedures, to protect both their patients and staff. Unsurprisingly, this led to a steep decline in revenue – one from which many HCOs are still working to recover.¹ Despite these often-overwhelming losses in revenue, providers were simultaneously expected to track critical population health data in order to keep serving patients, said Andy Dé, Chief Marketing Officer (CMO) at MedeAnalytics.

“Given this huge disruption and shock to the healthcare system, the need to track pandemic and disease outbreaks, deploy surveillance and enable rapid response was paramount,” he said. “We witnessed the need to secure buffer facilities to deal with the COVID-19 surge. And, obviously, having adequate physicians, nurses and technicians available to cope with the surgery was also important to organizations.”

HCOs that were able to leverage data and analytics were able to better manage these competing forces, even as COVID-19 dramatically changed the revenue cycle for most providers. While the pandemic is not yet over, today, HCOs are looking for sustainable ways to adapt to the “new reality” of a post-COVID world, said Dé. They are adopting new mechanisms and algorithms so they can provide the highest quality of



Having visibility into revenue cycle performance across the enterprise is critical to ensure profitability and inform data-driven decision making.

ANDY DÉ | Chief Marketing Officer | MedeAnalytics

clinical care while protecting their organization's bottom line. And they are doing so by leveraging the power of artificial intelligence (AI) and self-service analytics.

To highlight how self-serve analytics can help HCOs better manage population health initiatives and drive value across the enterprise, Dé and Alyssa Maxwell, Director of Health Information Management at Wise Health System, discussed the deployment of analytics solutions at Wise, a mid-sized health system that serves North Texas, during their webinar *Enhancing Clinical and Financial Performance with Analytics at Wise Health System*.

Understanding current trends in RCM

Dé started by highlighting the four main use cases that can benefit from the deployment of AI-fueled data analytics: the ability to optimize elective procedures for revenue and margin impact; the ability to improve value-based care reimbursements; the ability to maximize revenue realization; and, finally, the ability to improve operational inefficiencies. He said that while this list is by no means exhaustive, these are areas that can definitely help provide significant and strategic value – and can help HCOs make up for some of the losses experienced during the COVID-19 pandemic.

However, he continued, HCOs continue to face a variety of challenges to achieving that value. They have little visibility into accounts receivable aging and denials. They face revenue losses from the increasing number of uninsured and underinsured patients. They need to keep up with evolving Centers for Medicare and Medicaid Services (CMS) regulations that often result in fines and penalties. And they also face serious challenges in tracking revenue across multiple care settings as well as in getting adequate visibility into staff performance. Each of these factors can influence revenue realization and the ability of HCOs to provide the highest quality of clinical care.

“Hospital and health systems must realize every dollar of revenue possible to improve their financial viability through higher revenue cycle efficiency and improved staff productivity – and also drive cost efficiencies wherever possible,” Dé said. “But given fragmented revenue cycle management and an information technology (IT) landscape comprised of multiple

and heterogeneous electronic health records (EHRs), it is extremely challenging for chief financial officers (CFOs) and RCM executives to get a single version of truth from a data and analytics perspective. Having visibility into revenue cycle performance across the enterprise is critical to ensure profitability and inform data-driven decision making.”

That is why, Dé maintained, it is so important that HCOs have self-service analytics capabilities in order to improve financial viability through higher revenue cycle efficiencies and reduced operational costs. “This isn't something that can be accomplished by EHRs alone,” he said. “Why is this? Because the revenue cycle management analytics and reporting and the insights from EHRs simply do not provide the granularity and the sophistication needed to address today's RCM challenges.”

Applying AI-fueled analytics at Wise Health System

To address its RCM challenges, Wise Health System implemented MedeAnalytics solutions to move beyond EHR-based insights. Maxwell said COVID-19 put a “magnifying glass” on the RCM issues the system was already facing – and it made it clear that the health system needed to be more proactive with regards to the visibility of their data and their ability to generate actionable insights to drive improvements.

“The pandemic hurt hospitals in our highest revenue generating care levels,” she said. “We learned having access to data transparency is vital to our success. If we do not continue to adapt and find more creative ways to provide preventative value-based care to our patients, while also managing the ever-increasing denials that come through our doors every day, we will not find success in the long term. You cannot be reactive in our work today.”

Maxwell said that their analytics journey started when they realized the health system was struggling with the adoption of ICD-10 standards in provider documentation and within their coding teams. “The use of unlisted codes was an area where we were really struggling – and we were unable to process this data into a usable format to assist us in breaking down the information to home in on where our true issues really lie, whether that was by provider, by specialty or by coder,” she said. “The lack of integration between our multiple health



Our partnership with MedeAnalytics has allowed us to enhance the transparency of data across our organization between non-clinical and clinical team members.”

