

The background image shows a woman with curly hair, wearing a dark blazer over a patterned top, smiling broadly and clapping her hands. She is surrounded by other people whose hands are also visible, suggesting a group celebration or meeting. A large, light blue curved line frames the woman. The scene is set in a modern office with glass partitions and blurred background elements.

Clinical Documentation Integrity (CDI) Toolkit for New Leaders

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INTRODUCTION

Managing a Clinical Documentation Integrity (CDI) department comes with its own unique challenges. By recognizing these challenges, leaders may proactively address them to ensure the success and sustainability of the CDI department. Implementing strategies such as strategic hiring practices, continuous education and training programs, and robust measurement and reporting systems, will help overcome these challenges and demonstrate the significance of the CDI department within the organization. Whether aspiring to move into a management role or looking for ways to further increase your current leadership skillset, the intent of this toolkit is to provide a foundational knowledge base to address common CDI leadership challenges. This toolkit will address the following topics:

- Scope and Needs of the Organization
- CDI Department Structure
- Recruiting, Hiring and Onboarding of Staff
- CDI Metrics, Data Analysis and Reporting
- Auditing Processes
- Education Best Practices
- Policies and Procedures
- Staff Engagement

SCOPE AND NEEDS OF THE ORGANIZATION

When starting, re-invigorating, or completely overhauling a CDI department, a CDI leader should become familiar with their organizational data. Data collection and analysis are used by CDI leadership to better understand the overall needs of the organization. This data may provide a snapshot of the organization's current state and immediate CDI needs, along with a glimpse into future CDI initiatives based on emerging trends. This process will allow the CDI leader to utilize data when developing the departmental mission statement, vision statement, goals, and scope of work.

Developing Areas of Focus

It is important for the CDI leader to be familiar with the needs of the organization and the scope of the CDI department. There are both internal and external sources of data that can be benchmarked to compare organizational performance to national and/or regional trends. This comparison will help a CDI leader identify areas of strength within the CDI department and opportunities for improvement. Please refer to Appendix A for a sample list and description of some of these sources.

It may also be helpful for CDI leaders to collaborate with other departments within the organization (e.g., quality, compliance, information technology [IT], health information [HI]/coding, revenue integrity, denials management) to avoid duplicate efforts and/or re-work during this phase. Often times many departments find themselves working in silos and do not realize that other departments are also working on the same initiatives and/or looking for the same type of data. CDI leaders may find that they can leverage existing data and reports to help with their analysis efforts.

One effective approach to categorizing data collected is to perform a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis. In a SWOT analysis, the CDI leader considers the internal strengths and weaknesses of an organization and/or CDI department along with the external opportunities and threats it faces. Leveraging the results of this analysis, the CDI leader can pinpoint areas that need improvement and/or areas with growth potential. Once the SWOT analysis is completed, the CDI leader can develop a list of departmental short-term and long-term goals and objectives. Please see Appendix B for a sample SWOT analysis work sheet.

The Mission Statement, Vision Statement, and Goals

The department's mission statement, vision statement, and goals should be reviewed annually and updated as needed. The vision statement will describe the CDI department's overarching long-term goal. A vision statement is defined by AHIMA (2017) as "A short description of an organization's ideal future state" (p. 241). A mission statement is defined as "A written statement that sets forth the core purpose and philosophies of an organization or group; defines the organization or group's general purpose for existing" (p. 155). This statement expresses the CDI department's core values and purpose, ensuring alignment with organizational needs and provides transparency regarding CDI initiatives. Organizations may lose sight of the CDI department's main objectives and try to assign additional duties that are not currently within the CDI scope. It is the responsibility of the CDI leader to reference the mission statement and advocate appropriately.

Department goals are more specific and will help the CDI leader measure the success of the CDI department and establish guidance for CDI processes. When developing goals, the CDI leader should outline specifics related to the department's focus. It may also be helpful to discuss CDI initiatives with other revenue cycle and care management departments to ensure synergy and collaboration within the organization related to documentation integrity. The focus may be on quality-of-care metric performance or accurate reimbursement under the Medicare Severity – Diagnostic Related Group (MS-DRG) methodology or both (e.g., severity of illness, risk of mortality, risk adjustment). Ideally, CDI's primary focus should be on the quality of the provider's documentation with or without potential reimbursement impact. It is important to identify specific data points related to each focus to determine how success will be tracked and measured.

The S.M.A.R.T. goal model may guide CDI leaders when developing goals and objectives. The principles of S.M.A.R.T. include the following:

- **Specific:** The objective or goal must be clearly specified. For example, an objective to "Decrease the volume of unspecified diagnoses reported by 10 percent before October 1" is more defined than "Improve documentation this year."
- **Measurable:** Objectives and goals must be quantifiable for measurement and tracking. "Decrease the volume of unspecified diagnoses reported by 10 percent before October 1" is a measurable outcome that the department either achieves or does not achieve, whereas "Improve documentation" does not have a defined success point.
- **Attainable:** Objectives and goals must be reasonably achievable. For example, the ultimate goal would be to have no unspecified diagnoses, but this is not realistic. It would be more prudent to take incremental steps to decrease this volume such as decreasing it by 10 percent this year and increasing the goal by 5 percent each subsequent year based on performance. This should help the CDI department reach a long-term goal, for example, of less than 5 percent of reported diagnoses being unspecified.

- **Relevant:** The goal or objective must be important not only to the department but to the organization as well. In an organization focused on accurate revenue capture, this may mean monitoring changes in the case-mix-index (CMI) as opposed to expanding hierarchical condition category (HCC) capture.
- **Time-bound:** There must be a deadline to achieve the objective. This is important because it can often motivate the department to strive to meet the objective, and it also provides a date to assess whether the department met the objective.

CDI DEPARTMENT STRUCTURE

Reporting Structure

There are a variety of reporting structures for CDI departments that may differ between facilities and healthcare systems. The CDI leader may have oversight for a healthcare system or a single facility. This adds complexity if the objectives of the facility are not aligned with those of corporate leadership. Reporting structures may include health information (HI), revenue cycle/chief financial officer (CFO), case/care management, quality department, among others. The reporting structure typically influences the CDI scope. For example, if a CDI department directly reports to the CFO, the primary CDI focus may be MS-DRG optimization. If, on the other hand, a CDI department reports to the quality department, the CDI focus may be more directed toward quality measure reporting. It is important that the CDI leader, regardless of their positioning within the health system, understands the reporting hierarchy. This knowledge allows them to advocate for a CDI structure that optimizes departmental success and the integrity of the health record.

Staffing Needs

It is important for a CDI leader to have a process in place where they are continually evaluating the areas of strength, opportunities for growth, and opportunities for improvement. Ensuring effective staff management, proper division of labor, and optimizing individual contributions to maintain manageable and up-to-date workloads are crucial for the success of a CDI department. There are a variety of algorithms and staffing tools that can be used to help identify necessary staffing adjustments when and if the department expands its scope. The total number of full-time equivalent (FTE) employees required may change over time, and a CDI leader may need to consider, among other factors, the following:

- Changes in organizational structures (e.g., hospital mergers/acquisitions, changes in service lines, payer changes)
- Integration of technology (e.g., changes in electronic health records [EHR], computer assisted coding [CAC], documentation assistive technology, artificial intelligence [AI])
- Experience level and background of the CDI team (e.g., familiarity with service lines, types of reviews)
- Work setting (e.g., onsite, remote, hybrid)
- Additional tasks assigned to CDI (e.g., education, rounding, query follow up, reconciliation)
- CDI focus (e.g., HCC coding, charges, Evaluation and Management [E&M] coding, all mortality reviews)
- Scope of coverage (e.g., adult vs pediatric, hospital inpatient and/or outpatient, Intensive Care Units [ICU], clinics, physician practices)
- Productivity requirements (e.g., volume of initial reviews, follow-up reviews)

Different Types of Work Setting

As the landscape of healthcare continues to evolve due to new technology, hospital/physician practice mergers, and post-pandemic influences, many CDI department structures and workflows have been significantly impacted. For example, during the COVID-19 pandemic, many CDI leaders who traditionally had CDI team members working onsite had to think outside the box and transitioned the team to a remote work environment to keep the department running. Some have since returned to an onsite work setting, while others have remained remote or converted to a hybrid model. An important takeaway from the recent pandemic is that certain CDI functions can be efficiently performed remotely. Working remotely can also increase employee satisfaction. (Robinson, 2022) However, there is no one size fits all approach to creating a CDI department structure. It may be beneficial for the CDI leader to evaluate all of the advantages and disadvantages for onsite, remote, or a hybrid model before deciding on a specific model for the department. When deciding if a remote workforce is appropriate, some considerations may include, but are not limited to:

- The needs of the organization
- Maturity of the department and staff experience
- Available technology
- Protected health information (PHI) security
- Query process flow
- Level of provider engagement
- Ability to monitor staff performance
- Processes that require onsite visits (e.g., rounding, provider education, provider shadowing)

The specific requirements and expectations must be clearly outlined in the department's policies and procedures before implementing a remote or hybrid CDI department. These policies and procedures will help avoid any misunderstandings of the expectations or requirements by team members.

Collaborating with Interdisciplinary Teams

Collaborating with other departments or interdisciplinary teams within an organization is an important element to a CDI department's success. It is vital for CDI leaders to share the department's mission within the organization when developed and with each revision. It will be beneficial for other departments to be aware of the CDI department's initiatives and vice versa. Understanding the documentation requirements of other departments will allow a unified approach to documentation review and education so that the most complete and accurate provider documentation can be achieved. Collaboration and coordination may reduce confusion while increasing provider engagement.

By collaborating with an interdisciplinary team, a CDI leader can anticipate potential unintended consequences. For example, partnering with IT to correct a smart phrase being used within the EHR by providers to correctly capture the specific verbiage versus a generic description that does not support accurate code assignment. Identifying other departments or interdisciplinary teams that the CDI team can partner with can be daunting. Below are some examples of common departments that may implement processes that impact documentation and with whom CDI may collaborate:

- Care Management/Utilization Management
- Coding (Facility or Professional)
- Quality

- Population Health
- Compliance
- Analytics/EHR Analysts
- Denials Management
- Health Information (HI)
- Information Technology (IT)
- Providers (e.g., Physicians, Physician Assistants, Advanced Nurse Practitioners, Residents)
- Primary Care/Specialty Clinics

Having a good relationship among CDI, interdisciplinary departments, and providers is vital to the overall success of CDI initiatives. Providers should be aware that the CDI team can act as the translator between code assignment requirements and clinical language. The overall objective of the department is to assist them in capturing the most accurate snapshot of a patient’s clinical picture while ensuring the integrity of their clinical documentation.

A physician advisor can be a valuable asset to the CDI department. Ideally, this individual should have training in CDI and be well respected by their peers. They play a crucial role as a bridge between the CDI department and the medical staff. Their responsibilities may include offering peer-to-peer education on CDI matters, acting as a knowledgeable resource for the CDI department regarding diagnoses and treatment modalities, and reviewing health records to address claim denials. See Appendix C for an example of a job description for a physician or provider advisor.

RECRUITING, HIRING, AND ONBOARDING OF STAFF

The size of the CDI department will depend on the size of the organization as well as staff responsibilities. Ideally, the department will have a full-time manager and adequate staff to achieve and maintain overall CDI goals, consistent with departmental and organizational requirements. Adequate staffing may include determining additional leadership roles between the staff and the manager (e.g., lead, supervisor, educator). This is especially important in larger health systems where the CDI leader may be responsible for several facilities.

There is no industry standard related to the “right” number of staff. This is due to the various staffing models used across the industry. When the current staff is unable to review a defined percentage of the assigned health records, this may be an indicator that additional staff is needed. Furthermore, if additional responsibilities are added to the departmental scope, this may also increase the number of staff required.

Finding the Right Person

Hiring the right CDI professional can maximize productivity, save time and money, and increase team comradery and engagement. Identifying the right person among the field of candidates, however, can be difficult.

There are various staffing models used within the CDI industry. Some organizations hire only coding professionals, only clinicians (e.g., nurses, physicians, physician assistants), or have a hybrid approach and hire both clinicians and coding professionals. Having a team that possesses both a foundational knowledge of coding conventions, and a strong clinical background will allow a CDI team to review a case through multiple lenses.

It is never appropriate to assume that all clinicians and coding professionals can be successful as CDI professionals. There is no cookie-cutter approach to finding the right individual, and the CDI leader must consider

multiple factors when hiring. There are key competencies that can be evaluated when interviewing candidates to help determine if their values match those of the organization. Each organization should define the behavioral competencies and educational requirements that are important to their needs. Some core competencies for a CDI professional to consider include:

- Knowledge of and/or experience in coding (inpatient or outpatient)
- Knowledge of and/or experience in revenue cycle management
- Knowledge of clinical indicators and/or clinical experience
- Previous experience in the healthcare field
- Interpersonal skills to build and maintain crucial relationships
- Communication skills (both written and verbal)
- Critical thinking, effective decision making and independent discretion
- Professionalism, exhibiting integrity, emotional intelligence, compassion, accountability, and respect for others (team player)
- Organizational skills to include service and quality excellence
- Attention to detail
- Technology proficiency

In addition, successful CDI professionals share key personality traits that may be assessed when interviewing. Examples of some of these key personality traits include:

- Positive outlook
- Outgoing
- Energetic
- Independent/Self motivated
- Responsible
- Flexible

Other skills and abilities may be considered in lieu of required experience and should be described as such in the job description. For example, a candidate with transferrable skills, such as interpersonal and critical thinking skills that build crucial relationships but does not meet the required years of experience may be offered employment that is dependent on expanding their clinical and/or coding knowledge.

