



The

CAACDIS

Connection

JOURNAL OF CALIFORNIA ACDIS CDI CHAPTER

Welcome to the 3rd issue of the CA ACDIS journal! Happy New Year to all!

With the new year, there has been some changes in CA ACDIS' leadership as well. Dr. Joel Lipin has taken on the role as our new co-chair, along with Emily Emmons, our current co-chair. You can read more about Dr. Lipin in "New Leadership". Also, with March being Colorectal Cancer Awareness month, there is an interesting article from CMS promoting colorectal screenings. Be sure to check out the World Health Organization's research on which bacteria are requiring new antibiotics due to their resistance. There are many upcoming events for the year, including our annual chapter conference, being hosted by Torrance Memorial Medical Center in Torrance, CA. Additionally, results for the California CDI Industry Survey will be available soon. Be sure to provide your input as well. The more results we get, the better the statistics!

Happy Health Information Professionals (HIP) Week – March 26th - April 1st!

Upcoming Events:

May 9th -12th –ACDIS 2017 Conference in Las Vegas, NV

May 24th* 12N-1PM – CA ACDIS Education Conference Call

June 11th -13th – CHIA Convention & Exhibit, Sacramento, CA

September 15th – 3rd Annual CA ACDIS Conference, Torrance, CA

Sept 17th – 23rd CDI Professionals week

October 7th – 11th AHIMA Convention & Exhibit, Los Angeles, CA

* May 24th date tentative



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CMS Promotes: March is National Colorectal Cancer Awareness Month

In conjunction with National Colorectal Cancer Awareness Month, the Centers for Medicare & Medicaid Services (CMS) remind health care professionals that Medicare provides coverage for certain colorectal cancer screenings. Colorectal cancer affects both men and women of all racial and ethnic groups, is most often found in people age 50 and older, and the risk increases with age. Screening can help prevent and detect colorectal cancer in its earliest stages when outcomes are most favorable.

Medicare Covered Colorectal Cancer Screenings

Medicare provides coverage of colorectal cancer screenings for the early detection of colorectal cancer. All Medicare beneficiaries age 50 and older are covered; however, when an individual is at high risk, there is no minimum age required to receive a screening colonoscopy or a barium enema rendered in place of the screening colonoscopy. An individual is considered to be at high risk for colorectal cancer if he or she has had colorectal cancer before or has a history of polyps, has a family member who has had colorectal cancer or a history of polyps, or has a personal history of inflammatory bowel disease, including Crohn's Disease and ulcerative colitis.

Medicare provides coverage for the following colorectal cancer screenings subject to certain coverage, frequency, and payment limitations:

- Fecal Occult Blood Test (FOBT)
- Colonoscopy
- Sigmoidoscopy
- Barium Enema (as an alternative to a covered screening flexible sigmoidoscopy or screening colonoscopy)

Prevention Is Key

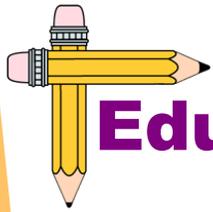
Colorectal cancer is the second leading cause of death from cancer in the United States; however it doesn't have to be. Colorectal cancer is largely preventable through screening. The United States Preventive Services Task Force (USPSTF) found convincing evidence that certain screenings for colorectal cancer can detect early-stage cancer and adenomatous polyps and reduce colorectal cancer mortality (see the USPSTF link below for more information). CMS needs your help to ensure that all eligible people with Medicare get screened for colorectal cancer. Talk with your Medicare patients and their caregivers about the importance of getting screened. Patients who were screened before becoming Medicare beneficiaries should be encouraged to continue with screening at clinically appropriate intervals.

For More Information

CMS has developed a variety of educational products and resources to help health care professionals and their staff become familiar with coverage, coding, billing, and reimbursement for all preventive services covered by Medicare.

