

# Western U.S. health system realizes **\$420K ROI** with transformed CDI program **in first six months**

## Business issue

Rising clinical denials impacted revenue as a result of insufficient clinical documentation

## Problem

Shortage of resources to manage CDI program

Lack of physician education regarding documentation

Decreased specificity in coding

## Solution

*Proof of Concept with nThrive CDI specialist (July to December 2018)*



Review charts concurrently and initiate CDI physician queries



Monthly meetings with MICU, SICU, PICU and NICU to identify financial benefit and areas for physician education

*CDI function + Advisory and Managerial responsibility (February to December 2019)*



Expand review to include surgical patients



Initiate queries for quality and financial benefit, plus increase severity of illness and risk of mortality



Initiate queries to obtain additional documentation that optimized DRG assignment, thus increasing length of stay (LOS)



Create and provide education based on auditing results



Serve as second reviewer on mortality, PSI and HAC cases

## Value



**Additional \$460K** after initial Proof of Concept



**Added 221 days to LOS** for impacted cases or 2.76 days/case



## OVERVIEW

Western United States

555 beds

7,000 + colleagues

Serving its communities for 160 years

## WHAT OUR CLIENT SAYS

"Thanks to the processes implemented by nThrive, we are experiencing higher levels of accurate coding and billing. Their real-time feedback improved documentation and helped build credibility and improve communications between CDI specialists, coders and providers."

DIRECTOR OF INPATIENT  
PEDIATRICS