See Appendix C for examples of job descriptions for various CDI roles.

See Appendix D for examples of key points to consider during the hiring process.

See Appendix E for examples of interview questions for CDI professional candidates.

Orientation Requirements

Standardizing orientation content can significantly enhance the effectiveness and efficiency of the onboarding process. However, it is important to note that the timeline for completion may vary depending on the new hire's background.

Just as staffing models and job descriptions differ between organizations, orientation programs also exhibit a wide range of variations from one organization to another. CDI leaders will have to determine what, how, and by whom training will be provided. In a remote work environment, for example, the content may be the same, but how the

training is provided may require adjustments. Nonetheless, the best and most successful programs typically have training in common core components, which may consist of:

- The concept of high-quality clinical documentation (e.g., provider documentation resulting in accurate coding and reporting)
- The CDI query process
- Foundational principles of coding (e.g., coding conventions, Official Guidelines for Coding and Reporting)
- Common diagnoses requiring provider clarification
- The importance of high quality, reliable data, and the CDI professional's role in data entry, collection, and analysis of data for the CDI department
- The purpose and goal of the CDI department
- The role and expectations of the CDI professional

During the interview process, a discussion with each candidate may be held to provide an overview of the onboarding process. This may include orientation to the facility (if applicable), orientation to the CDI department, assignment of a preceptor, and when and how often feedback will be provided. Ideally, the onboarding process begins with the acceptance of a job offer. All facility and departmental orientation requirements should be clearly outlined in terms of its duration and structure.

The department-specific training should be comprehensive, with clearly defined objectives for training. This department-specific training period will vary but may last from 90 days to one year. The expected competencies for the new hire should be clearly defined. Their progress should be monitored throughout the training period and assessed at the end of the training period.

To monitor progress, regular follow-up sessions should be scheduled with the new staff member. The feedback for a CDI professional may occur as they directly interact with clinical care providers and their CDI preceptor, as well as their immediate supervisor/manager. It is beneficial for the CDI supervisor/manager to meet with the CDI professional on a regular basis to inform them of their progress, identify learning needs, and check off tasks that are completed.

The final step in the onboarding process may involve a complete evaluation of the CDI professional's performance. Throughout the onboarding cycle, notes should be made, measurements taken, and progress shared. This information is then culminated in a comprehensive evaluation conducted at the conclusion of the onboarding period.

The onboarding program can be evaluated by new hires, which provides the leadership team with information to guide changes for ongoing improvement in the process. This evaluation may include questions regarding the formal organization-wide and department-specific programs, asking for areas of strength and suggestions for improvement.

CDI METRICS, DATA ANALYSIS, AND REPORTING

Tracking key performance indicators (KPIs) is crucial for the CDI department to assess its impact, effectiveness, and value within a healthcare organization. KPIs can provide quantifiable measures to monitor performance, identify areas for improvement, and demonstrate the department's contribution to the overall success of the organization. KPI data can guide resource allocation, training initiatives, process redesign, or technology adoption

to optimize the department's performance and achieve strategic goals. What KPIs are tracked will depend on the focus and goals of the CDI department and the organization.

Common CDI Key Performance Indicators

CDI leaders must identify, benchmark, and track KPIs relevant to the CDI department. They should establish goals for each KPI, including target values and threshold values that indicate areas needing improvement. Setting goals for CDI metrics should consider the organization's current baseline, resources, and the known challenges. Goals should be specific, measurable, achievable, relevant and time bound (S.M.A.R.T. goals). It is important to remember that there are no industry standards for CDI productivity as the focus and structure of the CDI department will vary between organizations. Below are some examples of common KPIs tracked and reported by CDI departments. This is not an all-inclusive list. For an in-depth look at additional examples of KPIs that may be tracked, and how they are calculated, please reference [the AHIMA Clinical Documentation Integrity Key Performance Indicators Practice Brief](#).

- **CDI Productivity**
 - **Record Review Rate:** Measures the number of records reviewed divided by the number of records assigned or available to review. Factors such as encounter complexity, length of stay, reviewer experience, CDI technology, and query volume should be considered when evaluating this rate.
 - **Query Rate:** Indicates the number of health records that required queries divided by the total number of records reviewed. It helps identify trends, educational opportunities, missed query opportunities, or unwarranted queries.
 - **Diagnostic Related Group (DRG) Match Rate:** Tracks the match rate between CDI professionals' working DRG and the final coded DRG. “The intent of this internal metric is to allow the CDI team to view a chart from a coding perspective and identify any opportunities related to documentation and coding integrity” (Ericson et al., 2022).
 - **Provider Query Compliance**
 - **Query Response Rate:** Measures the percentage of queries issued by the CDI department that receive a response from providers. Based on the provider's response, it is often used to measure the level of provider engagement related to the initiatives of the CDI department; when the provider responds thoughtfully and in a timely manner, which may indicate a higher level of engagement. Query response timeframes are often tracked with this metric.
 - **Query Agreement Rate:** “Measures the frequency in which the provider agrees with the need for further documentation clarity in the health record based on queries” (Ericson et al., 2022). It helps identify educational opportunities, areas for improvement, and may also reflect provider engagement. The CDI leader may track this metric for the individual provider, specialty groups, the CDI professional, and identify outliers when compared to peers. Individuals with exceptionally low or high outliers may need further evaluation as to the reason(s) why.
- *Please Note:** It is important to clearly define query responses (e.g., agree, disagree, clinically unable to determine) for consistency in reporting and data collection. These definitions should align with those definitions used by the coding department.

CDI Department Impact:

CDI leaders should be able to demonstrate the value and impact of the CDI department on the organization. This may involve benchmarking the department's performance against industry standards or other similar organizations. Leaders should also understand how to calculate and present the return on investment (ROI) of the CDI department, highlighting the financial benefits and improved quality outcomes resulting from effective clinical documentation practices. Impact may include but is not limited to the following:

- **Case Mix Index (CMI):** Track changes in CMI to evaluate documentation quality based on specificity, acuity, and comorbidities/complications (CC), major comorbidities/complications (MCC) capture. It is important to note that there are many factors that influence the CMI beyond the efforts of CDI.
- **Query Impact:** Measure the financial and quality impact of CDI department queries, such as changes in:
 - DRG assignment
 - Risk adjustment factor (RAF)
 - Hierarchical condition category (HCC)
 - Patient Safety Indicators (PSI)
 - Hospital Acquired Condition (HAC)
 - Provider and hospital profile data
 - Outpatient benchmarking data
 - Geometric mean length of stay (GMLOS)
 - Severity of illness (SOI) scores
 - Risk of mortality (ROM) scores
 - Present on admission indicators (POA)
- **Claim Denials Rate:** Track the number of claims denied due to documentation issues indicating CDI's impact. When calculating return on investment (ROI) for this measure, both the reimbursement claimed, and the amount of money saved by not having to appeal a denial should be considered. For more information, please reference the [AHIMA Denials Management Toolkit](#).
- **Observed to Expected (O/E) Mortality Ratio:** Measures the ratio of observed patient deaths to the expected number based on patient type and severity of illness, emphasizing the need for accurate documentation and reporting of patient acuity.
- **Discharged Not Final Billed (DNFB):** DNFB refers to accounts that cannot be completed due to coding or documentation gaps. This delays and may reduce payment for services provided. Tracking changes in the volume of accounts DNFB may provide insight to CDI department impact on timely clarification of the documentation needed for appropriate code assignment and final billing.

Data Quality, Collection, and Analysis:

Tracking CDI KPIs requires the collection and analysis of data. This process involves a systematic approach to examining and interpreting data to extract insights, identify patterns, and draw meaningful conclusions. It is crucial that the data is of high quality. Quality data is accurate, reliable, complete, relevant, consistent, accessible, and timely. Ensuring data accuracy and reliability requires clear data entry processes and definitions for consistency. It is equally important that the CDI leader implements data validation processes, conducts regular audits for data accuracy, and promptly addresses any data discrepancies or errors.

Using the data analysis process may help the CDI leader organize and understand the data more effectively. This process includes the following steps:

1. **Define the Objective:** Clearly define the question to be addressed. This will guide the entire analysis process and help focus on relevant data and techniques.
2. **Data Collection:** Collect data from internal and external sources relevant to the analysis objective. Sources can include electronic health records, coding systems, financial data, and more. See Appendix A for a list of some valuable sources of data for the CDI leader.
3. **Cleaning/Scrubbing Data:** Validate, clean, and organize collected data by handling missing values, outliers, and inconsistencies. Remove irrelevant data to keep the focus on what is necessary for analysis and pertinent to the objective.
4. **Performing Data Analysis and Interpreting Results:** Identify patterns, trends, and significant findings from the analysis. Formulate insights, draw conclusions, and relate them back to the original objective. Individual metrics should be analyzed in conjunction with other relevant metrics (e.g., baseline, benchmarks) to gain a complete understanding of their meaning. Looking at multiple metrics simultaneously may provide a more holistic view of the CDI department's performance.
5. **Communication and Visualization:** Effective reporting and communication of findings to stakeholders facilitate data-driven decision-making and continuous improvement in clinical documentation practices. These findings can be presented using comprehensive reports, data visualization techniques, charts, and graphs. There are several platforms available to assist with the creation of dashboards and graphs from data (e.g., Excel, CDI software). See Appendix F for some examples of data visualization and reporting.

For more information on data analytics, please reference the [Healthcare Data Governance Practice Brief](#) and [other associated resources](#) on the AHIMA website.

AUDITING PROCESSES

CDI departments are committed to improving documentation integrity, quality reporting, billing compliance, and appropriate reimbursement. Establishing a systematic and objective audit process is crucial to assess the compliance, effectiveness, and efficiency of CDI processes, practices, and outcomes. There are two primary types of CDI audits; one will focus on the CDI department while the other will focus on organizational documentation practices. Conducting regular audits will evaluate performance, identify gaps and opportunities for improvement, and ensure alignment with best practices and compliance standards.

The CDI Process Audits

Monitoring CDI processes can be conducted internally by qualified staff familiar with CDI processes, or externally by an independent third-party auditor. Best practice is to include both internal and external reviewers in the audit process. Routine audits can help identify opportunities for improvement and education. Periodic external audits will provide an independent assessment of the CDI department's performance and organizational documentation practices.

Key elements of an audit process typically involve identifying the objectives, scope, approach, timeframe, and reporting of the results to key stakeholders. The external auditor will have their defined process that may vary by specific organization. When choosing an external auditor, it is important to evaluate their process to determine if it meets the needs of the CDI department.

Key elements to consider when performing an internal audit are addressed below:

- **Objective(s):** The objective(s) should reflect the intent of the audit, being specific, relevant, measurable, and in alignment with the departmental mission.
- **Scope:** The scope of an audit will outline what is being audited and define the associated parameters. Elements of the scope may include:
 - The subject of the audit (e.g., CDI professionals, CDI department, provider).
 - The audience that will receive a report of the findings (e.g., CDI team, organizational leadership, provider groups).
 - Type of data to be collected (quantitative versus qualitative data).
 - Approach to complete the audit.
- **Approach:**
 - **Who will perform the audit:** The individual who completes the audit will depend on the type of audit. For example, if a department process is being evaluated, it may be performed by a manager or an independent third party. When reviewing the query compliance of an individual CDI professional, that may be performed by a manager, compliance department, an audit team, or an independent third party.
 - **Sampling process:** The sampling process will need to be established. The sampling process may include elements such as:
 - Determine the sample size (e.g., a set number or a percentage of health records to review).
 - Determine the method of health record selection needed to meet the objectives of the audit.
 - Random selection: (e.g., reviewing a random sample of mortality health records, quarterly audits for missed query opportunities).
 - Focused selection: If performing a focused audit, efforts should be made to ensure a balanced approach (e.g., review a mix of lower versus higher weighted DRGS, with and without CC/MCCs).
 - **Audit tool:** An audit tool should be created to reflect the objective(s) of the audit. This tool should promote consistent standards across the sample. It should also reflect how the data will be collected and reported. It is important to include an objective scoring methodology that is clearly defined and measurable (e.g., yes/no, one through five rating).
 - Audit procedure
 - Perform a detailed analysis of the health records using various tools and techniques, such as chart abstraction, coding validation, query review, and data analysis.
 - Identify any gaps, issues, or opportunities for improvement in the CDI processes, practices, or outcomes, based on the findings of the analysis.
 - Compare the findings of the analysis with the established criteria and benchmarks, such as coding guidelines, CDI policies, quality measures, and industry averages.

- **Timeline:** The audit process should address best practices for frequency for each type of audit (e.g., quarterly, monthly, yearly).
- **Reporting Results:**
 - Provide conclusions, recommendations, and action plans to address the gaps, issues, or opportunities for improvement, based on best practices and evidence-based solutions.
 - Report and communicate the results and recommendations of the audit to the relevant stakeholders, such as CDI staff, leadership, providers, and coding professionals.
 - Monitor and evaluate the implementation and impact of the recommendations and action plans, using appropriate metrics and key performance indicators.

