

CASE STUDY

Ardent Health Services Improves Coding and Documentation

Data helps improve revenue and mitigate take-back risk

Summary

Ardent Health Services is a 14-hospital acute care health system serving areas of Texas, Oklahoma, and New Mexico. As ICD-10 changed coding and documentation, Ardent relied on data to drive CDI improvements. By monitoring coding and documentation trends, Ardent strives to improve claim accuracy, identify opportunities for education and training, and mitigate risk.



Goals

- Ensure documentation accurately reflects patient acuity and the level of care provided
- Improve unspecified and secondary diagnosis code usage
- Identify opportunities for education and training
- Facilitate compliance and mitigate audit and take-back risk

Results

- Improved CDI efforts to reduce take-back risk and increase revenue
- Established Health Information Integrity program and pre-bill review process
- Standardized reporting with customized, role-based views
- Conducted DRG audits centered on data insights and shared results with leadership

About Ardent Health Services

Based in Nashville, Tennessee, Ardent Health Services owns and operates acute care health systems in three service areas: Amarillo, TX, Tulsa, OK, and Albuquerque, NM, with 14 hospitals and three multi-specialty physician groups.

Challenge

The adoption of ICD-10 fundamentally changed coding and documentation practices throughout the U.S. healthcare system. While its effects weren't as disastrous as predicted, ICD-10 increased the number of codes by a factor of about five and requires greater documentation specificity.

Ardent Health Services needed a way to ensure the integrity of their revenue under ICD-10, improve coder productivity, and pinpoint coding and documentation opportunities to make sure claims reflect patient acuity. Without an understanding of their data, the health system had no way to target their education efforts, monitor trends in unspecified and secondary diagnosis codes, or share meaningful data to gain support from hospital leadership.

Solution

Health Information Integrity Program Ensures Claims Accuracy

In an effort to ensure all claims accurately reflect the acuity of care, Ardent implemented the Health Information Integrity (HII) program. Under the program, remote nurses review claims after they have been coded but before they go out the door. These nurses use MedeAnalytics to review trends in DRGs, service lines, secondary diagnosis codes, and clinical indicators to identify opportunities for coding and documentation improvements before claims are submitted.

"The HII program allows CDI nurses to review claims and use MedeAnalytics to not only make sure claims are accurate but also identify coding and documentation education opportunities," said Trevor Snow, RHIA, vice president of health information management, Ardent Health Services.

Ardent's HII program helped ensure the increased specificity required for accurate reimbursement under ICD-10. "Our primary objective is to receive the right amount of reimbursement at the right time with no fear of penalty or payback," said Snow.

Data Facilitates Retrospective Reviews

In addition to ensuring claims are accurate before they are submitted, Ardent uses MedeAnalytics to perform retrospective reviews. The data allows the CDI team to drill down into specific DRGs or service lines and evaluate benchmarking data to identify opportunities for secondary diagnosis codes. The data identifies opportunities by dollar opportunity, not just variance, which offers insight into how documentation improvements impact the organization's case mix and CC/MCC capture rates.

The CDI team can then share this data with executive leadership to gain their support. "When we show a CFO the findings of a targeted, retrospective review on a certain diagnosis or DRG, the data proves our point and makes our conversations easier and more productive," said Snow.

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Vice-President of Health
Information Management*

Results

In the end, MedeAnalytics enabled Ardent to achieve success in improving their CDI initiatives under ICD-10. By monitoring their data and evaluating trends, they are effectively improving the integrity of their revenue and reducing the risk of take-backs.

According to Snow, the data has enabled Ardent to not only improve their case mix and CC/MCC capture rates, but it has helped them more easily adapt to the shift from cost to quality. "When we focus on the patient and accurately portray the patient story, we also help reduce costs," he said. "This in turn improves the patient experience."

"We wouldn't have been as successful had we not had a tool like MedeAnalytics," said Snow. "Our ability to look at data, dissect it, and act on it has been a huge part of our success."

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