ALYSSA MAXWELL | Director of Health Information Management | Wise Health System

information systems, in conjunction with a gap between our acute and ambulatory worlds, made it impossible for us to gather and process data in one centralized stream.”

According to Maxwell, getting data into one location was further challenged by the fact that the health system was so disconnected in its workflows. Wise needed to better integrate its clinical and revenue cycle processes so it could improve reimbursement documentation and coding practices. Doing so would also help Wise better understand how it could provide more benefit to high-risk patients, as well as uninsured and underinsured populations. By utilizing the MedeAnalytics platform and RCM solutions, the health system was soon able to monitor the trends across their different application platforms to see critical trends within its patient population. Those insights provided the health system with the information it needed to develop an effective action plan to combat documentation issues.

“Using analytics, we were able to identify areas in our collections appeals and denials that we were struggling with and nail down certain payers that we were struggling with,” she said. “The MedeAnalytics platform allowed us to take information from multiple sources and put it into one foundation that provided us with the stepping stones that we needed to be successful in our journey – allowing us to weigh our financial data against our clinical data and really drill down into denials and what appeals were working.”

By using analytics, Maxwell and her colleagues were able to see improvements in other areas across the enterprise, including the ability to reduce revenue leakage, improve

patient registration and payment clearance processes, decrease readmission rates and improve preventative services, as detailed below:

- 34.7% increase in case mix index (CMI)
- 129% improvement in CC/MCC capture rates
- 19% reduction in unspecified code usage
- 36.5% improvement in appeal success rate
- 83% reduction in readmission rates for heart-failure patients over one year
- 24.2% reduction in average A1C in pre-diabetic and diabetic patients over one year
- 11% reduction in ED utilization for high-risk patients (top 5%)
- 5% reduced re-admission for high-risk patients (top 5%)
- 11% improvement in patient satisfaction scores

Maxwell is excited to see what the future may bring. “Our partnership with MedeAnalytics has allowed us to enhance the transparency of data across our organization between non-clinical and clinical team members – which is something that is difficult for any organization,” she said. “As we continue to grow and expand into new areas, we will continue to use these analytics tools to adjust to the ever-changing healthcare environment.”

Learn more at
medeanalytics.com/client-success/

References

1. Blessing III, T. 16 August 2021. How digital innovations are helping revenue cycle management turn a critical corner. *Journal of AHIMA*. <https://journal.ahima.org/page/how-digital-innovations-are-helping-revenue-cycle-management-turn-a-critical-corner>

MedeAnalytics

About MedeAnalytics

MedeAnalytics is a leader in healthcare analytics, providing innovative solutions that enable measurable impact for healthcare payers and providers. With the most advanced data orchestration in healthcare, payers and providers count on us to deliver actionable insights that improve financial, operational, and clinical outcomes. To date, we've helped uncover millions of dollars in savings annually. To learn more, visit www.medeanalytics.com, [Twitter](#), [LinkedIn](#), and [The Impact Initiative: The MedeAnalytics Blog](#).



Strategies for Minimizing the Stress and Financial Implications of Looming External Audits

Protect your financial stability through robust audit response and analytics

When the COVID-19 pandemic hit, state and federal regulators granted healthcare providers significant flexibility to expand their telehealth, remote patient monitoring and virtual care offerings. While some dubbed this rapid growth “the wild west of telemedicine,” the move was out of necessity; providers needed to tend to their patients as quickly as possible while limiting the spread of a contagious virus. And although this period of freedom forever changed how we access healthcare, agencies such as the Office of Inspector General (OIG) and the Centers for Medicare & Medicaid Services (CMS) are now reining it in through increased attention to external audits.

“While some providers were better prepared than others to scale up telehealth, we should all be taking this moment to look at our operations,” said Brenda Turner, Senior Director of Product Consulting, Provider Solutions at MedeAnalytics, in the recent webinar, *Minimizing the Stress and Financial Implications of Looming External Audits*, sponsored by MedeAnalytics.

Even before the COVID-19 pandemic, Turner noted, an increasing focus on regulatory changes should have raised the alarm for healthcare providers to get serious about their audit management processes. Yet with operating margins shrinking annually and new funds tough to come by, many organizations are still ill-prepared for a rise in external audits. “But the cost of doing nothing can be catastrophic,” she warned.