Findings

Audit findings may vary depending on the objectives, scope, and criteria of the audit, as well as the characteristics and performance of the CDI department. However, some common findings that may emerge from an audit are:

- Documentation gaps or discrepancies that affect the accuracy and completeness of coding and reporting, such as missing or conflicting diagnoses, procedures, complications, comorbidities, or modifiers.
- Query opportunities that affect the quality and compliance of CDI queries, such as unclear or leading questions, inappropriate or multiple query formats, incorrect or inconsistent query templates, and lack of query tracking.
- Provider issues that affect the engagement and collaboration of providers with CDI staff, such as low or delayed response rates, disagreement or dissatisfaction with queries or feedback, lack of education, or unawareness of CDI expectations and benefits.
- Staff issues that affect the competency and productivity of CDI staff, such as inadequate training or certification, high turnover or burnout, insufficient staffing or resources, or lack of feedback or recognition.
- Process issues that affect the efficiency and effectiveness of CDI workflows and activities, such as unclear or outdated policies or procedures, inconsistent or incomplete data collection or reporting, poor communication or coordination among CDI staff or other departments, technology impact, or lack of standardization or automation.
- Outcome issues that affect the impact and value of CDI departments, which may include, but are not limited to, CMI, length of stay (LOS), quality scores, SOI/ROM, appropriate reimbursement, or lack of alignment with organizational goals and strategies.

Recommendations

Audit recommendations may vary depending on identified findings, as well as the best practices and evidence-based solutions available for CDI improvement. Some common recommendations may include, but are not limited to:

- Enhance documentation practices through provider education related to documentation best practices, clinical indicators, evidence-based criteria, and coding rules.
- Provide CDI education to improve query practices related to components of a compliant query, query follow-up, and query tracking as outlined in the [Guidelines for Achieving a Compliant Query Practice](#).
- A review of the system coded trigger points in the CDI artificial intelligence (AI) and natural language processing (NLP) software to ensure that it calibrated with current regulation, and it is producing value added benefits to the organization with both revenue and functionality.
- Update CDI policies and procedures to reflect changes in CDI processes.

EDUCATION BEST PRACTICES

Provider and CDI staff education are integral components of a successful CDI department. Provider education focuses on training healthcare professionals regarding clinical documentation best practices, regulatory requirements, and clinical vocabularies and terminologies that translate into International Classification of Diseases, Tenth Revision, Clinical Modification and Procedure Coding System (ICD-10-CM/PCS) codes needed to capture a patient's clinical story. CDI professional education encompasses a wide range of subjects including, but not limited to, clinical coding requirements, disease processes and treatments, healthcare regulations, EHR and third-party query support tools, and compliant query best practices. Both provider and CDI staff education face challenges that require tailored strategies, engagement, recognition, and continuous improvement efforts. Offering flexible, self-paced learning options and providing necessary technical support are crucial. Each audience will be different, and the teaching method and content should be presented with that in mind.

Challenges in CDI Education

The constant evolution of the healthcare landscape, including new diseases, treatments, technologies, and regulations, requires continuous updating of knowledge and skills. Healthcare providers often face tight schedules and heavy workloads. High productivity goals for CDI professionals can make it problematic to find time for training. Additionally, resistance to change and the adaptation of new practices can also pose difficulties. The complex nature of clinical documentation and continual challenges by payors that redefine documentation and coding practices further complicate efforts to ensure uniformity and consistency in the documentation process. Prevalent educational challenges faced by providers and CDI professionals may include, but are not limited to:

- **High cost of CDI education:** CDI education can be expensive and can be a barrier for some healthcare organizations providing CDI training to their staff. It is important to consider this cost in the annual budget.
- **Need for continuous learning:** CDI is a rapidly evolving field, requiring CDI professionals to stay up to date with the latest changes to remain effective.
- **Keeping pace with technological advancements:** The fast-paced evolution of healthcare technology makes curriculum updating a challenging task.
- **Time constraints:** Given the demanding schedules of healthcare professionals and the CDI staff, finding the time to create and attend time-efficient, flexible learning modules remains a major challenge in CDI education.
- **Measuring educational outcomes:** Determining the impact of CDI education on documentation practices, patient care, and financial outcomes is complex. Developing valid and reliable metrics to assess these outcomes is necessary.
- **Limited technology proficiency:** Not all learners will have the same level of proficiency related to technology and the different CDI platforms used. Technical support, education, and user guides may assist with this effort.

Effective Education

The CDI leader may have the responsibility of creating or guiding others to create educational presentations. Adult learning theories and models provide a fundamental framework for designing and delivering effective education and training programs for adults. Adult learning theories are rooted in Malcolm Knowles' theory of andragogy. Knowles contends adult learners are:

- Self-directed

- Draw on life experience when learning
- Base readiness to learn on how the topic relates to their issues
- Prefer immediate application of new information
- Internally motivated by personal factors
- Need to know the value of what they are learning and why it is important to them

Incorporating these assumptions into CDI education may enhance the learning experience and ultimately improve CDI practices. These methods of teaching necessitate a more captivating, participatory, and application-centric approach. Consequently, in the context of CDI education aimed at adults, the following may be considered:

- Focus of the education should be directed toward real-world applications, case studies, and problem-solving activities.
- Content should be specific to the needs of the audience.
- The preferred method of teaching should be considered.
 - For example, creating an online learning space may allow the learner to complete the presentation at their own pace and at the time that best suits their schedule.
- Collaborating with the intended audience regarding their preferred method of learning, topics of interest, timing, and location for education may increase learner engagement and the effectiveness of the education.

POLICIES AND PROCEDURES

It is important that all CDI processes are clearly outlined in the departmental policies and procedures. CDI departments that establish comprehensive policies and procedures position themselves for success. These protocols offer essential guidance to staff members, fostering accountability and optimizing process efficiency. Policies are defined as “Governing principles that describe how a department or an organization is supposed to handle a specific situation or execute a specific process” (AHIMA, 2017, p. 184). Conversely, a procedure “. . . describes the steps involved in performing a specific function” (AHIMA, 2017, p. 190). It is imperative that these documents remain relevant and readily accessible to staff for quick reference. Consider implementing a process where policies and procedures are reviewed/updated frequently and where staff members acknowledge their understanding and agreement with the expectations outlined in the policies and procedures.

When formulating policies and procedures, ensure the inclusion of fundamental elements such as:

- **Purpose and Scope:** Clearly define the rationale behind the policy or procedure and outline its intended reach within the department or organization. The *purpose statement* is a brief statement that summarizes the content of the policy or procedure and describes the objectives.
- **Mission Statement:** Policies and procedures may include a mission and vision statement. These may be based on the focus of the CDI department.
- **Definitions:** Provide accurate and concise explanations of key terms and concepts relevant to the policy or procedure.
- **References:** References should be included for any internal or external documents used when developing the policy or procedure, such as laws, regulations, and supporting documents (e.g., Official Guidelines for Coding and Reporting, How to Achieve a Compliant Query Practice).

- **Process Flow:** Present a step-by-step sequence of actions to be taken, highlighting the correct sequence and dependencies as well as the responsibilities of the various individuals involved in the execution of the policy and procedure.
- **Compliance:** Outline the tasks required for policy or procedure compliance. This list should be:
 - Clear, accurate, concise, and complete
 - Identify tools and resources needed
 - May address the consequences (enforcements) if non-compliant
- **Review and Revision:** Define the schedule for regular review and potential updates of the policy or procedure to reflect changing circumstances. It is important to clearly document the effective dates of these policies and procedures, as well as the dates on which any revisions were made. This practice ensures a transparent record of changes and aids in maintaining accountability. Previous versions should be available for reference when needed.
- **Approval:** Specify the individuals or positions responsible for approving and authorizing the policy or procedure.

Incorporating these elements into the CDI department's policies and procedures will provide a solid foundation for effective management and consistent adherence to established guidelines. Please reference Appendix G for examples of a possible policies and procedures.

STAFF ENGAGEMENT

One of the most intricate transitions is to move from being a peer to being in a leadership role. The only thing that may be more challenging is being an outsider hired to “fix” a CDI department. A CDI leader needs excellent communication skills as they represent both the needs of their employees and those of the organization, which may sometimes conflict. Healthcare is a difficult industry, and many are leaving the ranks, leading to greater responsibilities assigned to fewer people, which can lead to frustration. A great CDI leader needs to keep their staff engaged and excited about their work to increase employee satisfaction and retention. There are various effective strategies for this purpose, but one of the best ways to keep staff engaged is through frequent and clear communication.

The way the CDI leader communicates with their team will vary depending on the size of the organization and their work location. Many leaders must communicate with their team remotely as their members may work at different facilities or off-site.

- **Daily huddles:** The daily huddle is a great way for a team to stay in touch by taking up to 15 minutes to share goals for the day, any potential barriers, and any needs for assistance. These meetings should be short and focused.
- **Weekly newsletters:** A weekly newsletter or update may also be an effective communication strategy. This update can be sent out on Friday, for example, to create expectations for the following week. Topics that could be covered include planned absences, scheduled meetings, educational offerings, organizational updates, and so forth.
- **Department meetings:** Department meetings help foster a cohesive and inclusive team culture. This platform can be used for all team updates, to celebrate wins/successes, recognize team accomplishments (both personal and professional), and so forth.

- **One-on-one conversations:** The annual staff evaluation should not be the first time an employee is hearing about their accomplishments and/or opportunities to improve their performance. Regular touch points with the CDI staff where the CDI leader shares positive feedback are necessary to keep employees engaged. Asking open-ended questions will allow the individual to provide a more detailed response. For example, ask if the staff is encountering barriers that prevent them from performing at their best, do they have any suggestions about ways to improve departmental efficiency, are there any educational needs, and so forth.

The frequency of one-on-one conversations may depend on the size of the team. Smaller sized teams may allow time for monthly check-ins, whereas larger teams may require less frequent one-on-one conversations.

- **Delivering upsetting news is part of the role of leadership:** As a CDI leader, it is important to differentiate process issues from performance issues. Data can help identify whether a particular issue is widespread among the majority of staff or is an isolated occurrence affecting only one or two individuals. When one or two staff members stand out as outliers, it suggests a higher likelihood of a performance-related concern.

Telling staff when they are not meeting expectations is a difficult conversation. It may be best to begin the conversation by stating intent to build the conversation and establish a framework of trust. Then, invite the team member to share their perspective of how they think things are going. Ask the team member for solutions they feel would help address the matter(s) at hand. Getting their buy in is important and may increase the chance of a successful outcome if they feel a part of the solution. It is equally important to be clear with expectations going forward that include a specified timeline and potential consequences if expectations are not met.

Opportunities for professional growth are also an important aspect of staff engagement and retention. Some considerations may include, but are not limited to:

- **Career ladder:** A career ladder is a concept used to describe a structured progression or advancement path within the CDI department. It represents a series of job positions or levels that the CDI professional can move through as they gain experience, develop new skills, obtain credentials, and take on greater responsibilities in their career. This concept provides a clear framework for career development, helping individuals set goals, track their progress, and plan for their professional future.
- **In-person professional conferences:** In-person conferences offer valuable networking opportunities and provide access to cutting-edge research and advancements in CDI. These resources collectively empower CDI professionals to excel in their roles, contributing to improved patient care and accurate healthcare data.
- **Support obtaining/maintaining credentials:** Credentials represent the individual's expertise in the related field and/or subject. Encouraging the CDI professional to obtain CDI credentials (e.g., [Certified Documentation Integrity Practitioner \[CDIP\]](#), [Certified Clinical Documentation Specialist \[CCDS\]](#)) is important for their development. Encouragement, however, may not be enough. If able, consider financial incentives as well (e.g., reimbursement for the exam if passed, pay raise, annual financial allowance for the needed continuing education units [CEU] to maintain the credential).

Engagement of a remote CDI workforce may present additional challenges although the underlying concept of clear and frequent communication to promote engagement still applies. For more information related to this topic, consider the webinar "[Staying Connected in a Virtual World](#)" available in the AHIMA store.

CONCLUSION

CDI departments are essential for improving patient outcomes, data integrity, quality reporting, compliance, and appropriate reimbursement in all healthcare settings. As a CDI leader, one must have effective communication, critical thinking, and data analytic skills. Recognizing the challenges of the CDI department will help the CDI leader determine innovative solutions to address them more effectively. Hiring, onboarding, and developing the right staff is important. Conducting regular audits of the CDI department to evaluate performance, identify gaps and opportunities for improvement, and ensure alignment with best practices and standards is essential. It is important to have clear policies and procedures for all CDI processes to promote and support a smooth workflow. In addition, open and frequent communication between CDI leaders and staff may help encourage engagement and retention. As CDI practices and guidelines undergo continual evolution, education must accommodate these alterations to ensure that healthcare providers and staff are adequately prepared to meet these demands. Professional development for the CDI leader and the CDI staff is an ongoing process and requires continuing education and experience.

The American Health Information Management Association (AHIMA) offers a wide variety of educational resources for the CDI leader. These resources can be accessed in the [AHIMA store](#), the body of knowledge, and by topic on the AHIMA website under the [Education & Events](#) tab.

