Key Areas *Not* to Miss (Yearly)

- Amputations (AKA, BKA, toes) and how it affects functional state
- BMI, especially 40+ with a plan to address
- Asthma and pulmonary conditions
- CHF: specifying type (systolic or diastolic) and condition (acute/chronic)
- Ostomy: urostomy, cystostomy, tracheostomy, ileostomy, gastrostomy with a status/condition
- Transplanted organs: heart, liver, lung, pancreas, bone marrow (not kidney!) and status
- Functional quadriplegia: complete inability to move due to disability (not neuro)
- Stage III, IV, and V kidney disease
- Acute DM complications: symptomatic w/ BS <70 or BS > 140mg/dl or DKA or DM with complications (nephropathy, retinopathy, neuropathy, etc.)
- Rheumatoid Arthritis

What are the most OVERdocumented HCCs…?

- Surgically corrected conditions (AAA repair)
- Malnutrition that is now not
- Strokes that are not acute
- Embolic diseases (DVT) - post thrombotic syndrome w ulcer, yes
- Vascular diseases (abnormal ABI, no treatment/symptoms noted)
- Cancers that are no longer (thyroid cancer post removal)
- CKD (stage III from last year, that for this year is Stage II)

Closing comments

- Clinically Correct Documentation to Capture Severity…
- KEY in both the Ambulatory or Inpatient space
- Ambulatory:
  - Capturing the highest degree of clinical specificity increases our risk score
  - Risk is tied to revenues and when quality scores are reported, our "grade" can be impacted
- Hospital:
  - Capturing the highest degree of specificity of the conditions we manage impacts our DRG which impacts our CMI and drives the incoming revenues
- OUR JOB: Be CLINICALLY CORRECT in our documentation capture and in our medical management of the patients we care for