



Transform Your CDI and Generate More Sustainable Revenue for Your Hospital or Health System

CORE CDI bridges the gap between what you need from your CDI versus what you're getting

As hospitals and health systems continue to weather revenue and expense headwinds, Core CDI offers a better way to CDI. We call it physician documentation improvement, and we focus on physician-centric documentation solutions that are physician-driven.

Providers are facing expenses greater than the rate of inflation, less money for performed services, and greater administrative burdens to receive payment. Providers can no longer afford to ignore traditionally ineffective CDI efforts given the plight of challenges they are facing (reported by Crowe RCA):

- The nationwide worker shortage has increased the need for hospitals to rely on contract labor — resulting in a 37% increase in per-patient labor costs between 2019 and March 2022.
- Providers are facing an increase in initial healthcare claim denial rates, which spiked from 10.2% in 2021 to 11% in 2022 — translating into 110,000 unpaid claims for an average-sized health system. Much of this rise is due to an increase in prior authorization denials on inpatient accounts.
- The rate of payer takebacks reached the highest levels on record in July and August 2022, adding up to more than \$1.6 billion per month for providers.

Providers need to increase cash flow to weather this storm and Core CDI can make it happen. Unlike traditional CDI efforts that focus on the symptoms of payer denials and takebacks, we treat the underlying cause — helping providers increase their cash flow.



Our way to CDI has helped our clients achieve:

- A 50% reduction in physician interruptions with fewer transactional reactive queries
- A 20% reduction in client rework associated with having to appeal payer-denied cases consisting of medical necessity, clinical validation, DRG downgrades and level-of-care downgrades
- A 30% reduction in clinical validation denials, attributable to more effective documentation of the physician's clinical judgment, medical decision-making and thought processes
- A 70% improvement rate in peer-to-peer payer denial overturns

We help physicians consistently adhere to best practice standards and documentation principles that align with and support a high-performance revenue cycle. That's because we believe the revenue cycle directly depends on complete and thorough physician documentation.

Our team of practicing physicians, physician consultants, and medical directors provides practical documentation training and knowledge sharing to physicians, teaching them to treat the medical record as a communication tool, not as a reimbursement tool. We also introduce them to a proactive preemptive denials avoidance approach that is sustainable over time, generating net patient revenue less subject to denials and recoupments.

Our customized approach to physician documentation training reduces CDI query volume and payer nontechnical denials associated with insufficient physician documentation. We work toward optimal reimbursement by appropriately capturing all relevant patient diagnoses using clear, concise, consistent and contemporaneously correct physician documentation.

Our services include:

- **Observation rate review**, which includes a detailed and expert review of observation cases to assess the clinical appropriateness of "observation level of care" using all available information in the medical record
- **Clinical coding assessment**, which reviews professional, and facility records to provide an assessment of overall clinical coding accuracy and incorporation of all elements of clinical documentation, highlighting potential risks for medical necessity denials, clinical validation denials, and DRG downgrades
- **Revenue cycle assessment**, which fully assesses your revenue cycle — from prescheduling, authorization, registration, clinical documentation, charge capture, coding and billing to cash posting, collections and denials management
- **Chargemaster reviews**, which identifies and addresses any inconsistencies, problem areas, or other issues, and offers restructuring solutions to bring all charge codes within cost-justified transparency
- **Education, training, and knowledge sharing**, which provides ongoing help with best-practice principles and standards of documentation
- **Appeal assessment and modernization**, which assesses current hospital and/or physician practice denials and appeals practices, identifying and determining limiting factors contributing to inefficiencies and the inability to effectively overturn appeals

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- **Clinical documentation improvement**, which reviews a hospital's current CDI program using a blended approach of traditional and nontraditional methods to gain an accurate, complete picture of its effectiveness

Find out how Core CDI can help your hospital or health system reduce denials and generate revenue. Visit Core-CDI.com, call us at 1-802-586-0180, or email us at Glenn.Krauss@Core-CDI.com.

About CORE CDI

Core CDI is a consultancy that specializes in guiding hospitals and health systems in transforming the denials and appeals function into a more cost-effective role of denials avoidance. Core CDI helps physicians work smarter, not harder, and implements proactive measures around physician documentation processes that are sustainable over time, generating net patient revenue for hospitals and health systems that are less subject to denials and recoupments.