APPENDICES

- A. Sample List of Data Sources for CDI Managers and Leaders
- B. Sample SWOT Analysis Worksheet
- C. Sample Job Descriptions
 - a. Physician Liaison/Advisor
 - b. CDI Professional
 - c. CDI Lead
 - d. CDI Manager/Leader
 - e. CDI Auditor
- D. Key Points to Consider in the Hiring Process
- E. Sample Interview Questions for CDI Professional Candidates
- F. Data Visualization and Reporting
- G. Sample Policies and Procedures

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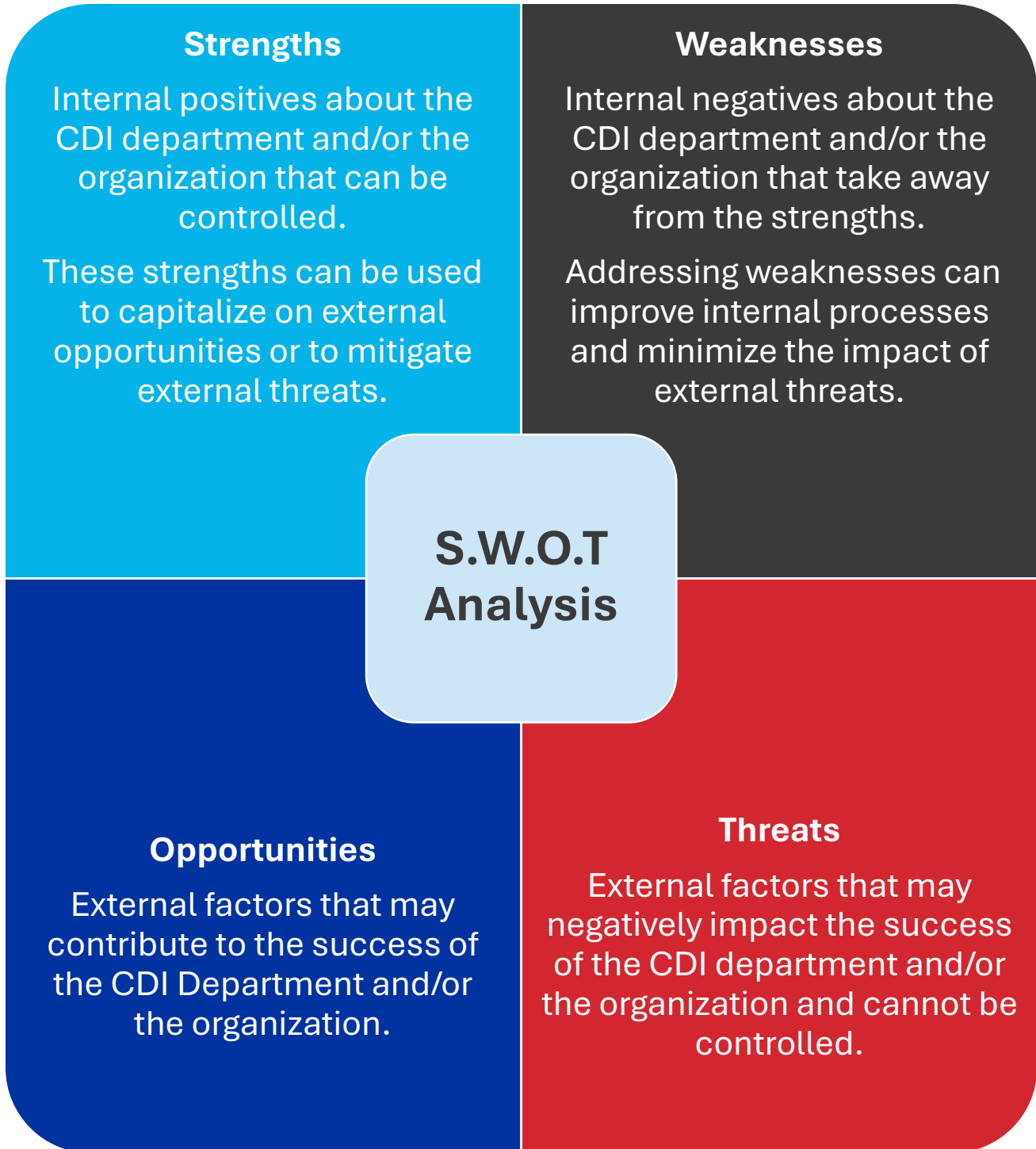
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APPENDIX A: Sample List of Data Sources for the CDI Leader

1. **Internal sources:** There are sources within an organization that can provide valuable data to the CDI department. The CDI leader may need to collaborate with different departments to obtain internal reports.
 - a. **Claims data** may provide information on diagnoses and procedures within the organization that are high volume.
 - b. **Claim denials reports** to identify the most denied diagnoses and/or procedures.
 - c. **CDI technology platform** for data related to CDI activities.
2. **External sources:** There are many external sources that can provide information for benchmarking and performance comparison across similar healthcare organizations.
 - a. **Centers for Disease Control and Prevention (CDC):** The CDC website provides data and statistics related to topics such as COVID-19 data tracker, deaths and mortality, alcohol use, cancer, diabetes, heart disease, and more.
 - b. **Centers for Medicare and Medicaid Services (CMS):** The CMS website provides an enormous amount of data for organizational and provider comparison.
 - i. **Medicare Care Compare** and the **Provider Data Catalog:** These sites report Quality Payment Program (QPP) performance information for doctors, clinicians, groups, and Accountable Care Organizations (ACOs).
 - ii. **Inpatient Prospective Payment Systems (IPPS) Final Rule Home Page:** The IPPS Final Rule home page provides information related to the IPPS:
 1. **IPPS Final Rule Table 5A** provides a list of MS-DRGs that includes their relative weight factors (RW) and geometric (GMLOS) and arithmetic mean length of stay (AMLOS). This information can be used to calculate the CDI department impact on length of stay and reimbursement (e.g. changes in RW, changes in LOS).
 2. **IPPS Final Rule Tables 7A and 7B** provide information regarding the number of discharges for each MS-DRG as well as the associated AMLOS. This information can be used to compare an organizations AMLOS by MS-DRG to the national averages. These tables are not available until the following fiscal year.
 - iii. **Medicare Provider Analysis and Review (MedPAR):** MedPAR files contain data for all Medicare beneficiaries that were admitted to Medicare-certified inpatient hospitals and skilled nursing facilities. This data is reported by MS-DRG and by state.
 - c. **Healthcare Cost and Utilization Project (HCUP):** HCUP is a data base sponsored by the Agency for Healthcare Research and Quality (AHRQ) that collects data from inpatient and outpatient discharge records. Per AHRQ (2023), HCUP products include:
 - i. **HCUP Databases** contain information on inpatient stays, emergency department visits, and ambulatory care.
 - ii. **HCUPnet** is an online query system that provides immediate access to health statistics.
 - iii. **HCUP Fast Stats** is an online query tool that uses visual displays to compare national or state statistics on a range of healthcare topics.
 - iv. **HCUP Research Tools** provide complimentary tools and software to use with HCUP and similar databases.
 - v. **HCUP Reports** feature findings, publications, and technical reports on HCUP issues.

- d. **Healthgrades**: Healthgrades evaluates hospital quality for conditions and procedures based on clinical outcomes. They recognize hospitals that deliver superior care with the Specialty Excellence Awards™ and rank to best hospitals in the United States for specialty care based on the data they collect.
- e. **Leapfrog Group**: The Leapfrog Group is a national non-profit organization that collects, analyzes, and reports safety and quality data in an effort to promote transparency and safe, affordable, quality healthcare in the United States.
- f. **National Committee for Quality Assurance (NCQA)**: The NCQA is an independent, non-profit organization that collects and reports quality performance for health plans and providers.
 - i. The **Healthcare Effectiveness Data and Information Set (HEDIS)** is a performance improvement tool that reports findings for more than 90 measures from six domains.
- g. **Program for Evaluating Payment Patterns Electronic Report (PEPPER)**: PEPPER reports summarize provider-specific Medicare data related to billing, DRG assignment, and admission issues. “PEPPER can also be used to compare data statistics over time to identify changes in billing practices, pinpoint areas in need of auditing and monitoring, identify potential DRG under- or over-coding problems and identify target areas where length of stay is increasing.” (PEPPER, n.d.)
- h. **Research Data Assistance Center (ResDAC)**: ResDAC is a CMS contractor that provides assistance to researchers interested in CMS data. This assistance is provided through live and virtual webinars and workshops as well as CMS data files.

APPENDIX B: Sample SWOT Analysis Worksheet



APPENDIX C: Job Descriptions Examples

These examples are to be used as a guide when developing job descriptions. Job descriptions should be specific to the needs of the individual organization.

Physician/Provider Advisor

| | |
|--|--------------------------|
| Job Description | |
| Job/Position Title: Physician/Provider Advisor | Reports To: |
| Department: | Review Date: |
| Job/Position Code: | Status: Exempt/Nonexempt |
| <p>Purpose: The Physician Advisor acts as a liaison between CDI, coding professionals, and the medical staff. The Physician Advisor serves as a resource on issues of provider documentation, denial prevention, and medical necessity. The Physician Advisor conducts clinical reviews on cases referred by the CDI or coding professional. The advisor interacts with medical staff members to discuss the needs of the patients, alternative levels of care, and clinical documentation.</p> | |
| <p>Scope: The Physician Advisor reviews cases referred by CDI and/or Coding to meet criteria for medical necessity, clinical validations, quality and desired outcomes.</p> | |
| <p>Education: Graduate of an accredited medical school with a current medical license.</p> | |
| <p>Experience: Minimum of five years' experience in clinical practice.</p> | |
| <p>Skills/Qualifications:</p> <ul style="list-style-type: none"> • Broad clinical knowledge base • Respected member of the medical staff having held position(s) of leadership • Strong interpersonal skills • Excellent communication skills (verbal, written, and listening) with physicians and non-physicians • Availability and willingness to dedicate the time necessary on a regularly scheduled basis • Understanding coding classification assignments, reimbursement methodologies, concepts of risk adjustment, severity of illness (SOI), risk of mortality (ROM), Case Mix Index (CMI), hospital acquired conditions (HACs), patient safety indicators (PSIs), core measure reporting, etc. | |
| <p>JOB FUNCTIONS</p> <ol style="list-style-type: none"> 1. Supports the mission and vision of the organization through collection and review of data to ensure documentation is captured at the highest degree of specificity. 2. Acts as key collaborator in the CDI Program/Department to help set and implement strategy and partners with the team to support the program to improve documentation capture. | |

3. Serves as a mentor and resource for both CDI and Coding. Collaborates to implement programs and optimize people, process, technology, and training related to clinical documentation capture.
4. Educates CDI team members on evidence-based guidelines for the query process to elevate the level of communication with providers and allow for expedited favorable outcomes.
5. Serves as the CDI physician representative on hospital and medical staff committees.
6. Leverages outcome data to drive and improve strategic organizational performance and education strategy. Demonstrates expertise in optimizing the electronic medical record.
7. Influences practicing clinicians to realized impacts of quality documentation upon performance, reimbursement and patient care.
8. Develops, maintains, and facilitates education for physicians, including residents and mid-level providers involved in patient care documentation.
9. Builds relationships that foster trust and confidence. Demonstrates credibility and problem-solving skills. Mediates amongst departments, teams, or individuals involved with a patient's episode of care.
10. Aligns and drives performance improvement opportunities with the Medical Staff to achieve the highest quality and regulatory compliance.

Clinical Documentation Integrity Professional

| | | |
|---|--|---|
| Job Description | | |
| Job/Position Title: Clinical Documentation Integrity Professional | Reports To: | |
| Department: | Review Date: | |
| Job/Position Code: | Status: Exempt/Nonexempt | |
| <p>Purpose: Working independently, the Clinical Documentation Improvement (CDI) Professional performs concurrent/retrospective reviews of the health record to ensure the capture of complete and accurate provider documentation. As appropriate, generates and issues compliant queries to clarify documentation that is incomplete, conflicting, or ambiguous. Initiates contact with physicians to obtain complete and timely query responses. Educates care providers on documentation best practices. This includes, but is not limited to, capturing the clinical picture of a patient through complete and accurate documentation for correct code/DRG assignment, accurate quality measure reporting, appropriate reimbursement, and accurate risk adjusted scores.</p> | | |
| <p>Scope: Insert appropriate scope such as service lines, or payers, (e.g., inpatient acute care, outpatient clinic, outpatient surgery, emergency department, wound care, Medicare, Commercial DRG payers, adult, pediatric).</p> | | |
| Education/Experience | Minimum | Preferred |
| Healthcare Degree | Associate degree in healthcare field | Bachelor's degree in healthcare field |
| Work Experience | Three years' experience in an acute care facility in HI/Inpatient Coding, Case Management, Nursing, Quality Reviewer and/or other related area | Five years' experience in an acute care facility in HI/Inpatient Coding, Case Management, Nursing, Quality Reviewer and/or other related area |
| Equivalent Combinations | One year experience equals one year education | |
| Credentials | Obtain CDI credential within three years of employment | CDIP, CCDS |
| <p>Skills/Knowledge: This position requires critical thinking skills, the ability to manage multiple priorities, to work independently, along with the ability to identify opportunities for improvement. Excellent verbal and written communication skills. Ability to work with multiple technologies, both current and emerging, including Microsoft Word, Excel, PowerPoint.</p> | | |
| | | |

JOB FUNCTIONS

1. Conducts initial and extended-stay concurrent reviews on selected admissions consistent with program/department volume and frequency requirements. Documents reviews and other pertinent information in designated systems.
2. Analyzes documented and clinically supported conditions in the health record to ensure the capture of accurate and completion documentation, resulting in final code/DRG assignment with the highest degree of specificity and accuracy.
3. Demonstrates knowledge of the ICD-10-CM/PCS Official Guidelines for Coding and Reporting and the DRG classification systems to ensure compliance with regulatory requirements related to CDI and coding functions.
4. Using critical thinking skills and clinical judgement, determines when and/or if a provider query is necessary in accordance with the Guidelines for Achieving a Compliant Query Practice.
5. Uses clinical judgement to determine appropriate and relevant clinical indicators and/or reasonable diagnostic options to formulate patient specific queries.
6. Collaborates with coding professionals to support clinical code/DRG assignment and resolve identified discrepancies.
7. Communicates clearly, concisely, and in a compelling manner to effectively engage others.
8. Participates in the analysis and trending of statistical data to identify opportunities for improvement and innovation.
9. Educates care providers on documentation best practices, annual coding and regulatory updates.
10. Achieves and maintains key operating metrics consistent with CDI program/department requirements.
11. Obtains continuing education to maintain credentials and stay abreast of current trends in the healthcare field and emerging technologies.
12. Develops collaborative relationships and possesses excellent interpersonal skills in building and maintaining crucial relationships.