Recently, Midland Memorial Hospital in Texas had to pay back \$555,000 to resolve improper COVID-19 claims.¹ Turner noted that across the country there have been numerous reports of patients receiving inappropriate bills related to vaccines where they had zero patient responsibility.

While it’s unclear how far penalties will go, the response to such inappropriate bills and their negative patient experience cannot be ignored. And although the cost of audits can feel overwhelming, Turner pointed out that when external audit tracking is done manually or through disjointed solutions, “the costs are not purely in the cloth, but hidden in additional resource requirements.”

That’s why it’s crucial not just to stay informed about external audits but to critically consider which tools can best support your staff through the challenge.

Industry signs

To start, Turner recommends studying industry focuses and trends from OIG and CMS.

Over the last year, OIG not only announced it would conduct significant oversight work on telehealth services, but it would also increase auditing of Medicare Emergency Department



We are working with clients to optimize their analytics to their geographical and payer policies.”

BRENDA TURNER | Senior Director of Product Consulting | MedeAnalytics

Evaluation and Management Services. Furthermore, it stated it would assess the accuracy of place-of-service codes on claims for Medicare Part B physician services when beneficiaries are inpatients under Part A. According to Turner, data suggests that incorrect place-of-service codes may have led to significant overpayments from 2018 to 2019.

Then there is CMS. CMS’s budget for fraud, waste and abuse mitigation doubled from 2021 to 2022. And this past spring, the organization asked for a \$50.5 million increase in funding for medical review activities, including pre- and post-payment audits and the Targeted Probe-and-Educate (TPE) process.²

While these are pressing signs, Turner has found that the best regulatory and compliance departments aren’t only concerned with today’s problems but those on the horizon. Some trends she’s following include:

- **Payment parity laws.** State-specific payment parity laws should be a key focus for providers planning to continue telehealth services in the coming years. “We are working with clients to optimize their analytics to their geographical and payer policies,” she explained.
- **Surprise bills and price transparency regulations.** Both will continue to shape how compliance works with patient access, billing and other departments, according to Turner.
- **Payer audits.** It is essential to consider how policy changes affecting payers will affect relationships with providers. For example, with a growing number of Medicare Advantage members, some MA RADV program changes will increase RADV audits for payers. How they are audited may impact provider audits as well.

Tools to succeed

With these trends in mind, Turner advises organizations to critically assess their auditing process. Can your audit reviewers quickly communicate and respond to external audits? Have you missed any deadlines? Do you have analytic tools to provide insights into your appeals process and prove financial contributions?

“These questions can inform what tools will help minimize your audit risk and manage external audits efficiently to decrease take-backs, fines and penalties while managing the cost of working through the audit,” she said.

This is the self-assessment Ardent Health Services undertook before partnering with MedeAnalytics in 2018 to implement its audit monitoring system.

Based in Nashville, Tenn., Ardent comprises 30 hospitals and more than 26,000 employees, bringing \$4.4 billion in revenue annually. According to Melissa Barreras, Assistant Vice President of Health Information Management (HIM) operations, the organization’s previous audit system was more of a data warehouse. “Whenever we needed to run a report, we essentially had to undergo a data dump and then manually refine it in Excel,” she explained. “Per hospital, it would take 1.5 hours to run a report on average. Now, we can go into MedeAnalytics and run a report in 5-10 minutes.”

This dramatically shifted buy-in from end-users and key stakeholders. “When your system is just a data repository, you have to keep track of deadlines manually. With an audit monitoring system, you can assign tasks – whether to a case manager or a CDI manager – and they will know what to do next. They don’t have to fumble through spreadsheets,” Barreras noted. This was a huge selling point because her team wanted a quick and efficient way to respond to appeals and denials.

Furthermore, by reducing the risk of human error, the Ardent leadership team was more confident in Barreras’ data. “If your CFO looks at numbers and they aren’t adding up, you’re



When your system is just a data repository, you have to keep track of deadlines manually. With an audit monitoring system, you can assign tasks – whether to a case manager or a CDI manager – and they will know what to do next. They don’t have to fumble through spreadsheets.”

MELISSA BARRERAS | Assistant Vice President of Health Information Management (HIM) operations | Ardent Health Services

“**At MedeAnalytics, when we talk about efficient audit monitoring, we’re asking: How can we reduce time spent on audits and work towards zero deadlines missed? How can we increase our appeal success rate? And how do we allow users to work together across remote settings easily?**”

BRENDA TURNER

going to lose their confidence in the process. Having reliable information has been extremely important, especially as we see more audits come through,” she said.