- The MLN Preventive Services Educational Products Web Page ~ provides descriptions and ordering information for Medicare Learning Network (MLN) preventive services educational products and resources for health care professionals and their staff. http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp
- Cancer Screenings Brochure ~ This tri-fold brochure provides health care professionals with an overview of cancer screenings covered by Medicare, including colorectal cancer screening services. http://www.cms.hhs.gov/MLNProducts/downloads/Cancer_Screening.pdf. To order copies of the brochure, go to the MLN Product Ordering Page located at: http://cms.meridianksi.com/kc/main/kc_frame.asp?kc_ident=kc0001&loc=5

Visit: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Colorectal_021209.pdf



Education CORN



Our **bi-monthly conference call** this March featured a fascinating talk on **Hypertension documentation and coding** by Cornel Delogramatic, MD, MS, CCDS, CDIP, CCS. Cornel was part of the initiative committee in adopting DRG-based hospital performance programs in two of the European countries. With his extensive knowledge of clinical documentation integrity, coding compliance, quality, utilization and risk management he worked in corporate health care systems as well as standalone hospitals here in the US. Currently, he holds a Clinical Documentation Operations Manager position for CDI and Coding Services in Valley Presbyterian Hospital – a 360 bed acute care hospital with almost 300 deliveries and 6000 ER visits per month and 8 outpatient specialized clinics, for which his department provides support.

Cornel reviewed the necessity of addressing the problem of hypertension, including the fact that there were no clear guidelines in defining hypertension, confusion in terminology, and changes in coding and sequencing rules. He reviewed historical facts and timelines, as well as scientific facts and perspectives—including the prevalence of HTN in US population is around 30% (approximately 73 million Americans) – one in three adults suffers from HTN, and two in three over 60!

He delved into the two authoritative sources for guidelines and length of time in gold standard definition of hypertension, as well as etiology, and other factors that contribute, along with diagnostic criteria, workup, and management. He also provided a thorough review of pharmacological groups of anti-hypertensives.

Cornel did an in-depth review of the major 2017 IPPS changes that affect the CDI including the deletion of outdated terms like malignant or accelerated hypertension and the presumption of a causal relationship between hypertension and heart involvement and hypertension and kidney involvement as well as new codes for hypertensive crisis (I16.9), Hypertensive emergency (I16.1) and Hypertensive urgency (I16.0).



To listen to the call, here is the link:

<https://fccdl.in/cKajOYn2I>

To receive your CEU's here is the link:. It will be available for credit until 4/7/17 :

<https://www.surveymonkey.com/r/YNNCKRN>

To receive a copy of the handout, contact:

stoddardrv@henrymayo.com

New Leadership...

...new beginnings!

Dr. Joel Lipin

The California ACDIS Leadership Team and I are thrilled to welcome Joel W. Lipin, MD, MPH, as our new co-chair! Joel currently holds the position of Director of Medical Coding and Clinical Documentation Improvement (CDI) at UCLA Health. During his three years with UCLA Health, he has made significant changes to the department. He implemented productivity and quality measures with a transparency report distribution to each staff member and deployed the PwC SMART software as the internal quality monitoring system. He implemented remote coding for both inpatient and outpatient coding and is now commencing the implementation of the 3M 360 Encompass computer-assisted coding software for both the CDI and coding teams. His CDI team has grown from four to thirteen staff, in order to cover all service lines across the health system, including outpatient CDI. Most recently, he implemented a system-wide average length of stay (aLOS) calculation, based on CDI's presumptive DRG, for Case Managers to use during their rounding as a guide for discharge planning activities.

Prior work experience includes 25+ years of consulting with various healthcare organizations, some of which include Laguna Medical Systems, PricewaterhouseCoopers, and Deloitte and Touche. His focus during his consulting years included chargemaster, revenue integrity, clinical documentation, and medical coding activities.

Joel received his undergraduate degree in biology and chemistry from University of California, Irvine, his Medical Degree from the American University of the Caribbean, post-graduate medical education from Chicago Medical School, and his Master of Public Health from the University of California, Los Angeles.

Please join us in welcoming Dr. Lipin (who prefers "Joel") as our new chapter co-chair! We look forward to working with him and getting to know him better. He will be an asset to our leadership team, and we are looking forward to continuing to serve you and accomplishing great things together in 2017!

Want to be a part of a great leadership team??? Get involved!

Contact **Emily Emmons** at emily.l.emmons@kp.org



Speakers wanted for the September conference. Contact Madhu at Madhulika.Subherwal@tmmc.com



Don't forget to take part in our industry survey. The more responses we get, the better the results.

Be a part of history!

<https://www.surveymonkey.com/r/6BZ3H97>.



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Contact: Madhulika.Subherwal@tmmc.com

