



# What's up Doc? case management news

## Is our documentation falling short?...

Documentation has become a "piece or art" these days. It's no longer a matter of correct punctuation and legibility. Potential \$\$\$ are riding on every word. If our documentation program is focusing only on reimbursement alone, we may be falling short. Coders are doing a great job picking up complications & co-morbidities, but we can't stop there. We must also include **acuity levels** and **risk of mortality**.

The MS-DRG system is somewhat severity-adjusted, but it still doesn't give a comprehensive picture of how severely ill the patient is.

How sick are our patients? Is our documentation giving us the true picture?

### COMPLETE PICTURE!

**It's important to document completely. An example: If a patient dies in a hospital, the data should show it was expected. The records should not show that the patient had only a 10% chance of dying because the documentation was not complete.**

### WHY IS THIS IMPORTANT?

- Consumers are becoming savvy in choosing where they receive their care now.
- Insurance companies are focusing more and more on quality of care and comparative data.
- Quality data can also reflect the hospital-specific assigned base rate with which Medicare reimbursement is calculated.

- It's boiling down to... pay for performance!!

### RETURN INVESTMENT

A return on accurate documentation is very real, now that Medicare and Medicaid are proactively looking to recoup funds through the Recovery Audit Contractors (RAC). A good documentation program will produce a financial return on the investment.

### EDUCATION IS KEY...

- Regular audits, internal and external, should be performed.
- All admission documentation should be reviewed by documentation specialist.
- Ongoing physician education is vital.

## Future Impact

The goal should be to cover all our bases. This will require a team effort. Through education, auditing, and teamwork the goal is attainable. Documentation should be:

- Complete
- Paint a picture

- Reflect severity of illness
- Reflect risk of mortality

Through education we can:

- Insure buy in
- Provide education one on one, and through formal presentations

- Establish queries and query response rates

In keeping with the CMS guidelines every effort shall be made to assure quality improvement and place us right where we need to be in preparation for the RAC Audits.



### PHYSICIAN REMINDERS:

*In summary, in order to provide accurate documentation:*

- BE COMPLETE
- PAINT A PICTURE
- REFLECT SEVERITY OF ILLNESS
- Questions? Contact Debbie Picou, RN 873-1833