Staying ahead of the curve

The Ardent case study exemplifies how a positive ROI on your audit monitoring platform should not only consider cost but time and efficiency.

“At MedeAnalytics, when we talk about efficient audit monitoring, we’re asking: How can we reduce time spent on audits and work towards zero deadlines missed? How can we increase our appeal success rate? And how do we allow users to work together across remote settings easily?” said Turner.

To that end, Turner recommends four steps for continuously improving your audit program:

1. **Work for the audits.** It’s imperative to support ease of communication and document collection so team members can successfully complete appeals. “Audits are unavoidable, but we can mitigate the risk of paybacks through an effective appeals workflow,” Turner noted.
2. **Track performance through robust analytics.** In today’s ever-changing environment, leveraging staff effectively can make a notable difference in your organization’s year-

end financial performance. Protect your financial stability through robust audit response and analytics.

3. **Evaluate trends.** Which payers are auditing you most often? What types of audits create the most significant financial risk and why? Answering these questions will make it easier to improve your audit program.
4. **Monitor for risks for the future.** Once you have a better way to evaluate your past performance, you can apply this knowledge to the future. Having access to straightforward dashboards and reporting will help your team and your counterparts in CDI and billing departments develop improvement plans to flag high-risk claims and stay ahead of the curve.

The rising volume of external audits poses a serious threat to healthcare organizations ill-prepared to manage them successfully. With current margins providing little room for penalties and paybacks, organizations must have appropriate audit appeal workflows and analytics to trend where they should align staffing and training improvements to have the greatest impact.

Learn more at

medeanalytics.com/client-success/.

