Clinical Documentation Improvement

Twists & Turns Ahead

- VBP
- MIPS
- RAC

Physician Engagement

- Physician Engagement

Coder Collaboration

- Coder Collaboration

Executive Oversight & Support

- Executive Oversight & Support

Technology

- Technology

ICD-10

Payers Regulators

Quality

HCC

MU

NLP

The CDI Journey

Created by: AHIMA CDI Task Force
Glossary of Terms

**HCC (Hierarchical Condition Categories)** – HCCs are a risk adjustment model that have been modified and revised to help healthcare facilities assess patient health statuses. This model uses data to prospectively estimate predicted costs for enrolled members. Estimates are based on anticipated risks under the Medicare Advantage capitation payment system. This can improve clinical documentation by utilizing a more accurate method to determine a patient’s condition which can also help determine the best care path for each patient based on their diagnosis.

**ICD-10 (International Classification of Diseases, 10th Edition)** – ICD-10 is the newest classification system scheduled to be adopted by the U.S. on October 1, 2015. The classification is divided into ICD-10-CM (International Classification of Diseases, 10th Edition, Clinical Modification), which contains diagnosis codes, and ICD-10-PCS (International Classification of Diseases, 10th Edition, Procedural Coding System), which contains the inpatient procedure codes. These new codes are driving documentation requirements. The increased specificity of ICD-10 can improve clinical documentation in many ways. This includes listing a more specific diagnosis or procedure. These new codes can help improve the accuracy of reimbursement, quality metrics, determine care paths that were successful in past cases with similar patients, etc. All of which can positively influence the outcome of a patient’s treatment and overall hospital experience.

**MIPS (Merit-Based Incentive Payment System)** – In this system, reimbursement is proportional to performance based on outcome, process of care, and patient satisfaction metrics. The more explicit the documentation is, the easier it is for one to determine the accurate code and report outcomes and events. This improves documentation and leads to more accurate reporting and a higher performance outcome for the facility.

**MU (Meaningful Use)** – MU is an electronic health record (EHR) incentive program that is designed to encourage physicians to meet certain requirements in electronic reporting of patient records. Physicians must meet these documentation requirements in order to be fully reimbursed by the incentive program. By recording a more detailed description in a patient’s health record, physicians can get a better insight into a patient’s background. This can assist CDI by providing relevant and thorough patient information in the record.

**NLP (Natural Language Processing)** – NLP is a computer analysis of the natural language. The computer processes the natural language into a more useful form. It can be used to analyze spoken words and convert the words into text on the computer. This can improve clinical documentation by eliminating the use of handwritten notes that can be misread in the future.

**RAC (Recovery Audit Contractors)** – These contracted agencies perform post-payment audits based on CMS regulations. The mission is to identify and correct Medicare improper payments which include overpayments and underpayments. Documentation must support the billed services. Accurately documenting patient diagnoses and procedures will help eliminate over/underpayments.

**VBP (Value-Based Purchasing)** – VBP is a program that promotes excellence in measuring and reporting in healthcare delivery to Medicare patients. It pays for care that rewards better value, patient outcomes, and innovations, instead of just volume of service. The Total Performance Score (TPS) is based on the evaluation of Clinical Process, Patient Experience, Outcomes, and Efficiency. These assessments are made from the facility’s achievements compared to its improvements. This program gives physicians the incentive to improve the overall delivery of care. This improvement is a great way to positively affect CDI.

Go to [http://www.ahima.org/topics/cdi](http://www.ahima.org/topics/cdi) to view the latest CDI resources.