Clinical Documentation Integrity (CDI) Lead

| | |
|---|--------------------------|
| Job Description | |
| Job/Position Title: Clinical Documentation Integrity (CDI) Lead | Reports To: |
| Department: | Review Date: |
| Job/Position Code: | Status: Exempt/Nonexempt |
| <p>Purpose: Supports the CDI manager/director in coordinating and maintaining the elements and requirements of the Clinical Documentation Integrity department, including, but not limited to, staff and physician education, to ensure the highest quality of documentation in support of compliance and accurate representation of the care provided to the patient.. Serves as the subject matter expert (SME) and first point of contact for the CDI professional for all CDI processes.</p> | |
| <p>Scope: Insert appropriate scope such as Inpatient Acute Care, Outpatient Clinic, Outpatient Surgery, Emergency Department, Wound Care, etc.</p> | |
| <p>Experience: Associate degree in healthcare field (e.g. nursing, health information management) OR equivalent combination of education/experience combined required. (One year experience equals one year education).</p> | |
| <p>Minimum Experience: Minimum of one to three years’ experience in CDI. and clinical quality, utilization management, case management, nursing, coding, or a related field.</p> | |
| <p>Preferred Experience: Three to five years’ experience in a Clinical Documentation Integrity department. Previous experience in clinical quality, utilization management, case management, nursing, coding, or related field (e.g. physician) with prior experience is in a management or supervisory role.</p> | |
| <p>Education: Associate degree, with a healthcare related credential (e.g., RN, RHIT, RHIA, CCS) with additional clinical documentation integrity credential preferred (e.g., CDIP, CCDS). Will have one year after employment to obtain a CDI credential if does not have one at the time of hire.</p> | |
| <p>Skills: Successful leadership skills with the use of critical thinking, problem solving, and deductive reasoning required.</p> | |
| <p>Ability to successfully manage multiple priorities required. Successful completion of specialized training in organizational, analytical, writing, and interpersonal skills required.</p> | |
| <p>Specialized training in advanced computer skills with proficiency in Microsoft Word, Excel, Power Point, and Outlook e-mail required.</p> | |
| <p>Additional training in [insert database or EHR] database management, Medicare Part A and B programs, MS-DRG assignment, and knowledge of MCC/CC preferred.</p> | |

JOB FUNCTIONS

1. Supports the CDI manager/director in coordinating and maintaining all elements of the Clinical Documentation Integrity department in order to meet the goals and objectives of the organization and its stakeholders.
2. Meets CDI department objectives, goals, and key operating metrics.
3. Ensures timely, accurate, and complete documentation used for measuring and reporting physician and hospital outcomes.
4. Ensures effective communications with key stakeholders.
5. Analyzes data, creates reports to meet desired outcomes.
6. Identifies trends and opportunities for improvement in clinical documentation.
7. Meets program quality and productivity guidelines and standards.
8. Collaborates with coding professionals to fully support the needs of clinical code assignment, communicates proficiently with coding professionals to resolve identified discrepancies.
9. Works effectively with CDI team members to accomplish departmental goals.
10. Trains, orients, and coaches CDI professionals.
11. Demonstrates continued advancement in professional growth.

Clinical Documentation Integrity Manager

| | | |
|--|--|--|
| Job Description | | |
| Job/Position Title: Clinical Documentation Integrity Manager | Reports To: | |
| Department: | Review Date: | |
| Job/Position Code: | Status: Exempt/Nonexempt | |
| <p>Purpose: The Clinical Documentation Integrity Manager is responsible for the day-to-day management of the CDI program. The Manager provides support to CDI Leadership in coordinating all CDI operational processes and works to achieve and maintain overall CDI program goals.</p> | | |
| <p>Scope: Insert appropriate scope such service lines or payers, inpatient acute care, outpatient clinic, outpatient surgery, emergency department, wound Care, adult, pediatric, etc.</p> | | |
| Education/Experience | Minimum | Preferred |
| Healthcare Degree | Bachelor Degree in healthcare field | Master’s Degree |
| Work Experience | Three to five years CDI experience in an acute care facility | Previous management experience preferred |
| Equivalent Combinations | One year of education equals one year experience | |
| Credentials | One of the following: CDIP, CCDS, RHIA, RHIT, CCS, CPC, MBBS, RN, MD, DO, PA | |
| Skills/Knowledge | | |
| <p>Technical skills—thorough knowledge of the Inpatient Prospective Payment System (IPPS) and ICD-10-CM/PCS Official Guidelines for Coding and Reporting. Serves as a subject matter expert (SME) for any topics related to provider documentation.</p> <p>Data analysis—ability to analyze and trend statistical data to identify opportunities for improvement.</p> <p>Organization—proactively prioritizes initiatives, resources, time, with an ability to multi-task.</p> <p>Strategic relationships—develops collaborative relationships and possesses excellent interpersonal skills in building and maintaining crucial relationships.</p> <p>Communication – delivers targeted and actionable communications, both orally and in writing. Adjusts messages appropriately by audience.</p> <p>Technology—demonstrates proficiency in current and emerging technologies, including Microsoft Office products.</p> <p>Presentation— prepares and reports program metrics to senior leadership.</p> | | |

JOB FUNCTIONS

1. Manages day-to-day CDI operations.
2. Assists in the hiring, onboarding, and training of new CDI staff members.
3. Serves as Subject Matter Expert (SME) for any topics related to provider documentation in the organization.
4. Completes ongoing and annual performance evaluations of CDI team members.
5. Represents CDI at facility meetings. Prepares and presents CDI program metrics to senior leadership.
6. Completes special projects as assigned.
7. Analyzes and trends statistical data to identify opportunities for improvement and innovation.
8. Develops, implements and monitors Performance Improvement Plans.
9. Educates care providers on documentation best practices, annual coding and regulatory updates.
10. Develops collaborative relationships and possesses excellent interpersonal skills in building and maintaining crucial relationships.
11. Acts with authenticity to cultivate a culture of integrity, inclusion, and mutual respect.
12. Provides meaningful coaching and mentoring to increase the capabilities of individuals and teams and drive employee engagement.

CDI Quality Auditor

| | | |
|---|--|--|
| Job Description | | |
| Job/Position Title: CDI Quality Auditor | | Reports To: |
| Department: | | Review Date: |
| Job/Position Code: | | Status: Exempt/Nonexempt |
| <p>Purpose: Conducts internal auditing activities to ensure compliance with coding and documentation requirements. Identifies trends and/or opportunities for improvement. Provides feedback to review team. Creates and presents education to support CDI team development.</p> | | |
| <p>Scope: Insert appropriate scope such as service lines, payers, adult, pediatric, inpatient acute care, outpatient clinic, outpatient surgery, emergency department, wound care, etc.</p> | | |
| Education/Experience: | Minimum | Preferred |
| Healthcare Degree | Associate degree in healthcare field | Bachelor's degree in healthcare field |
| Work Experience | Three years' experience in CDI in an acute care facility | Five years' CDI experience in an acute care facility |
| Equivalent Combinations | One year experience equals one year education | |
| Credentials | One of the following: RHIA, RHIT, CCS, CPC, RN, MD, DO, PA, CDIP, CCDS | CDIP, CCDS |
| <p>Skills/Knowledge: This position requires a thorough knowledge of IPPS, ICD-10-CM/PCS, The Official Guidelines for Coding and Reporting, and reimbursement methodologies. Must have excellent communication skills (verbal, written, and active listening). Must possess an ability to analyze and trend data to identify opportunities for improvement.</p> | | |

JOB FUNCTIONS

1. Demonstrates proficiency with ICD-10-CM/PCS and the Official Guidelines for Coding and Reporting.
2. Acts as Subject Matter Expert (SME) on key quality metrics (PSIs, HACS, Vizient and Elixhauser comorbidities, etc.) and the Inpatient Prospective Payment System (IPPS) for accurate DRG assignments, both MS-DRG and APR-DRGs.
3. Develops, coordinates and completes internal auditing activities, both concurrently and retrospectively, to ensure compliance with documentation and coding practices.
4. Conducts data and root cause analyses, identifies trends/opportunities for improvement, shares findings via formal reporting mechanisms.
5. Supports CDI Leadership in trending the impact of CDI education on provider query metrics and other KPIs related to severity capture.
6. Assists with denial management as it relates to documentation.
7. In collaboration with CDI Leadership, designs, implements and maintains formal and informal educational material to support CDI team education development.
8. Performs analysis of provider query responses. Shares findings with CDI staff on a regular basis and educates the staff on missed opportunities.
9. In collaboration with CDI Leadership, analyzes provider performance measures and assists in identification of provider specific education needs related to CDI processes and clinical documentation.
10. Builds relationships that foster trust and confidence. Demonstrates credibility and problem-solving skills.
11. Works closely with Revenue Cycle and other departments to remain current with documentation and coding requirements/updates.

APPENDIX D: Key Points to Consider During the Hiring Process

Recruitment Best Practices

- Create a culture where great employees want to work.
- Consider the candidate's cultural compatibility, leadership skills, communication skills, and intellectual ability.
- Consider all candidate streams when recruiting both internally and externally, such as health information, coding, quality, nursing, or case management staff.
- Consider the advantages and disadvantages of hiring internally or externally.

Selecting the Right Employee

Key Skills Needed for an Optimal CDI Candidate

- Critical thinking skills
- Analytical skills
- Communication skills (with internal and external stakeholders)
- Coding skills
- Pathophysiology, anatomy, pharmacy, and physiology knowledge
- Education and experience
- Emotional intelligence

Interviewing Candidates

- Interview formats include in-person, telephone, Skype, WebEx, and others.
- Interview types include team interviews or individual.
- Interview questions are important to prepare.

Testing Candidates

- Determine scope of testing (e.g., aptitude, intelligence, reasoning, personality)
- Determine the type of test to be administered (multiple choice, discussion, short answer, or a combination)

Develop an Orientation Plan

Organizational Orientation

- Orientation to the organizational structure such as departmental policies and procedures, safety, time and attendance, organizational and departmental processes, and system access.

CDI Department Orientation

- CDI department orientation should include at minimum training in:
 - The concept of high-quality clinical documentation (e.g., provider documentation resulting in accurate coding and reporting)
 - The CDI query process
 - Foundational principles of coding (e.g., coding conventions, Official Guidelines for Coding and Reporting)
 - Common diagnoses requiring provider clarification
 - The importance of high quality, reliable data, and the CDI professional's role in data entry, collection, and analysis of data for the CDI department
 - The purpose and goal of the CDI department
 - The role and expectations of the CDI professional

APPENDIX E: Sample Interview Questions for CDI Professional Candidates

| Knowledge/Skills Questions: | |
|------------------------------------|--|
| Financial: | <ul style="list-style-type: none"> Tell me your understanding of Case Mix Index, DRGs, and MCC/CCs? What do you see as CDI's role in the revenue cycle? |
| Clinical: | <ul style="list-style-type: none"> How much clinical training and/or experience do you have? |
| Coding: | <ul style="list-style-type: none"> Define principal diagnosis? Define secondary diagnosis? |
| Computer: | <ul style="list-style-type: none"> What computer programs have you worked with and in what capacity? |
| Interpersonal: | <ul style="list-style-type: none"> Describe a situation in which you have had to compromise and why? How would you interact with a negative person? |
| Communication: | <ul style="list-style-type: none"> Give me an example of how you have communicated a difficult decision? What is your preferred mode of communication, verbal or written, and why? |
| Leadership: | <ul style="list-style-type: none"> Tell me about a leadership position you have been in, professionally or personally. Are you a member of a professional association? Why and for how long? |
| Team Player: | <ul style="list-style-type: none"> Tell me about the best team you have been a part of professionally or personally. Explain what a high-functioning team is. When working on a team, what role do you usually take and why? |
| Organization: | <ul style="list-style-type: none"> How do you stay organized? How do you achieve work/life balance? |
| Behavior Questions: | |
| Positive: | <ul style="list-style-type: none"> Talk about a time in your life that you have been disappointed and why? Give me an example of how you handle a challenge. How do you find ways to make your job more rewarding? |
| Outgoing: | <ul style="list-style-type: none"> What motivates you and why? Tell me about a time you had to use your verbal communication skills to get an important point across. Give me an example of when you have had to "read" or "gauge" another person when interacting with them. |
| Energetic: | <ul style="list-style-type: none"> Tell me about your favorite activities. Share an example of how you motivate others. Give me an example of when you did more than what was expected of you. |
| Independent: | <ul style="list-style-type: none"> Tell me about a time that you have been responsible for a project. Give me an example of a goal that you reached and explain how you achieved it. |
| Responsible: | <ul style="list-style-type: none"> Who is your role model and why? Tell me about a time you worked effectively under pressure. How do you handle a variety of different functions in your job? |
| Flexible: | <ul style="list-style-type: none"> Tell me about a time when you have had to make a last-minute schedule change. Tell me about a time when you had to develop an innovative approach to completing a task or assignment. How do you minimize stress in your life? |

APPENDIX F: Data Visualization and Presentation

When creating dashboards and graphs to visualize and report data, it is important that the presentation is relative to the audience and the subject matter. The executive suite, for example, will probably not want information on the metrics for each individual CDI professional but would like a report of the CDI department as a whole. If meeting with an individual CDI professional, they will most likely want information and feedback on their individual performance. Showing trends and progress towards established goals should help all understand areas that need improvement and processes that are currently working well. Have a conversation with the stakeholders to determine what information the intended audience would like reported and how often.

Tips on Creating a Power Point Presentation

Microsoft offers several tutorials on creating presentations to include graphs and dashboards. There are a variety of CDI technology platforms that can create dashboards and graphs to include in a power point presentation.