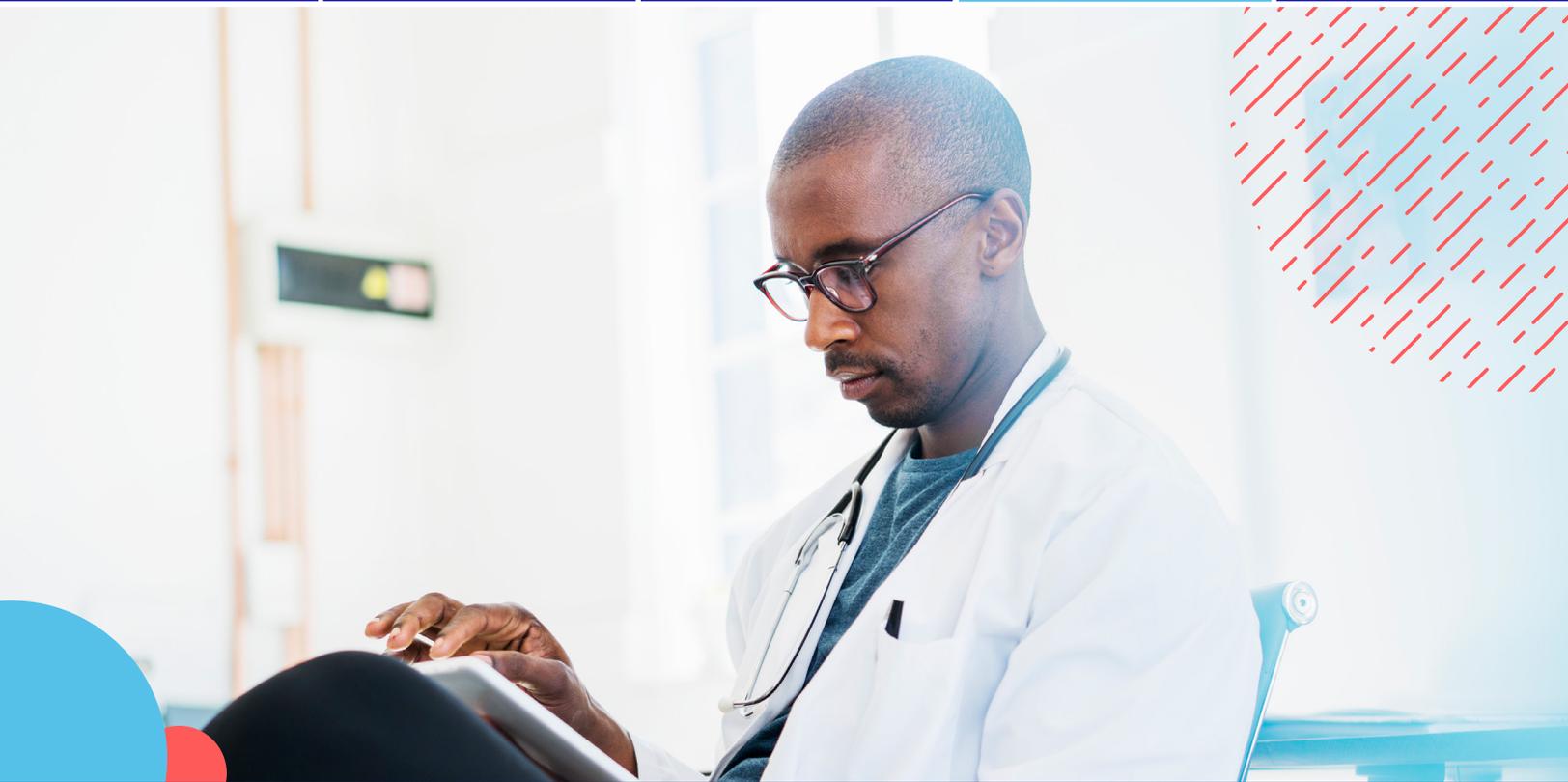
References

1. Office of the Inspector General. August 2021. *Midland Memorial Hospital Agreed to Pay \$555,000 for Allegedly Violating the Civil Monetary Penalties Law by Submitting Claims to the HRSA COVID-19 Uninsured Program Not Provided as Claimed*. <https://oig.hhs.gov/fraud/enforcement/midland-memorial-hospital-agreed-to-pay-555000-for-allegedly-violating-the-civil-monetary-penalties-law-by-submitting-claims-to-the-hrsa-covid-19-uninsured-program-not-provided-as-claimed/>.
2. Centers for Medicare & Medicaid Services. May 2021. *FY2022 Justification of Estimates for Appropriations Committees*. <https://www.cms.gov/files/document/fy2022-cms-congressional-justification-estimates-appropriations-committees.pdf>.

MedeAnalytics

About MedeAnalytics

MedeAnalytics is a leader in healthcare analytics, providing innovative solutions that enable measurable impact for healthcare payers and providers. With the most advanced data orchestration in healthcare, payers and providers count on us to deliver actionable insights that improve financial, operational, and clinical outcomes. To date, we’ve helped uncover millions of dollars in savings annually. To learn more, visit www.medeanalytics.com, [Twitter](#), [LinkedIn](#), and [The Impact Initiative: The MedeAnalytics Blog](#).



Leveraging Self-Service Analytics at OHSU

How Oregon Health & Science University (OHSU) measurably improved Case Mix Index (CMI), CC/MCC Capture Rates and Physician Engagement by partnering with MedAnalytics

The stage was set for a real-world scenario recently with a hypothetical: two hospitals with two similar patient populations and mirroring surgical volume and capabilities. But side by side, their case mix index (CMI) suggested a different story. How could that be if the patients they treat and the care they provide are largely identical?

In today's complicated healthcare landscape, numbers help tell a story about the complexity and severity of a patient's illness and his or her subsequent treatment at a healthcare facility. More often than not, a lower CMI score indicates that a facility isn't effectively documenting its cases.

But these numbers can have significant repercussions, says Andy Dé, Chief Marketing Officer, MedAnalytics: "Eighty-five percent of healthcare leaders I've spoken with believe that incomplete or inaccurate clinical documentation and coding is the root cause for lost reimbursement and decreased revenue."

Such was the experience for Oregon's only public research university, Oregon Health & Science University (OHSU). With over 17,000 employees, 1 million+ annual patient visits, 3,400 students enrolled and 576 total licensed beds, it is the region's only quaternary care center. But back in 2015, its CMI score didn't capture the complexity of patient care and it was taking a hit on its revenue cycle.

By partnering with MedAnalytics in 2017, OHSU leveraged self-service analytics and reporting to measurably improve its CMI, as well as its complications and comorbidities (CC) /

“**Eighty-five percent of healthcare leaders I've spoken with believe that incomplete or inaccurate clinical documentation and coding is the root cause for lost reimbursement and decreased revenue.**”



ANDY DÉ | Chief Marketing Officer | MedAnalytics



Physicians aren't always receptive to being lumped into larger groups, so we needed to tailor and trend reports into different segments and timeframes quite easily.

ANGELA ALDAY, MD | Medical Director, Clinical Documentation Integrity | OHSU

major complications and comorbidities (MCC) capture rates. It also used these data insights to better educate and engage physicians, leading to both performance improvements and an organization-wide change in the culture of analytics. These findings were shared at a recent webinar titled "Measurably improving Case Mix Index (CMI), CC/MCC Capture Rates and Physician Engagement Leveraging Self-Service Analytics at OHSU."

