Case Management, Clinical Documentation Improvement, Financial Stewardship – What does all this mean for me?

Sheldon Berkowitz, MD
Physician Advisor, Financial Stewardship Initiative

As you have hopefully heard about from previous memos sent out by Dave Overman, COO and Dr. Phil Kibort, CMO – Children’s has embarked on a new program called the Financial Stewardship Initiative whose purpose is to improve the way we deliver services to our families and minimize financial risk to them and our institution. So – what does this mean to you, the Clinicians and Staff that care for our patients?

Let me start by explaining what has changed to cause this program to be developed. Through an outside assessment (Huron), the organization identified that there is significant opportunities for increased reimbursement to Children’s with improved documentation, communication and coordination with the admitting clinician of patient status at the time of admission (in-patient or observation) and ongoing throughout an in-patient stay. It was also identified that having nurses perform these functions real time with the physician would help drive this benefit. In addition, the organization created a centralized insurance verification unit and work flow tools to better manage the differing payer requirements and needed communication with our families. In some cases in the past, we did not maximize our reimbursement because a provided service was not authorized or not covered as part of a patient’s insurance and we may not have known this until after the services was provided. In other cases, it may have been because documentation of the need, either for the inpatient or observation stay or procedure is not well documented in the medical record. Better documentation of the intent of the clinician when the patient first presents will help to insure the correct status is assigned and better documentation throughout the stay gets a more accurate DRG (Diagnosis Related Group – the lump sum we are paid for an admission).

Finally, some rules are changing – such as what status, in-patient or observation, a patient should have and how that is determined (we are now using Milliman rather than InterQual criteria for this purpose).

There are 3 main components to the Initiative. The first and most noticeable for all of you will be the new Case Management program in which an RN case manager will be assigned to every patient admitted to in-patient or observation status (there will be 24 case managers spread out over both campuses). The case manager will follow the patient throughout their stay, ensuring at the beginning of the patient’s stay that they are correctly assigned to either inpatient or observation status, work with the Clinicians and nursing staff to review patient progress toward discharge and facilitate discharge planning, particularly post discharge equipment and services. Think of them as an additional member of the patient’s health care team. Next is Clinical Documentation Improvement (CDI) which will help everyone make sure that their documentation in the medical record is done in the most complete manner possible (above and beyond the excellent documentation already being done to provide top notch clinical care) to allow Children’s to be appropriately reimbursed. Finally, revenue management has implemented new tools that will assist with staff working prior to admission to ensure authorizations.
and referrals are in place, families are educated about their out of pocket costs in a more centralized coordinated manner and those referred to financial counseling who are uninsured or under insured. In addition, using these tools, we will be able to have more efficient insurance follow up processes, a systematic review of under payments and a better process to appeal and coordinate clinical and technical denials and any related appeals.

What will change for you going forward?

1. More education will be forthcoming about changes in rules (e.g. what is observation vs. inpatient status) and what/how you need to document.
2. More assistance in meeting your patient’s needs with the case managers assigned to each pt.
3. Occasional requests from either the case manager, revenue management or coders for clarification or assistance.

Finally, my role. As the Physician Advisor for this program – I will be assisting the case managers, coders and revenue management staff when they need assistance in any of the areas listed above. That might be simply reviewing a chart to answer their questions or it might be working with individual clinicians to help facilitate communication with insurers when the insurer has denied coverage/payment to hopefully explain why the care should be paid for. I will also be helping with education on all these topics to all of you.

Please contact me if you have any questions at Sheldon.berkowitz@childrensmn.org or page me at 651-629-3630.