When creating a power point presentation, Microsoft (2023) recommends the following:

- Choose a font style and size (18 point or larger) so that the slides can be seen from a distance.
- Keep the text simple and minimize the amount of text on the slides so that the audience will listen to the presenter and not read the slides. Using short bullets may help with this.
- Use graphics to help convey the message as appropriate, but do not overwhelm the audience with too many.
- Use charts and grafts that are understandable and present relevant information in the most effective way. Labels are helpful but should not include too much text. Focus the discussion on what the data *means* not what the data *is*.
- Use backgrounds that are subtle and consistent, not too “busy” with color combinations that are easy to read and not distracting.
- Always check and double check spelling and grammar.

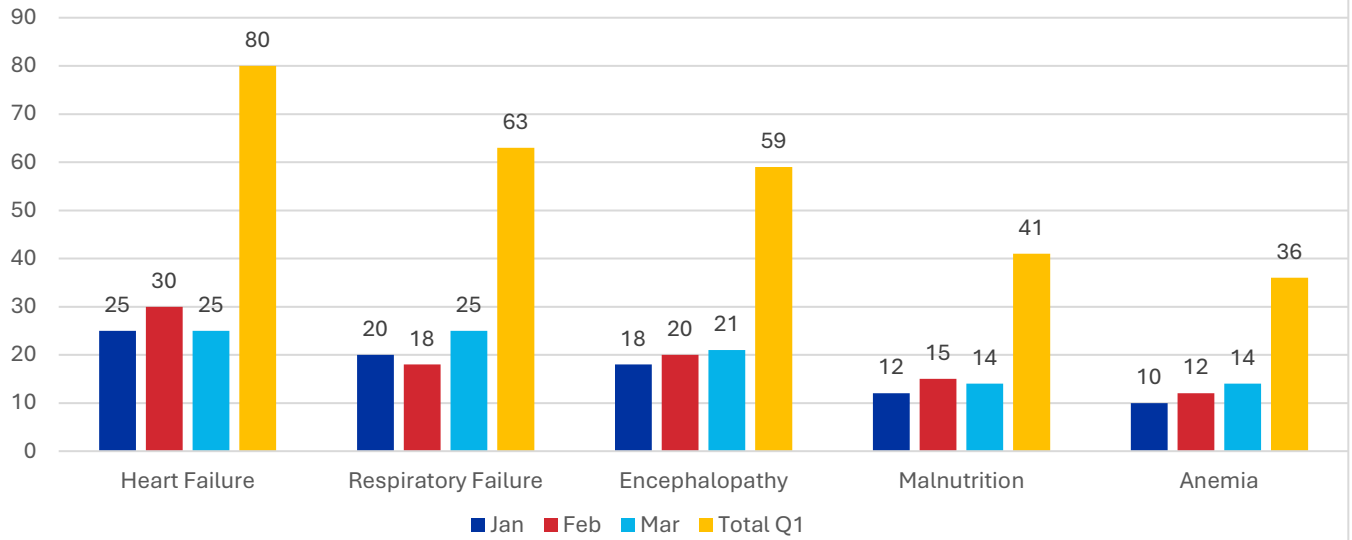
Below are some examples of data visualization as dashboards and graphs. Note that the same information may be displayed in different ways making some easier to decipher.

Top Five Queried Conditions First Quarter XXXX

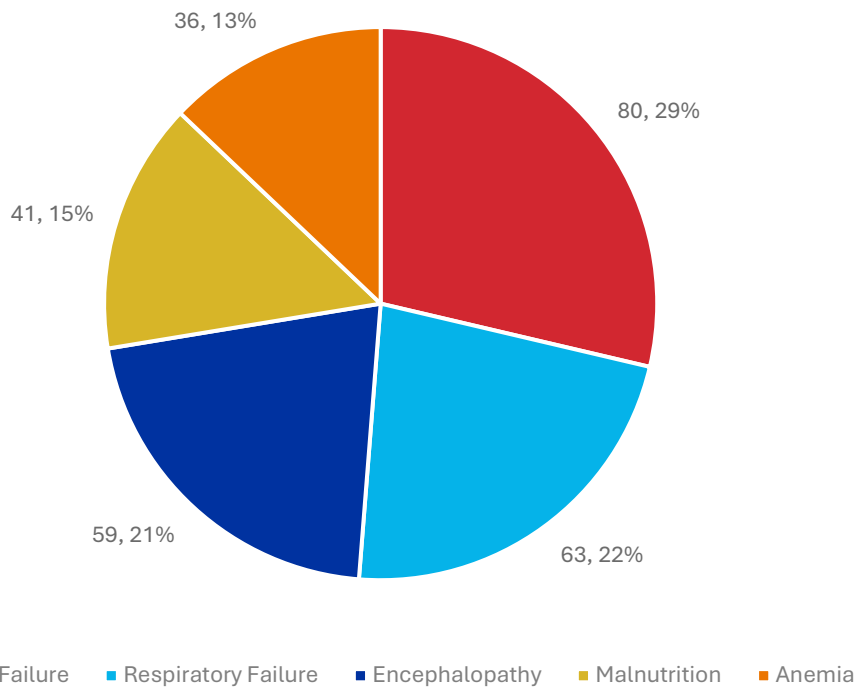
Tracking the top queried conditions can help identify educational opportunities. This may be reported for any timeframe.

| Top Five Queried Conditions 1Q 20XX | Jan | Feb | Mar | Total Q1 |
|-------------------------------------|-----|-----|-----|----------|
| Heart Failure | 25 | 30 | 25 | 80 |
| Respiratory Failure | 20 | 18 | 25 | 63 |
| Encephalopathy | 18 | 20 | 21 | 59 |
| Malnutrition | 12 | 15 | 14 | 41 |
| Anemia | 10 | 12 | 14 | 36 |