According to Dé, OHSU is a leading example of what can happen when "your organization actively seeks insights into clinical documentation and coding performance to drive claims accuracy, optimize reimbursement and timing, and improve physician performance."

Bold changes to improve CDI

In 2015, OHSU was experiencing significant business challenges. The center had low CMI and CC/MCC capture rates compared to its national peers. Overall, it lacked reliable data and analytics to share with its physicians to educate, monitor and improve their scores. Additionally, the center lacked an appropriate number of Clinical Documentation Improvement (CDI) team resources, including a CDI manager, compared to its number of beds.

"It was clear that OHSU would need to make bold changes to better capture patient acuity," said Jennifer Grubb, Assistant Director of the Clinical Documentation team, Inpatient Coding team and HCC Program Manager, OHSU.

If the organization's primary goal was to increase revenue through CDI, they would need to do so by taking advantage of three main opportunities:

1. Identify and educate "high-opportunity" physicians for CDI
2. Develop and deploy CDI education modules for new faculty and learners based on OHSU data
3. Monitor, measure and improve performance through actionable analytics-driven insights

Grubb says they chose MedeAnalytics' Self-Service Analytics Platform and Revenue Integrity Solutions because the program offered filter flexibility for reports, up-to-date data from weekly coding claim submissions and at-a-glance analytics and charts for cohort comparisons. Additionally, it was user-friendly and intuitive, which empowered her growing CDI team to engage with the tools.

Adopting self-service analytics

As part of their implementation process, OHSU expanded its CDI team to include a CDI manager and CDI nurse specialists for Managed/Medicare populations and brought in Angela Alday, MD, as its Medical Director for Clinical Documentation Integrity.

For Dr. Alday, the flexibility to tailor reports to individuals or physician groups, as opposed to service-line reporting, was crucial if she was going to truly engage providers. "Physicians aren't always receptive to being lumped into larger groups, so we needed to tailor and trend reports into different segments and timeframes quite easily," she said.

Through MedeAnalytics, Dr. Alday could access physician-level data and show clinicians how they were performing alongside their peers.

"As soon as we showed them that their CMI scores indicated their patients weren't very sick – that's when we got buy-in," said Dr. Alday. "They were not happy that a local community hospital looked like they had more complex patients than our highly specialized pediatric oncology department."

This data also allowed her team to identify physician advisers who could serve as trusted liaisons to individual service lines in order to help resolve CDI queries and provide ongoing education. The success of this initiative eventually led Dr. Alday to develop a mandatory hospital-wide CDI online learning module as well as a physician handbook that includes definitions of OHSU's high-frequency diagnoses.



With some of our other analytics services, we get data that might be a quarter old before we can access it. But we get weekly uploads from MedeAnalytics, so the data is current.”

JENNIFER GRUBB | Assistant Director of the Clinical Documentation team, Inpatient Coding team and HCC Program Manager | OHSU

“This has become a crucial resource for us because physicians can see what the other physicians considered to support a certain diagnosis,” she said. “And it is updated every year in conjunction with our service-line physician advisers, again ensuring that we have their buy-in.”

Catching missed opportunities within 30 days

Even with diligent education and newfound trust with physicians, missed opportunities for CDI still occurred at OHSU. This is where analytics offered powerful support.

In one of many examples Grubb articulated, she described an incident during which a patient presented with maxillary carcinoma and underwent a multi-step procedure. But when the CDI team ran reports that month, the patient didn’t have any CCs or MCCs captured. Grubb’s team sent out two queries from that review, one for acute blood loss anemia and another for opioid dependence. Their probe added two CCs to the case, which increased the financial reimbursement by \$10,000 (Figure 1).

Grubb says this is where MedeAnalytics’ up-to-date data makes a difference. “With some of our other analytics services, we get data that might be a quarter old before we can access it. But we get weekly uploads from MedeAnalytics, so the data is current,” she said. “Not only does it increase our turnaround, but it’s better than asking your physicians – ‘Hey, can I talk to you about this case that you had over Christmas?’”

Measurable outcomes

OHSU’s numbers now tell a more comprehensive story about patient care. Not only did their overall CMI score improve by 15% (and counting), but they also increased their CC/MCC capture rates by over 5%. In fact, Grubb’s team increased the average rate of return per CDI specialist by over 100%, going from roughly \$40,000 to \$90,000 every month.

