

Content Outline

A. Policy (4-6% of questions)

1. Use the current best practice and policy guidance documentation to implement appropriate clinical documentation integrity (CDI) strategies for outpatient settings.

B. Benefits and drivers (4-6% of questions)

1. Describe how each of these regulatory systems influence the need for CDI practices.
 - a. Medicare Access and CHIP Reauthorization Act (MACRA) of 2015—Merit-based Incentive Payment System (MIPS) Payment System (MIPS)
 - b. Ambulatory Payment Classifications (APC) (April, 2000)
 - c. Current Procedural Terminology (CPT®) codes and relative value unit (RVU)
 - d. Outpatient Prospective Payment System (OPPS)
 - e. Healthcare Common Procedure Coding System (HCPCS)
 - f. HCCs | Risk adjustment methodology
 - g. Value based care
 - h. Social Determinants of Health (SDOH)

C. Practice (47-50% of questions)

1. Explain when a CDI review would typically occur in an outpatient setting and the implications.
2. Describe the benefits of accurate and thorough data entry by all staff members who interface with the CDI process.
3. Explain the benefits of a properly functioning CDI process.
4. Describe the relationship between documentation and medical coding and consequences for accurate and inaccurate documentation.
5. Describe the impact that an effective CDI process has on patient care.
6. Identify the steps for implementing a successful CDI program.
7. Explain how the roles of the medical provider, the CDI system (EHR program), the medical coder, and the Outpatient Clinical Documentation Integrity Specialist should work together to produce better health outcomes.
8. Discuss the unique role of the physician and how it is key to the CDI process.
9. Discuss how the familiarity with billing codes by medical providers has an impact in the CDI process.
10. Explain how a good CDI program, which includes research and data analytics, can impact coding, quality, and fiscal outcomes at an organization.
11. Describe ways documentation integrity and compliance goals can be met given the volume of outpatient services.
12. Use key performance indicators (KPIs) or metrics to assess the effectiveness of a CDI program.
13. Determine the appropriate time for using queries and templates.
14. Describe the elements of a compliant query, including leading vs non-leading query.
15. Describe the types of queries, such as open ended, multiple choice, etc.

D. Data Integrity and Quality Assurance (11-14% of questions)

1. Establish practices that ensure data integrity by minimizing errors in clinical documentation, reducing potential for fraud, abuse, and waste, and allows for robust, accurate, and quality patient data and outcomes.
2. Establish a quality assurance (QA) process of the CDI specialists' work that assures the quality of the CDI program.
3. Describe how the CDI program is used to conduct quality assurance (QA) of physician practices.

E. Technology (7-10% of questions)

1. Describe the impact of technology (EHR, NLP, etc.) on clinical documentation integrity.
2. Describe how the increased usage of telehealth has impacted CDI efforts.

F. Compliance (19-22% of questions)

1. Determine the impact of tools used in electronic health record creation that impact the quality of CDI (e.g., speech-to-text, etc.).
2. Discuss strategies for improving clinical documentation compliance.
3. Understand the current environment in federal regulations related to CDI, including alignment of practices to meet federal requirements.
4. Describe the cooperation necessary between the CDI and the compliance teams to meet regulations and requirements, and how documentation integrity can support compliance efforts.
5. Educate providers on proper documentation guidelines and requirements.