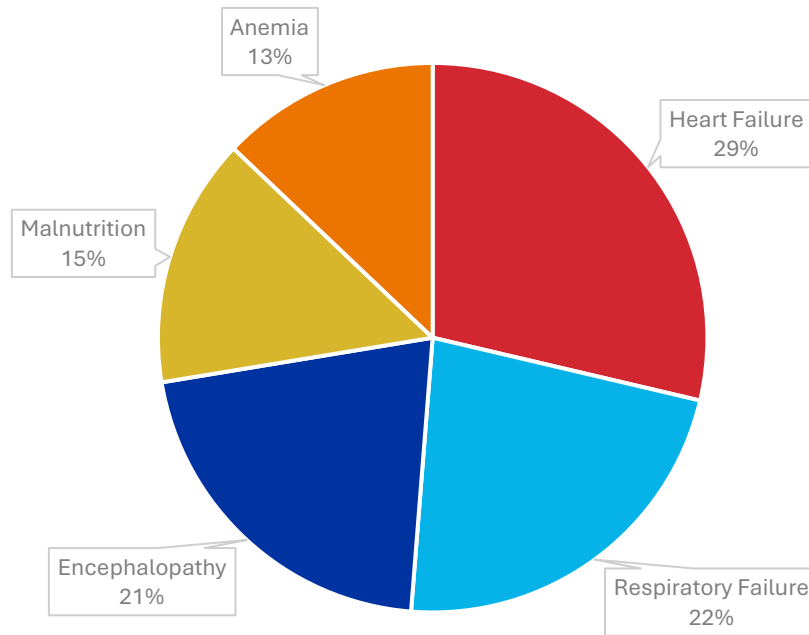
Top Five Conditions Queried 1Q 20XX



Top Five Conditions Queried Q1 20XX - Total

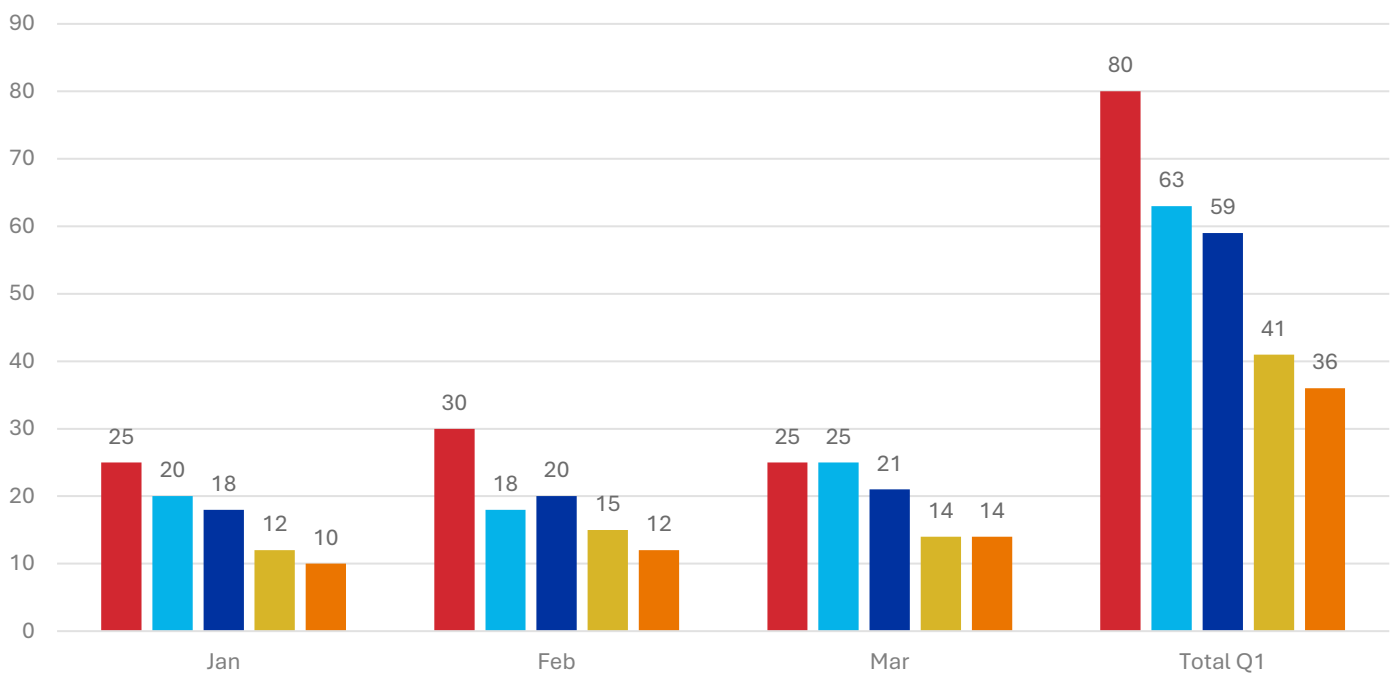


Top Five Conditions Queried Q1 20XX - Total



■ Heart Failure ■ Respiratory Failure ■ Encephalopathy ■ Malnutrition ■ Anemia

Top Five Conditions Queried 1Q 20XX

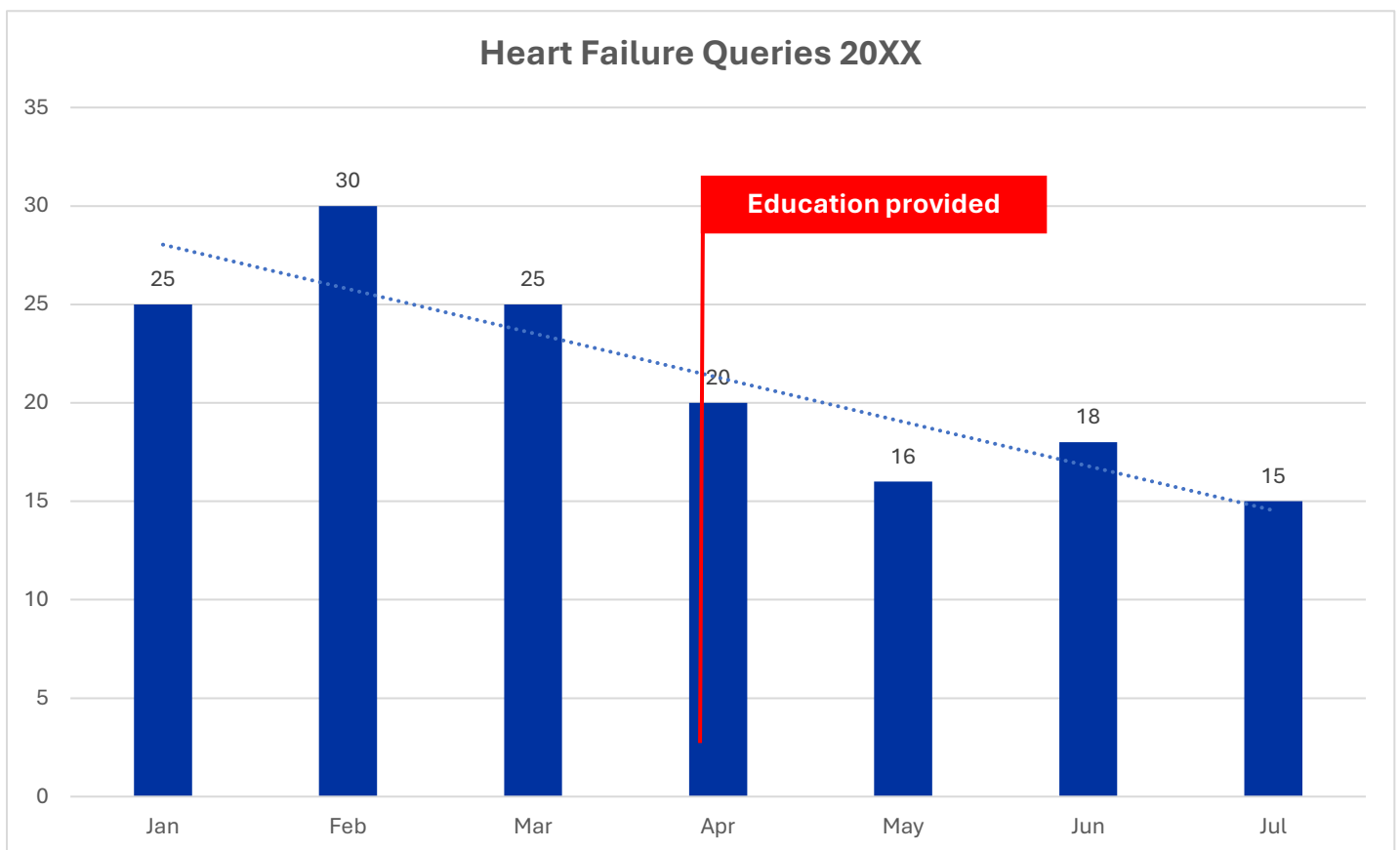


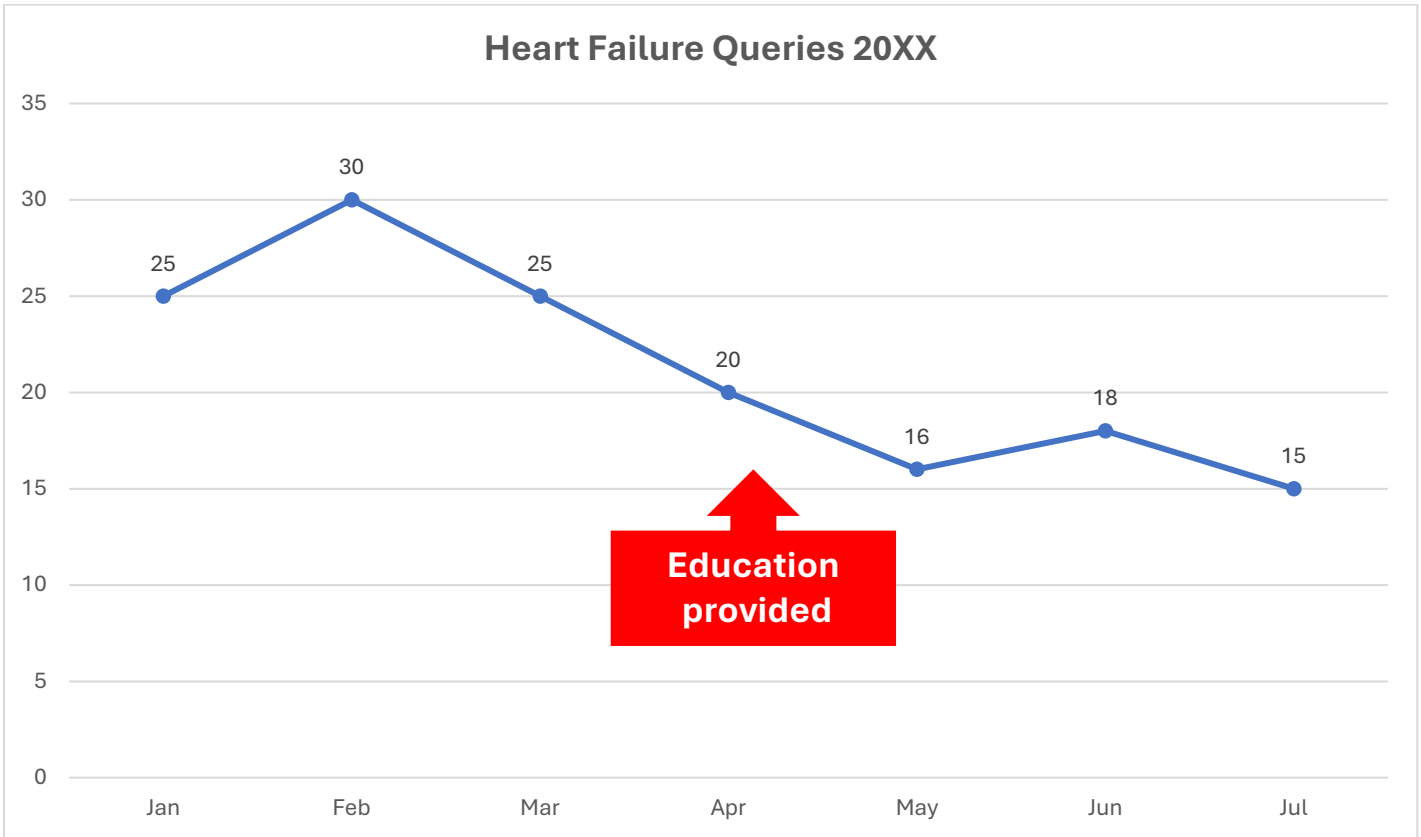
■ Heart Failure ■ Respiratory Failure ■ Encephalopathy ■ Malnutrition ■ Anemia

Evaluating Effectiveness of CDI Education

Tracking data over a defined timeframe may provide information regarding the impact of CDI efforts such as education, change in department focus, and so on. Based on the information provided to the CDI leader in the previous example (Top Five Conditions Queried Q1 20XX), they decide to provide education in April to the medical staff regarding the documentation requirements for heart failure (the number one queried condition for first quarter). The CDI leader then decides to track the number of queries issued for heart failure before and after the education was provided. Below is an example of how the results might be visualized.

| Queries for Heart Failure Before and After CDI Education | Jan | Feb | Mar | Apr | May | Jun | Jul |
|--|-----|-----|-----|-----|-----|-----|-----|
| Heart Failure Queries | 25 | 30 | 25 | 20 | 16 | 18 | 15 |



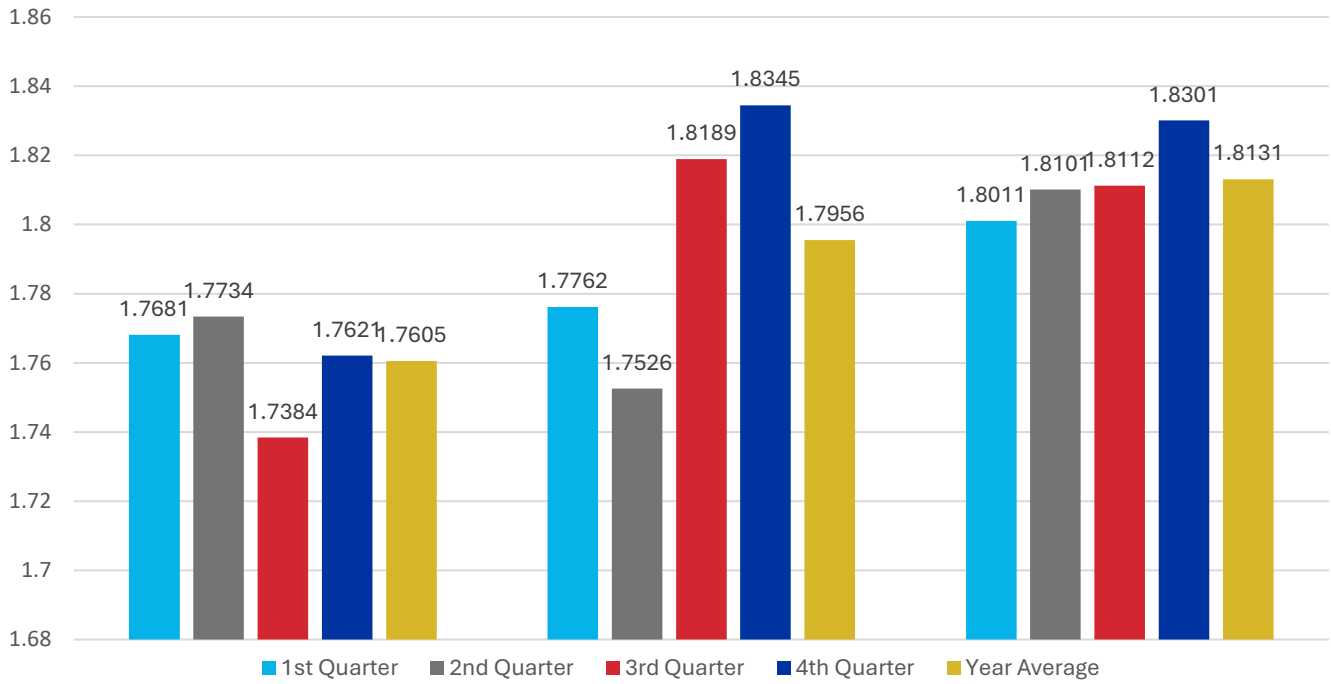


Case Mix Index Quarterly Report

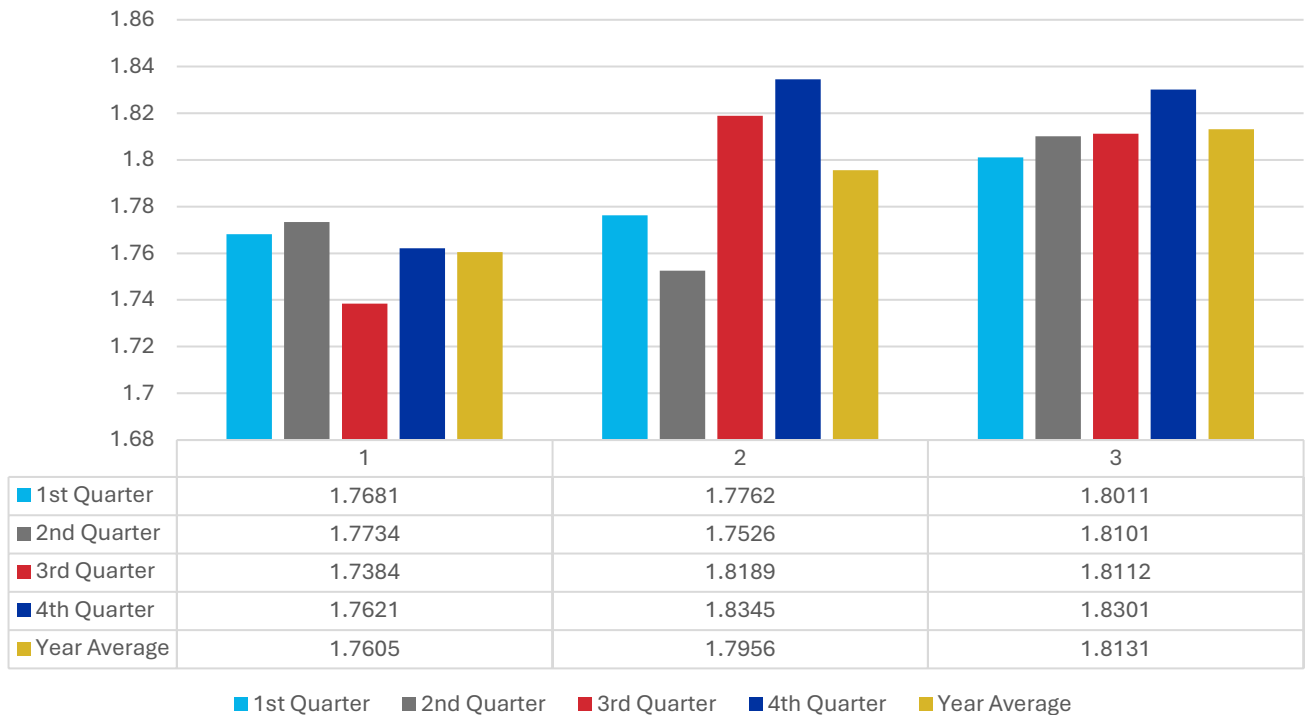
The report below demonstrates a quarterly CMI rate over a period of time, although this report can be designed based on the needs of the facility. Many organizations choose to report CMI on a monthly basis and may compare results from year to year. For the purpose of clinical documentation analysis, an unexpected change in CMI could signal a possible problem with or improvement in clinical documentation.

| Quarterly Case Mix Index Report | | | | | |
|---------------------------------|-------------|-------------|-------------|-------------|--------------|
| Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Year Average |
| 2021 | 1.7681 | 1.7734 | 1.7384 | 1.7621 | 1.7605 |
| 2022 | 1.7762 | 1.7526 | 1.8189 | 1.8345 | 1.7956 |
| 2023 | 1.8011 | 1.8101 | 1.8112 | 1.8301 | 1.8131 |