To that end, Grubb and Dr. Alday offer three best practices for improving physician documentation:

- **Build trust.** Discuss your data sources with physicians and how accuracy is ensured. Physician trust in the data is vital. Work to establish an organizational culture of data-driven transparency.

Figure 1. CDI intervention in use-case scenario resulted in adding two CCs, thereby increasing reimbursement

Use-Case: CDI Secondary Review from No CC/MCC Report

Challenges:

DISCHARGE DX: monomorphic canalicular adenoma left maxilla
PROCEDURES:

1. L partial maxillectomy
2. Reconstruction with left radial forearm free flap
3. Full thickness skin graft to LUE (-5 cm x 4 cm)

Active Hospital Problems:

1. Chronic bilateral low back pain with bilateral sciatica
2. Drop in H/H with EBL of 300 ml

Solution:

CDI INTERVENTION: Queries for ABLA and OPIOID dependence

Measurable value and outcomes

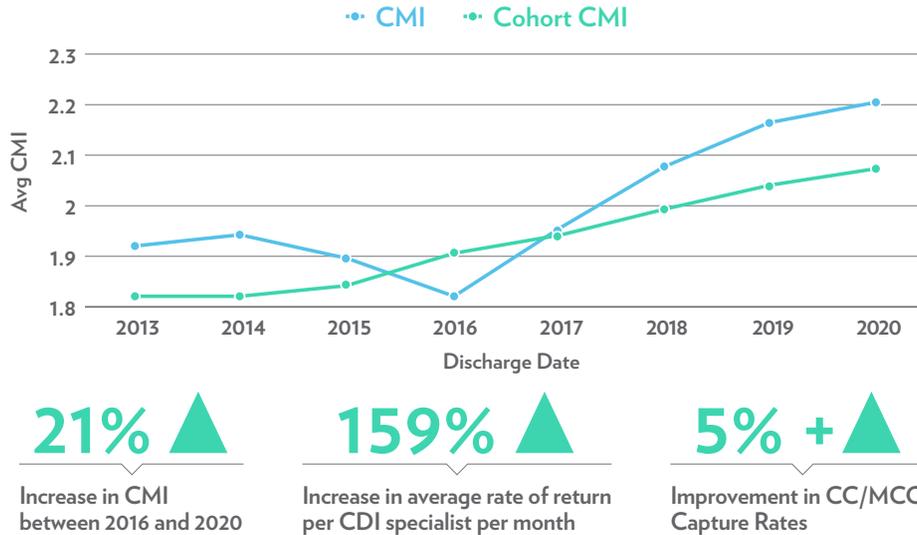
- Increased Financial Impact of **\$10,710**
- Added to 2 CCs to help prevent case being subject to Insurance Denial
- Increase in Relative Weight, SOI/ROM and GMLOS

Diagnosis DRG	Severity of Illness (SOI) & Risk of Mortality (ROM)	Relative Weight	Length of Stay (GLOS)	MS DRG (Reimbursement)
DRG 465 – Wound debridement & skin graft & wo/CC/MCC	2 & 1	1.84	2.7 days	\$18,304
Above + ABLA + Opioid dependence DRG 464 – Wound debridement and skin graft w/CC	3 & 1	2.97	5.3 days	\$29,014

Source: MedeAnalytics. 2021. *Measurably Improving Case Mix Index (CMI), CC/MCC Capture Rates and Physician Engagement Leveraging Self-Service Analytics at OHSU.* Richardson, TX: Author

Figure 2. OHSU experienced increases in CMIs, average rate of return and CC/MCC capture rates using self-service analytics

Measurable value and outcomes from our analytics journey



Source: MedeAnalytics. 2021. *Measurably Improving Case Mix Index (CMI), CC/MCC Capture Rates and Physician Engagement Leveraging Self-Service Analytics at OHSU*. Richardson, TX: Author

- **Develop familiarity.** Ensure data is presented in easy-to-decipher formats/visuals, like a scorecard. Use language that is familiar to the physicians. “Sometimes coding language doesn’t translate very well to the clinical language,” said Dr. Alday. “We have to translate.”
- **Drive change.** Make your data actionable with clear objectives and encourage best-practice clinical documentation through comparative benchmarks. Keep the physician’s goal of quality of care at the forefront.

These lessons could not have been more impactful than during the COVID-19 pandemic. With staff in hybrid working conditions, during a period where elective surgeries necessarily had to drop, Grubb braced for revenue challenges: “But we were surprised to find we continue to drive our CMI up higher

through analytics. Not only did we maintain our revenue, but we also continued to improve our revenue reimbursement over the past year” (Figure 2).

