

Defensive Bottom Line

We chose this poster because we wanted to explain the rationale for wanting a CDI Appeals Nurse. Why the position is best under the CDI umbrella. How the data can be used to improve the CDI program. Susanne and myself were Regional Managers at the time this position was approved.

We had a progressive CDI program. All CDI staff had formal education, a staff audit process and physician advisor program were implemented. We added 2 auditor/educator positions to ensure we maintained a compliant program and to continue to educate and grow staff. Staff were educated on the importance of quality reviews. So quality PSIs and HACs were introduced into the chart review process. We had the ability to report query data but were unable to report any type of data on denials and appeals.

The denials and appeals were processed through Revenue Cycle Management. Their focus was on admission criteria rather than coding. The nurse doing the appeal letters was not CDI trained so she was unaware of practice briefs, clinical guidelines, clinical validation and query process.

We are an eight-facility system and had no tracking or trending for any of our facilities. We also didn't have any financial data or data on number of denials and % overturned.

Revenue Cycle Manager had an internal tracking system where demographic information was entered. No data could be extracted from this system.

We need the **DATA** to gain **KNOWLEDGE** to **IMPROVE** the program. CDI adopted all clinical denials. Started out as Manager's responsibility, then turned over to the auditor/educators. Because everyone had more pressing responsibilities, data was still not being gathered.

A job description was written, a proposal made, and a CDI nurse hired. The program has been in place for only 3 months but have already found some trends and challenges. Have reported out to System Council and Leadership. This reporting was very positive and promoted the new position. Can now provide education to the Coders, CDI staff and providers using the data.

Our future goals are to purchase a tracking system that will provide more detailed reporting, so data will not have to be collected manually. Would like to have a dedicated Physician Advisor and a second appeal's nurse. Can utilize expertise from Physician Advisors for writing appeal letters and educate providers.

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