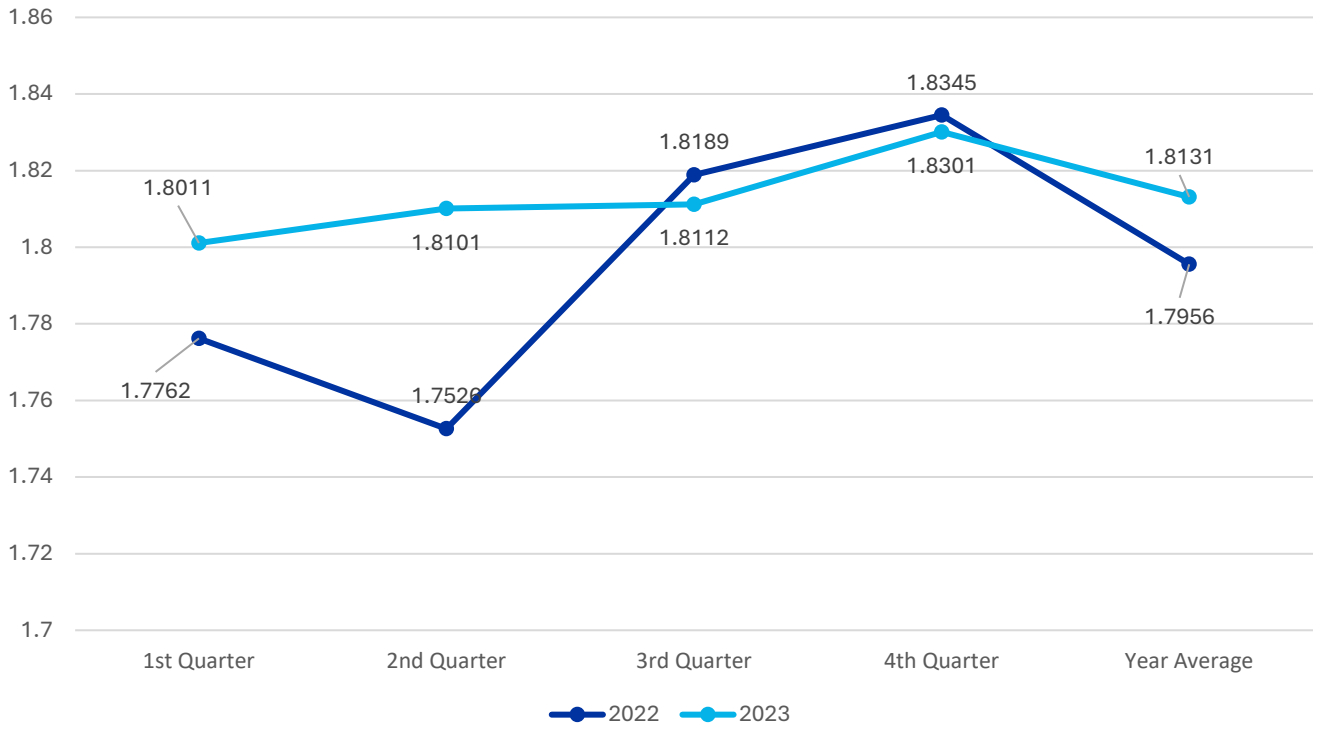
Quarterly Case Mix Index



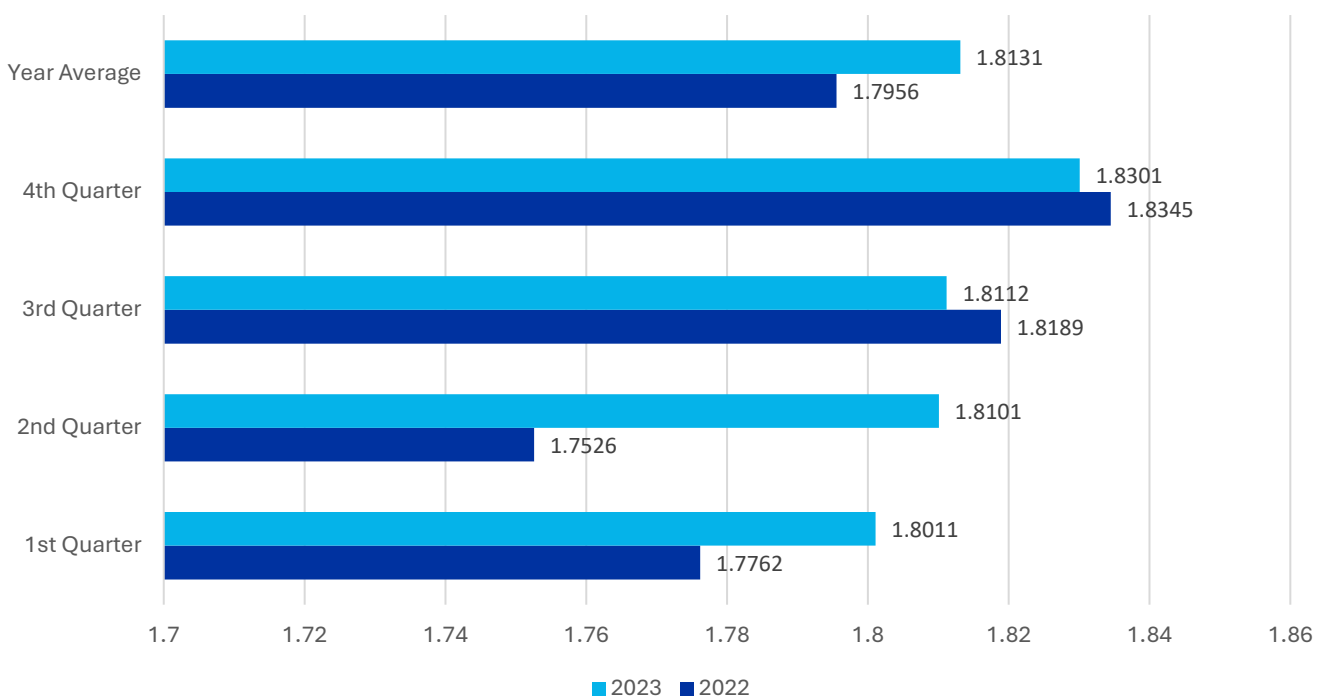
Quarterly Case Mix Index



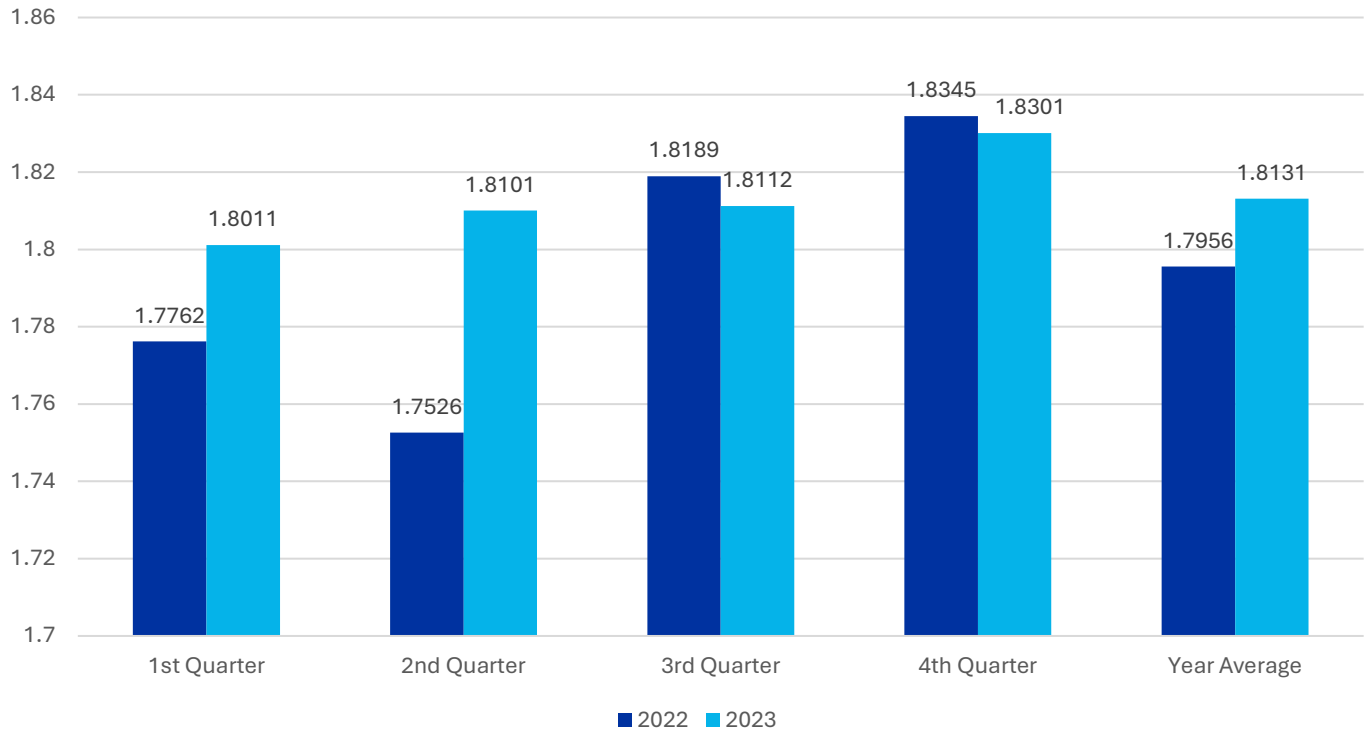
Quarterly Case Mix Index 2022 and 2023



Quarterly Case Mix Index 2022 and 2023



Quarterly Case Mix Index 2022 and 2023



APPENDIX G: Sample Policies and Procedures

CDI 001 – The Concurrent CDI Record Review Process

| | |
|---|---|
| Name of the organization: Inpatient Hospital | Name or number of the policy: CDI 001 – The Concurrent CDI Record Review Process |
| Prepared by: | Approved by: |
| Effective Date: | Revised Date: |
| Purpose Statement: To provide direction for the CDI concurrent health record review process. | |
| <p>Procedure:</p> <ol style="list-style-type: none"> Health record reviews are to be performed by CDI professionals within 24-48 hours after the patient has been admitted to the hospital. Follow-up reviews are to be completed every 48-72 hours during the hospital stay. CDI professional is to review all treating provider documentation during a health record review including all of the following notes when applicable. The CDI professional will review all documentation for the seven characteristics of high-quality clinical documentation. These characteristics include documentation that is complete, consistent, timely, clear, precise, legible, and reliable. <ul style="list-style-type: none"> ED provider notes History & Physical (H&P) Progress notes Consulting notes Operative reports and/or procedure notes Discharge summary The CDI professional will review all supporting documentation for consistency with the provider's documentation. These notes include all of the following when applicable. <ul style="list-style-type: none"> Nursing Notes Respiratory Therapy Notes Nutritional Notes Wound Care Notes Laboratory Findings Radiology Findings If a query opportunity is identified, the CDI professional should follow the query policy to identify the steps in creating a compliant query. | |

CDI 002 - MS-DRG Mismatch and Escalation Policy

| | |
|---|---|
| Name of the organization: Inpatient Hospital | Name or number of the policy: CDI 002 - MS-DRG mismatch and escalation policy |
| Prepared by: | Approved by: |
| Effective Date: | Revised Date: |
| <p>Purpose Statement: To provide guidance to CDI and Coding professionals when there is a mismatch between the CDI and final coded MS-DRG.</p> | |
| <p>Procedure:</p> <ol style="list-style-type: none"> 1. When the CDI assigned MS-DRG mismatches with the final coded MS-DRG, the CDI professional should contact the coding professional within 24 hours to begin discussion of the issue. The CDI professional should include why they do not agree with the final MS-DRG, to include evidence of clinical documentation and any regulations that support the CDI DRG. 2. The coding professional will respond to the CDI professional’s request for a re-review of the assigned MS-DRG within 48 hours of receipt. This response should include the reasoning behind their decision to amend or not amend the current final MS-DRG. 3. If the disagreement between the CDI and coding professional regarding the final MS-DRG assignment is not resolved, the case is to be escalated by the coding professional to the CDI and coding managers within 24 business hours for review. 4. The coding manager will schedule a time for a conversation with the CDI manager within 24 business hours of receiving the case. This conversation can be via email, phone, or in person. If the CDI and coding manager come to an agreement on the final MS-DRG assignment they will send their decision in writing to the CDI and coding professional within 24 business hours of the decision. This description should include an explanation of the reasoning used to support their decision. 5. The final agreed upon MS-DRG will be updated in all applicable databases, and the account re-billed if indicated. | |

CDI 003 – A Compliant Query Process

| | |
|---|--|
| Name of the organization: Inpatient Hospital | Name or number of the policy: CDI 003 – A Compliant Query Process |
| Prepared by: | Approved by: |
| Effective Date: | Revised Date: |
| Purpose Statement: The purpose of this query policy is to provide guidance to the CDI team on the components of a compliant query process. | |
| <p>Procedure:</p> <ol style="list-style-type: none"> 1. CDI professionals should follow all guidance provided in the latest version of the AHIMA/ACDIS Practice Brief “Guidelines for Achieving a Compliant Query Practice” when identifying the need for a query and writing a query. 2. A query should never be used to lead a provider to a particular response. All provider responses to queries should be based on the clinical evidence and the provider’s professional judgment. 3. A query should include relevant clinical evidence from the health record used to support the need for further clarification of the clinical documentation. This evidence should be sourced to include the date and location the information can be found within the health record. 4. All queries should include a clear statement of issue in the form of a question or statement. Multiple choice queries may be utilized but all options should be supported by the clinical evidence/indicators within the health record that was used to support the need for the query. Multiple choice queries should also include the option of “other explanation” or similar terminology to allow the provider the option of an alternative response. 5. A query should never indicate the potential impact it may have on reimbursement or quality reporting. 6. Yes or no formatted queries will only be used in the circumstances listed in the AHIMA/ACDIS Practice Brief “Guidelines for Achieving a Compliant Query Practice”. 7. Verbal queries may be utilized but should follow the same format and guidance as written queries and should be documented and tracked in the same method as written queries. 8. A query will be considered responded to when the response is either documented on the query form or within a progress note or discharge summary within the health record. All subsequent health record notes should support a consistent theme of care included the level of specificity brought in by any queries. 9. A query will be considered as agreed to when the provider documents a higher level of specification within the health record as a result of the query being sent. If the provider responds to the query that no further clarification is needed, then the query will be considered a disagreement. 10. All queries will be followed up by the CDI professional daily until a response is documented, either on the query form itself or within the provider documentation notes. Unanswered queries are escalated according to the escalation policy. 11. The queries will be marked complete when a response from the provider has been obtained. If there is a question regarding the validity of the response or if a response has not been obtained within the time frame identified within the escalation policy, the CDI professional should escalate the query to the appropriate person identified within the escalation policy’s chain of command. | |