To that end, she noted the value of finding a real analytics partner. “Working with MedeAnalytics has led to a lot of big wins for us,” Grubb said. “Even during a pandemic, I can demonstrate to my executives that through analytics our team can find more returns.”

To learn more about the power of self-service analytics from MedeAnalytics, visit medeanalytics.com/blog/.

MedeAnalytics

About MedeAnalytics

MedeAnalytics is a leader in healthcare analytics, providing innovative solutions that enable measurable impact for healthcare payers and providers. With the most advanced data orchestration in healthcare, payers and providers count on us to deliver actionable insights that improve financial, operational, and clinical outcomes. To date, we’ve helped uncover millions of dollars in savings annually. To learn more, visit www.medeanalytics.com, Twitter, LinkedIn, and The Impact Initiative: The MedeAnalytics Blog.

QA

Embracing the Change in Revenue Cycle Management



Brenda Turner

Senior Director,
Product Consulting
MedeAnalytics

The COVID-19 pandemic upended revenue cycle management (RCM) across the healthcare industry. Provider organizations are now looking for ways to become more agile in the face of more volatile revenue cycles. Brenda Turner, Senior Director of Product Consulting at MedeAnalytics, discusses why providers need to embrace change, the importance of good documentation and why digital tools can help with workforce issues.

The RCM landscape has seen an immense number of regulatory changes as well as disruptions in revenue streams during the pandemic. What are some of the ways providers have successfully adapted?

By embracing the change. Initially, our clients worked to respond to their clinical needs. Almost everyone went completely remote – and they had to change the way they utilized their resources within the organization. They understood they had to become leaner so they could withstand the crisis financially.

Thanks to the pandemic and the shift toward greater acceptance of telehealth, we also now see intense scrutiny around where, when and how telehealth is being used. Providers need to ensure there is proper documentation for each instance.

Organizations that have been able to manage their resources and provide that kind of documentation are the ones that have found a way forward despite all the changes.

One of the biggest assets in embracing change is having the right data and analytics solutions. What should providers be looking for in an RCM analytics solution?

Analytics tools are meant to supplement what you can get in the electronic health record (EHR). The EHR should be your go-to source for clinical documentation or everything you need to know about patients and their cases. For RCM, we need to take that medical record, translate it, code it and then bill it out. Good analytics can efficiently join clinical and financial data to tell you the impact of what your organization is documenting.

We often see that providers want analytics to make improvements on the front end. They want to use data to understand if there are denials in a certain area, if insurance was verified or if they checked for charity care.

Beyond that, analytics should help you identify areas of risk and areas of opportunity for improvement. They can help you modify your program so you can make sure that the record is complete, and you are billing things out appropriately.

How can healthcare chief financial officers (CFOs) and RCM leaders secure better insights into their end-to-end revenue cycle?

At the end of the day, healthcare is meant to improve patient outcomes. However, the ability to provide the highest quality medical care to our patients is reliant on a health system's ability to stay solvent and grow their capacity to provide that care. That's where having data about finances and reimbursement comes into this. When you're looking at documentation from the RCM space, it is vital to capture and do everything right from patient registration to final collection. Having detailed insights on how to continually improve front end and mid-cycle documentation as well as cost effectively submit and collect on claims requires the aggregation of often disparate data and an intelligent system to join that data in a way to make it usable. Seeing how accounts are affected across the revenue cycle brings an understanding that looking at parts of the revenue cycle often can't.

When we can be more efficient in getting accounts coded, billed and out the door, we can get paid faster – and we can make sure our doors remain open to care for patients.

How can analytics better support staffing and workforce support?

How we treat our associates has a huge impact on quality of life and retention of staff. Continuing to support remote work will have a huge impact. Clinical staff will still have to be at the bedside, but revenue cycle departments can work remotely. The right analytics and digital tools can give them access to do that, and that leads to cost savings for the organization. There's less overhead. But it also brings an increase in employee satisfaction, which helps the entire organization.

Mede/Analytics™

About MedeAnalytics

MedeAnalytics is a leader in healthcare analytics, providing innovative solutions that enable measurable impact for healthcare payers and providers. With the most advanced data orchestration in healthcare, payers and providers count on us to deliver actionable insights that improve financial, operational, and clinical outcomes. To date, we've helped uncover millions of dollars in savings annually. To learn more, visit www.medeanalytics.com, [Twitter](#), [LinkedIn](#), and [The Impact Initiative: The MedeAnalytics Blog](#).